

# PHD - Professional Hypnosis Databank

a collection of scientific abstracts for the hypnotherapy practitioner (aka hypnologist)

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[0001]

[Effect of hypnosis and suggestion on the EEG-power spectrum in the preparatory interval (author's transl)]

[Leistungsspektren des EEG bei Hypnose und Suggestion in der Vorreizperiode]

EEG EMG Z Elektroenzephalogr Elektromyogr Verwandte Geb 9;4

Ehlers W; Kugler J

Fourier-analysis of the EEG (P4 O2, P3 O1, CZ A1) in the stimulation period (1 sec) before acoustic stimulation showed significant differences between hypnosis and waking. Diminished power was found in the slower spectrum (0-3 and 4-7 c/sec) over the right hemisphere (P4O2) during hypnosis. Increased power was found in the alpha-spectrum (8-13 c/sec) over the Vertex (CZA1) during suggestion. We interpreted this effect as inhibition of exteroceptive perception during suggestion. Power spectrum was averaged over 30 stimulation periods before acoustic stimulation with identic tones (sinus of 500 c/sec, 70 dB, duration 40 msec, stimulus interval 3-10 sec). The combination of experimental conditions (Hypnosis/Waking and Suggestions) were given in a balanced order to control serial effects. We examined 12 persons in a repeated measurement design.

[0002]

Changes in cerebral hemispheric lateralization with hypnosis

Biol Psychiatry 1978 Dec;13(6):741-50

Frumkin LR; Ripley HS; Cox GB

Cerebral hemisphere dominance was measured in 20 subjects before, during, and after hypnotic suggestion. During hypnosis, subjects demonstrated lower right ear/left hemisphere laterality scores on a dichotic listening task compared to pre- and posthypnosis periods. These results support the view that hypnosis facilitates greater participation of the right cerebral hemisphere in cognition and may partially account for several well known hypnotic effects.

[0003]

Self-hypnosis training in anxiety reduction

Aust Fam Physician 1978 Jul;7(7):905-10

Davidson GP; Farnbach RW; Richardson BA

Twenty three adult patients with problems of anxiety in a suburban general practice were invited to participate in a study to determine the effectiveness of self-hypnosis training in reducing anxiety levels. In an initial interview (T1), Experimenter 1 gave subjects two C-60 cassette tapes for home use. These contained the voice of Experimenter 2 who was unknown to the subjects, instructing them in self-hypnosis. After six weeks (T2), measures by Experimenter 1 of both psychological anxiety and blood pressure showed significant reduction (with the exception of systolic blood pressure), and in some cases subjects reduced their anxiolytic medication. A follow-up nine months later of as many subjects as were available (12) showed that these desirable effects were still detectable to a significant degree. It is suggested that audiotaped training in self-hypnosis represent a valid non-pharmacological method for anxiety reduction.

[0004]

Teaching self-hypnosis to patients with chronic pain

J Human Stress 1978 Jun;4(2):18-21 (ISSN: 0097-840X)

Sacerdote P

For the past twenty years hypnotherapy and self-hypnosis have been utilized as valid tools for the successful management of severe protracted pain. Control often has been achieved in cases where other modalities of pain management had been inadequate. Hypnosis properly applied can bring some degree of improvement to 90 percent of patients. More remarkable degree of pain relief is achievable in the 25 percent of patients who have high hypnotic "talent," and with very limited expenditure of time and effort. The author discusses basic theories of pain, pain-control, pain-control and hypnosis, and he clarifies the effects of physiological, biochemical, and psychological variables which can affect the procedures and the results. Presentation of a clinical case with quoted excerpts of verbalization serves to illustrate the most important points.

[0005]

Hypnosis and related clinical behavior

Am J Psychiatry 1978 Jun;135(6):664-8

Frankel FH

The essential aspect in the experience of the hypnotized person is the altered or distorted perception that is suggested to him. Not all people are capable of the experience, but it is possible that spontaneous distortions occur in those with high hypnotizability. These distortions are frequently experienced as frightening symptoms. The author draws attention to the similarity between hysterical symptoms and events in hypnosis and to the high hypnotic responsivity in hysterical subjects reported in the clinical literature of the nineteenth century. Phobic patients have relatively high hypnotic responsivity. The author believes that it is sometimes possible to

predict hypnotizability from clinical behavior, and that hypnotic responsivity can be utilized in psychodynamically sensitive therapy to teach such patients that they can learn to gain control of their symptoms.

[0006]

Relieving suffering--and pain--with hypnosis  
Geriatrics 1978 Jun;33(6):87-9  
Ewin DM

It is helpful to perceive pain and suffering as separate entities when planning therapy. The physical, anatomic, and electrochemical expression of pain is treated by physical therapy, medicines, nerve block, electric stimulators, and surgery. The suffering component involves the patient's (1) nonacceptance, (2) fear of the unknown, (3) pessimistic evaluation of the meaning of pain, (4) feeling of no time limit to suffering, and (5) often self-destructive feelings of guilt and resentment. These emotions and imaginings are quite amenable to good hypnotherapy. When suffering is removed, pain tends to become tolerable or may even disappear.

[0007]

Hypnotherapy in the management of childhood habit disorders  
J Pediatr 1978 May;92(5):838-40  
Gardner GG

Hypnotherapy may sometimes be helpful in treating childhood habit disorders, provided that it is used with the same caution as are other treatment modalities. This paper clarifies some common misconceptions about hypnosis with children, notes indications and contraindications, describes a patient in whom hypnotherapy was used to treat hair pulling, and offers information about training in hypnosis and locating qualified hypnotherapists.

[0008]

Treatment of anxiety: a comparison of the usefulness of self-hypnosis and a meditational relaxation technique. An overview  
Psychother Psychosom 1978;30(3-4):229-42 (ISSN: 0033-3190)  
Benson H; Frankel FH; Apfel R; Daniels MD; Schniewind HE; Nemiah JC; Sifneos PE; Crassweller KD; Greenwood MM; Kotch JB; Arns PA; Rosner B

We have investigated prospectively the efficacy of two nonpharmacologic relaxation techniques in the therapy of anxiety. A simple, meditational relaxation technique (MT) that elicits the changes of decreased sympathetic nervous system activity was compared to a self-hypnosis technique (HT) in which relaxation, with or without altered perceptions, was suggested. 32 patients with anxiety neurosis were divided into 2 groups on the basis of their responsivity to hypnosis: moderate-high and low responsivity. The MT or HT was then randomly assigned separately to each member of the two responsivity groups. Thus, 4 treatment groups were studied: moderate-high responsivity MT; low responsivity MT; moderate-high responsivity HT; and low responsivity HT. The low responsivity HT group, by definition largely incapable of achieving the altered perceptions essential to hypnosis, was designed as the control group. Patients were instructed to practice the assigned technique daily for 8 weeks. Change in anxiety was determined by three types of evaluation: psychiatric assessment; physiologic testing; and self-assessment. There was essentially no difference between the two techniques in therapeutic efficacy according to these evaluations. Psychiatric assessment revealed overall improvement in 34% of the patients and the self-rating assessment indicated improvement in 63% of the population. Patients who had moderate-high hypnotic responsivity, independent of the technique used, significantly improved on psychiatric assessment ( $p = 0.05$ ) and decreased average systolic blood pressure from 126.1 to 122.5 mm Hg over the 8-week period ( $p = 0.048$ ). The responsivity scores at the higher end of the hypnotic responsivity spectrum were proportionately correlated to greater decreases in systolic blood pressure ( $p = 0.075$ ) and to improvement by psychiatric assessment ( $p = 0.003$ ). There was, however, no consistent relation between hypnotic responsivity and the other assessments made, such as diastolic blood pressure, oxygen consumption, heart rate and the self-rating questionnaires. The meditational and self-hypnosis techniques employed in this investigation are simple to use and effective in the therapy of anxiety.

[0009]

Hypnosis, suggestions, and altered states of consciousness: experimental evaluation of the new cognitive-behavioral theory and the traditional trance-state theory of "hypnosis"  
Ann N Y Acad Sci 1977 Oct 7;296:34-47 (ISSN: 0077-8923)  
Barber TX; Wilson SC

Sixty-six subjects were tested on a new scale for evaluating "hypnotic-like" experiences (The Creative Imagination Scale), which includes ten standardized test-suggestions (e.g. suggestions for arm heaviness, finger anesthesia, time distortion, and age regression). The subjects were randomly assigned to one of three treatment groups (Think-With Instructions, trance induction, and Control), with 22 subjects to each group. The new Cognitive-Behavioral Theory predicted that subjects exposed to preliminary instructions designed to demonstrate how to think and imagine along with the suggested themes (Think-With Instructions) would be more responsive to test-suggestions for anesthesia, time distortion, age regression, and so on, than subjects exposed to a trance-induction procedure. On the other hand, the traditional Trance State Theory predicted that a trance induction would be more effective than Think-With Instructions in enhancing responses to such suggestions. Subjects exposed to the Think-With Instructions obtained significantly higher scores on the test-suggestions than those exposed either to the traditional trance-induction procedure or to the control treatment. Scores of subjects who received the trance-induction procedure were not significantly different from those of the subjects who received the control treatment. The results thus supported the new Cognitive-Behavioral Theory and contradicted the traditional Trance State Theory of hypnosis. Two recent experiments, by De Stefano and by Katz, confirmed the above experimental results and offered further support for the Cognitive-Behavioral Theory. In both recent experiments, subjects randomly assigned to a "Think-With Instructions" treatment were more responsive to test-suggestions than those randomly assigned to a traditional trance-induction treatment.

[0010]

Hypnosis from the standpoint of a contextualist  
Ann N Y Acad Sci 1977 Oct 7;296:2-13 (ISSN: 0077-8923)  
Coe WC; Sarbin TR

We set out to formulate a theory that makes counterexpectational conduct expectational. Our contextualist position has led us to the dramaturgical perspective. This perspective guided our examination of the hypnotic performance, and we noted that both the hypnotist and the subject are actors, both enmeshed in a dramatic plot, both striving to enhance their credibility. The dramatic concepts of actor and spectator helped us make sense of the contradictory self-reports in Hilgard's analgesia studies. We underscore the proposition (long overlooked) that the counterfactual statements in the hypnotist's induction are cues to the subject that a dramatic plot is in the

making. The subject may respond to the cues as an invitation to join in the miniature drama. If he accepts the invitation, he will employ whatever skills he possesses in order to enhance his credibility in enacting the role of hypnotized person. This proposition emphasizes the need for analyzing the implied social communications contained in any interaction.

[0011]

A physiological and subjective evaluation of meditation, hypnosis, and relaxation  
Psychosom Med 1977 Sep-Oct;39(5):304-24 (ISSN: 0033-3174)  
Morse DR; Martin JS; Furst ML; Dubin LL

Ss were monitored for respiratory rate, pulse rate, blood pressure, skin resistance, EEG activity, and muscle activity. They were monitored during the alert state, meditation (TM or simple word type), hypnosis (relaxation and task types), and relaxation. Ss gave a verbal comparative evaluation of each state. The results showed significantly better relaxation responses for the relaxation states (relaxation, relaxation-hypnosis, meditation) than for the alert state. There were no significant differences between the relaxation states except for the measure "muscle activity" in which meditation was significantly better than the other relaxation states. Overall, there were significant differences between task-hypnosis and relaxation-hypnosis. No significant differences were found between TM and simple word meditation. For the subjective measures, relaxation-hypnosis and meditation were significantly better than relaxation, but no significant differences were found between meditation and relaxation-hypnosis.

[0012]

Hypnosis in a treatment programme for alcoholism  
Med J Aust 1977 Apr 30;1(18):653-6 (ISSN: 0025-729X)  
Gabrynowicz J

This is a report on a pilot study of the use of hypnosis in the treatment of alcoholism at an outpatient clinic. It describes the characteristic features of the sample of patients who seem to have responded to treatment and gives an account of the therapeutic programme.

[0013]

Preliminary observations on an intervention program for heavy smokers  
Int J Addict 1977 Apr;12(2-3):323-36 (ISSN: 0020-773X)  
Shewchuk LA; Dubren R; Burton D; Forman M; Clark RR; Jaffin AR

Each of 571 smokers selected one of three methods of smoking cessation: group therapy, individual counseling, and hypnosis. One-year results suggest little difference between the three methods in producing ex-smokers. All methods produced an average success rate of approximately 20%. It should be noted, however, that with all types of verbal or verbally related therapy it is not known precisely how these techniques work or whether the outcomes are really a function of what is put into the therapy by the treatment agent and/or the recipient. It was generally found that younger, more educated smokers chose hypnosis; older, more educated smokers chose group therapy; and older, less-formally educated smokers chose individual counseling while the youngest and generally less educated smokers chose to become nonattenders and not take part in therapy. These results have important implications for designing optimal treatment programs which will be acceptable and effective for the greatest number of smokers.

[0014]

Hypnosis and suggestion for fitting contact lenses  
J Am Optom Assoc 1977 Mar;48(3):379-82 (ISSN: 0003-0244)  
Barber J; Malin AH

Language is important in the creation of a painful or non-painful context for fitting contact lenses. This article discusses two types of language use and demonstrates the consequent experience each creates for the patient. The authors also emphasize the importance of acceptance and utilization of responses offered by the patient to further the goals of a comfortable fitting experience. Finally, this article provides an example of a reliable and successful technique for rapidly inducing hypnosis for the purpose of obtaining a comfortable lens fitting.

[0015]

Dynamics of hypnotic analgesia: some new data  
J Nerv Ment Dis 1977 Feb;164(2):88-96 (ISSN: 0022-3018)  
Chertok L; Michaux D; Droin MC

Following two surgical operations under hypnotic anesthesia, it was possible, during subsequent recall under hypnosis, to elicit a representation of the past operative experience. It would seem that under hypnosis there is a persistence of the preception of nociceptive information and of its recognition as such by the subject. From an analysis of these two experiments in recall, it is possible to formulate several hypotheses concerning the psychological processes involved in hypnotic analgesia. In consequence of an affective relationship, in which the hypnotist's word assumes a special importance for the subject, the latter has recourse to two kinds of mechanism: a) internal (assimilation to an analogous sensation, not, however, registered as dangerous-rationalization); and b) external (total compliance with the interpretations proposed by the hypnotist), which lead to a qualitative transformation of nociceptive information, as also the inhibition of the behavioral manifestations normally associated with a painful stimulus.

[0016]

[The classification of hypno-analgesics (author's transl)]  
[Classification des hypno-analgesiques]  
Rev Electroencephalogr Neurophysiol Clin 1977 Jan-Mar;7(1):112-6 (ISSN: 0370-4475)  
Kugler J; Doenicke A

Experience collected by routine E.E.G. studies of narcosis, in volunteers in good health, serves as a basis for a classification of anaesthetic agents. In order to obtain this, we established a correlation between the electroencephalographic effects on the one hand and psychological, motor, sensory and vegetative changes on the other hand. Arguments emerged in favour of the existence of different points of impact for different substances or groups of substances. A distinction was made between holoencephalic hypno-analgesics (affecting the activity of practically all the neurone systems of the brain) and the neuroleptics, tranquilisers and analgesics which have only a limited effect on the telencephalon, neocortex and archicortex, the electroencephalographic actions of which also differ from the classical stages of narcosis. Using this classification based upon the principal points of action of these agents and their possible effects on other systems it is possible to explain the existence of adequate and inadequate associations of medications during so-called

balanced anaesthesias.

[0017]

[Neurophysiological bases of hypnosis]

[Las bases neurofisiológicas de la hipnosis]

Neurol Neurocir Psiquiatr 1977;18(1):7-26 (ISSN: 0028-3851)

Hernandez Peon R

A neurophysiological hypothesis for hypnosis is suggested. Frequently, a hypnotic state is considered close to sleep. Experiments show that it is closer to wakefulness, that attention is present and, at times, increased. Physiological changes under hypnosis, changes in suggestibility, conditionability, memory, visceral and endocrine changes, are outlined. Four large neuronal groups with diverse functions are described: wakefulness system, sleep system, that of conscious experience and the executive system; these last two, localized in the midbrain, pons and medulla, are considered the structural basis for the hypnotic state which arises from their increased or decreased functions. In the hypnotic state, through functional variations in these groups, modifications are seen in the spinal chord, in afferent fibers such as the optic ribbon and in complicated cortical functions such as memory.

[0018]

Further studies of physiological concomitants of hypnosis: skin temperature, heart rate and skin resistance

Biol Psychol 1976 Dec;4(4):249-58 (ISSN: 0301-0511)

Tebecis AK; Provins KA

Forehead skin temperature, heart rate and palmar skin resistance were recorded during passive hypnosis and compared with corresponding data obtained during the resting awake condition in a group of highly hypnotizable subjects experienced in self-hypnosis. Similar physiological measures were also monitored during experimental periods when subjects were experiencing suggested environmental conditions of cold and heat in hypnosis as compared with imagining the stress conditions. The data from these subjects were also compared with those obtained from a randomly selected group of people who were low in waking suggestibility and had never been hypnotized. The results indicate that the differences in mean physiological parameters were greatest between the two subject groups, although some notable differences were also apparent between hypnosis and the awake condition within the experimental group.

[0019]

Hypnosis in surgery - why and when

South Med J 1976 Nov;69(11):1466-8 (ISSN: 0038-4348)

Khalil GA

Hypnosis offers an excellent alternative to conventional anesthesia in certain selected or complicated cases. Ten different patients were selected from a group of 38 and were studied thoroughly. Good surgery and a smooth recovery were possible through hypnosis, alone or with conventional anesthesia.

[0020]

Hypnotizability and phobic behavior

Arch Gen Psychiatry 1976 Oct;33(10):1259-61 (ISSN: 0003-990X)

Frankel FH; Orne MT

Hypnotizability ratings of 24 phobic patients interested in the therapeutic use of hypnosis were compared with those of an equal number of smokers keen to quit smoking through hypnosis. The mean Stanford Hypnotic Susceptibility Scale score of phobics was 8.08 on a 12-point scale. The mean of smokers was 6.08. The difference was significant beyond the .01 level (two-tailed). Thirty percent of smokers were essentially nonresponsive. No phobics were nonresponsive. Those with multiple phobias scored more highly than those with a single phobia. These findings are in accord with the view that among psychiatric patients whose hypnotizability is assessed in a treatment context, hysterics are most responsive. The implications both for theory and for a specific treatment strategy are discussed.

[0021]

Hypnosis in pedicle graft surgery

Br J Plast Surg 1976 Jan;29(1):8-13 (ISSN: 0007-1226)

Scott DL

The use of hypnotherapy to modify the reactions of 13 patients undergoing pedicle flap operations is described. The morale and mental approach of these patients was improved. Premedication and hypnotic drug requirements were reduced to nil following hypnotic training. Analgesic medication was also reduced, not being required at all following nearly two-thirds of the operations.

[0022]

Hypnosis for monitoring intraoperative spinal cord function

Anesth Analg 1976 Jan-Feb;55(1):42-4 (ISSN: 0003-2999)

Crawford AH; Jones CW; Perisho JA; Herring JA

In such procedures as the Harrington operation for idiopathic scoliosis, evaluation of spinal cord function is advisable immediately after the back is straightened. The authors have used hypnosis for this procedure, as an adjunct to anesthetic management. Patients are awakened on the table, given lower extremity tests, and are then reanesthetized. The incidence of postoperative pain and other discomfort is also reduced by hypnosis.

[0023]

[Human hypnosis and super-slow electrical activity of the brain]

[Gipnoz cheloveka i sverkhmedlennaia elektricheskaia aktivnost' golovnogo mozga]

Zh Nevropatol Psikhiatr Im S S Korsakova 1976;76(5):704-9 (ISSN: 0044-4588)

Aladzhalova NA; Rozhnov VE; Kamenetskij SL

The authors studied the transformation of infraslow oscillations of brain potentials in 15 patients with neuroses during 50 sessions of hypnosis. The results of such studies permitted to distinguish some important traits in the changes of infraslow oscillations of brain potentials in different stages of hypnosis. It is concluded that a study of these changes during hypnosis may establish some correlations

between the physiological state of the brain and the unconscious mental processes.

[0024]

Hysteria, hypnosis, psychopathology. History and perspectives  
J Nerv Ment Dis 1975 Dec;161(6):367-78 (ISSN: 0022-3018)  
Chertok L

A historical outline is given of the search for an explanation of the still elusive nature of hysteria and hypnosis, their mutual relationship, and that which they bear to psychopathology. Charcot regarded hypnosis as an artificially induced hysterical neurosis, and it was he who first introduced Freud to these two states. Freud was the first to see in hypnosis an experimental instrument for understanding psychopathological mechanisms. His subsequent conceptualization of psychoanalysis derived from these two phenomena at this decisive period. In 1895 Freud attempted to achieve a psychophysiological synthesis of the mental apparatus in his "Project for a Scientific Psychology", but then decided not to publish it. Whether or not recent advance in neurophysiology are sufficiently important to bring about this synthesis remains an open question. In recent years some psychoanalysts have become interested in hypnosis, which one of them described as a focus for psychophysiological and psychoanalytic investigations. Any theory of the psychical apparatus which does not account for such an obvious psychical phenomenon must necessarily be incomplete. Since Charcot, hysteria presents hardly any new openings for experimental work. It is suggested that the solution of psyche-soma interaction might be sought in the study of hypnosis. It is postulated that hypnosis is a "fourth organismic state," not as yet objectifiable (in contradistinction to the waking state, sleep, and dreaming): a kind of natural or inborn mechanism which acts as one of the regulators of man's relationships with the environment. The author discusses briefly the aims and methodology of future interdisciplinary research on hypnosis, and the study of the transition from one state of consciousness to another, and their potential application to a wide range of subjects, namely, wherever man's relations with the environment are involved.

[0025]

[Hypnosis and moral doctrine]  
[Ipnosi e dottrina morale]  
Minerva Med 1975 Nov 7;66(75):3952-7 (ISSN: 0026-4806)  
Perico G

Patients undergoing hypnosis are free subjects in the sense that they possess a particular dignity and entitlement to respect. They are, in fact, "not available" for examination except insofar as there is an expected or auspicious improvement in their personal condition. This means that they are open to "experiment" solely to the extent that the following conditions are respected: certain control if situations involving risk to the person arise, "consent" of the patient (this may be only assumed in certain instances), the adoption of a "prudent" and "scientific" manner that avoids any suggestion of a spectacle or cheap publicity.

[0026]

[Bimanual antalgic maneuver on the parturient conditioned with hypnosis: delivery without medical assistance]  
[La manovra antalgica bimanuale su partoriente condizionata con l'ipnosi: "partorire da sola"]  
Minerva Med 1975 Nov 7;66(75):3940-5 (ISSN: 0026-4806)  
Minella E

A personal bimanual antalgic manipulation on hypnotized parturient is proposed as a normal method of delivery assistance since it is quicker and takes less emotionally out of the physician than "delivery under hypnosis". The question of "childbirth without medical assistance" is also discussed, reference being made to an exceptional case of post-hypnotic control. This compared to all those cases of patients who deliver without the preparatory hypnotist being present.

[0027]

[Hypnosis in labor]  
[L'ipnosi in travaglio di parto]  
Minerva Med 1975 Nov 7;66(75):3921-5 (ISSN: 0026-4806)  
Andreoli C

The aetiology of labour pains remains obscure and it is not certain that improper conditioning is the cause. Fear of pain is innate, while other fears are acquired. The employment of hypnosis during labour is discussed and it is pointed out that the paucity of qualified hypnologists makes its systematic use problematical.

[0028]

[Hypnosis in dentistry]  
[L'ipnosi in odontoiatria]  
Minerva Med 1975 Nov 3;66(74):3902-6 (ISSN: 0026-4806)  
de Rysky S

Hypnosis is defined as that branch of science which studies the application of controlled suggestion and hypnosis in stomatology. Its indications and usefulness at various stages of dental practice are examined. Emphasis is laid on the basic psychological and physiological advantages, and contraindications, including the impossibility of using hypnosis as a routine application, are discussed. A number of deontological problems connected with hypnosis are dealt with and the practical aspects discussed.

[0029]

[Hypnosis in ophthalmology]  
[L'ipnosi in oculistica]  
Minerva Med 1975 Nov 3;66(74):3898-901 (ISSN: 0026-4806)  
Bucalossi A

Hypnosis is able to induce a state of total psychological calm in very many subjects, including maintenance or even enhancement of their ability to cooperate. A smaller number of more receptive subjects may even achieve ocular anaesthesia, though this is not suitable for the performance of operations because the Dagnini-Aschner reflex persists and hypotonia is not attained. It is considered, therefore, that the association of hypnosis, retrobulbar pharmacological anaesthesia, and akinesia offers the best conditions for the performance of operations involving major opening of the eyeball, such as those associated with cataract, i.e. psychological tranquility with the ability to cooperate, anaesthesia with neurovegetative areflexia, hypotonia, and a postoperative course undisturbed by coughing and vomiting.

The results of several years' experience have shown the complete suitability of the method and its wide possibilities of application.

[0030]

[Hypnosis in anesthesia]

[L'ipnosi in anestesia]

Minerva Med 1975 Nov 3;66(74):3894-7 (ISSN: 0026-4806)

Zaffiri O

After a review of the history of the subject, it is pointed out that Mason's deep trance hypnosis, were it employable in all cases and not just in 10-15% of them, would be the ideal anaesthetic. "Narco-hypnosis" is described as a method employable by the anaesthetist and advantageous in a certain number of operations. Present-day techniques of pharmacological anaesthesia have reached such a level of perfection, however, that hypnotic anaesthesia is really only indicated in certain well-defined situations: in obstetrics, in plastic surgery, in burn cases, in dentistry and in ophthalmology. Hypnosis is also useful in the postoperative course (as it re-establishes intestinal and vesical function and eases respiratory exercises), and in a number of painful conditions, especially long-standing ones.

[0031]

[Neurophysiology of hypnosis. The suggestive process and contributions of the learned control of brain waves]

[In tema di neurofisiologia dell'ipnosi. Il processo suggestivo in terapia ed i contributi del "Learned control of brain waves"]

Minerva Med 1975 Oct 31;66(73):3835-43 (ISSN: 0026-4806)

Pinelli P

The contribution that neurophysiological examination, subordinate to psychodynamic analysis, can bring to the investigation of facts and results in the therapeutic application of hypnosis is discussed. Phenomena with a suggestive background are analysed, particularly those of ideomotor transformation with reference to prereflective thought (Polanyi & Dyer). A special case is represented by phobic-obsessive disturbances. Here analysis of the process of ideative reinforcement must take account of the untranslatability of certain linguistico-syntactic connotations at this level. The part played by sensorimotor EEG biofeedback training in practical therapeutics is also examined.

[0032]

[Hypnosis and experimental psychology]

[Ipnosi e psicologia sperimentale]

Minerva Med 1975 Oct 31;66(73):3829-34 (ISSN: 0026-4806)

Cesa-Bianchi M

Experimental psychology contributes to hypnology and vice versa and it is pointed out that this mutual relationship should be looked at as a function of the significance of methodology in psychology and of the way in which such methodology has been developing. After reviewing the distinguishing features of the experimental, clinico-social and statistico-probabilistic approaches, the possibilities of using hypnosis as a technical tool for investigating general psychological problems or for throwing light on the diagnostic situation of a particular patient are investigated. The possibilities of using experimental psychological methodology for examining the hypnotic state in rigorous terms are then analysed and the need to systematize basic scientific research is stressed.

[0033]

[Role of hypnosis in psychosomatic medicine]

[Il ruolo dell'ipnosi nella medicina psicosomatica]

Minerva Med 1975 Oct 31;66(73):3818-24 (ISSN: 0026-4806)

Antonelli F

In Italy, the attitude displayed by psychosomatists towards hypnosis and A.T. is decidedly favourable, since they are considered as forms of short-term psychotherapy, this being primarily indicated in the management of psychosomatosis. While some reservations may be expressed with regard to the employment of hypnosis solely for the suppression of psychosomatic symptoms before their full significance is assessed, support may be given for the insertion of hypnosis in a wider psychotherapeutic context that is psychodynamically oriented. Psychogenesis may have different degrees of depth and not all forms of psychosomatosis are open to hypnotic attack, or even to short-term psychotherapy. Psychological therapy is only effective in cases where it releases the patient for his neurotic, infantile way of life and allows him to mature in a suitable manner. A result of this kind can hardly be reached in a short period of time. Hypnosis is, on the other hand, strongly indicated in a number of situations; these are listed.

[0034]

[Hypnosis in history and at present]

[L'ipnosi nella storia e nell'attualita]

Minerva Med 1975 Oct 31;66(73):3811-7 (ISSN: 0026-4806)

Servadio E

The principal stages in the history of hypnosis are reviewed, from the forerunners of Mesmer to the founder of "animal magnetism" himself, to Braid, and the entire hypnological movement of the nineteenth century. The work of Freud and the then and later relationships between hypnosis and psychoanalysis are discussed. A personal interpretation is offered for the phenomenon of the ups and downs of the popularity of hypnosis and reasons given for why its application should never decline again. After a brief review of modern theories of hypnosis and hypnotic techniques, the importance of the subject, over and above its uses in medical treatment, is emphasized, for hypnosis can be used as an invaluable tool for investigating the extraordinary reconstructive and creative possibilities inherent in the outer reaches of the human psyche.

[0035]

Hypnosis in medical practice

Med J Aust 1975 Sep 20;2(12):467-70 (ISSN: 0025-729X)

Burrows GD

Hypnosis has a role in medical practice as an adjunct to many therapies. A brief review of the history, theory, induction procedures, phenomena and practice of hypnosis is given. The use of hypnosis in the therapy of anxiety is illustrated by a report of a 44-year-old woman suffering from an aeroplane phobia.

[0036]

Cognitive flexibility in hypnosis: response to change communication from the hypnotist  
J Pers Soc Psychol 1975 Sep;32(3):547-55 (ISSN: 0022-3514)  
Sheehan PW; Bowman L

It was predicted that modification of response as it indexes cognitive flexibility in the hypnotic subject is related to susceptibility to hypnosis and the difficulty of the hypnotic task attempted. Experiment 1 isolated two distinct hypnotic tasks (easy and difficult); alternative forms of each item conveyed either clear or unclear structure concerning the response that was perceived as most appropriate. In Experiment 2, 101 subjects were administered hypnotic induction procedures and tested for modification of response on both items; for each subject, the hypnotist posed a conflict in communication by plausibly requesting an alteration in response from the behavior that the subject had chosen to indicate previously. Change data demonstrated that hypnotic subjects modified their behavior in hypnosis, but their cognitive flexibility was much more relevant to easy than to difficult tasks. Results highlight a further dimension of role enactment as well as the special role cognitive skills in play in our understanding of performance on hypnotic test items.

[0037]

The use of hypnosis in the treatment of a case of multiple personality  
J Nerv Ment Dis 1975 Aug;161(2):138-42 (ISSN: 0022-3018)  
Howland JS

The literature regarding the use of hypnosis in the therapy of multiple personality is reviewed. Cautions of other authors are noted which intend to protect the patient from further "splitting" of the personalities involved. A case of a 25-year-old woman is described in which, several months after leaving therapy abruptly, a second personality appeared and prompted her re-entry into treatment. Hypnosis was employed several weeks after restarting therapy on four separate occasions. Therapeutic outcome was favorable with coalescence of the personality into a new whole. A rationale for the use of hypnosis in this case is presented.

[0038]

Hypnosis and eye movements  
Biol Psychol 1975 Jul;3(1):31-47 (ISSN: 0301-0511)  
Tebecis AK; Provins KA

Eye movements (with closed lids) were studied in a group of highly hypnotizable experimental subjects experienced in self-hypnosis, and compared with a random sample of control subjects that had never been hypnotized and were low in waking suggestibility. Approximately half the experimental subjects rolled their eyes upwards to a greater extent when hypnosis was induced than during eye closure while awake. In some subjects eye flutter occurred during hypnosis, but not in the awake condition. During passive hypnosis the mean rates of rapid eye movements were lower, but those of slow eye movements were higher than during the resting awake condition of the same subjects or the random control subjects. The mean rates of horizontal eye movements during suggestions about begin in a train and watching passing telephone poles were higher for the experimental subjects in the hypnosis and 'imagination' sessions than that of the random control group in the imagination session. A proportion of the experimental subjects made more lateral eye movements during hypnosis than during the imagination session, but an equal proportion did not differ between the two conditions. The mean rates and durations of horizontal eye movements during dreaming about a tennis match were greater during hypnosis ('hypnotic' dream), than during the awake condition a few minutes later ('natural' dream), or the awake condition in the imagination session ('imagination' dream) of the same subjects or random controls. The performance and subjective involvement of the experimental subjects during the Barber suggestibility scale, 'nystagmus' suggestions and 'dreaming' did not differ significantly between the two hypnosis sessions, but in most cases were significantly greater during hypnosis than during the imagination session of the same group or the random control group.

[0039]

Implications of the behavioral approach to hypnosis  
Am J Psychother 1975 Jul;29(3):402-8 (ISSN: 0002-9564)  
Starker S

The findings of behaviorally oriented research regarding the importance of cognitive-motivational variables in hypnosis are examined and some clinical and theoretical implications are explored. Hypnosis seems usefully conceptualized as a complex configuration or gestalt of interacting variables on several different levels, for example, cognitive, motivational, social, physiologic.

[0040]

Hypnosis and the EEG. A quantitative investigation  
J Nerv Ment Dis 1975 Jul;161(1):1-17 (ISSN: 0022-3018)  
Tebecis AK; Provins KA; Farnbach RW; Pentony P

A quantitative investigation of the EEG during hypnosis was made by analyzing the analogue power frequency spectrum of one group of subjects in the awake and hypnotized conditions, and another group (random sample) in the awake condition. Individuals of the first group were thoroughly experienced in self-hypnosis and highly hypnotizable, whereas those of the second group had never been hypnotized and were low in waking suggestibility. There were no statistically significant differences in mean power of the whole EEG spectrum between the awake and hypnotized conditions of the experimental group, although a trend toward increased theta (4 to 8 Hz) density during hypnosis was apparent. This group, however, exhibited significantly more theta activity during both the hypnotized and the awake conditions than the random sample of controls in the awake condition, irrespective of whether the eyes were closed or open. We suggest that this increased theta density in the EEG is related to frequent experience of self-hypnosis, high hypnotizability, or both.

[0041]

Involvement in everyday imaginative activities, attitudes toward hypnosis, and hypnotic suggestibility  
J Pers Soc Psychol 1975 Mar;31(3):594-8 (ISSN: 0022-3514)  
Spanos NP; McPeake JD

One hundred male and 83 female subjects were assessed on absorption (i.e., involvement in everyday imaginative activities), attitudes toward hypnosis, and hypnotic suggestibility. Significant positive correlations were obtained for both sexes between absorption and attitudes and between each of these variables and hypnotic suggestibility. Multiple regression analyses indicated that most of the predicted variance in hypnotic suggestibility scores was accounted for in both sexes by the absorption variable.

[0042]

[Hypnosis: logic and cybernetics]

[Ipnosi: logica e cibernetica]

Minerva Med 1975 Jan 27;66(6):285-90 (ISSN: 0026-4806)

Hollanda L

Fundamental notions concerning cybernetics, as derived from the systematic application of logic to questions of communication and control, are illustrated. Particular attention is given to the concepts of "system" "structure" and "dynamics" and it is shown that these concepts ensure that better and more exact understanding and forecasting of reactions in organised beings can be obtained. Turning to hypnosis, it is made clear that a trance is the execution of a momentarily proposed programme; it is not the result of a generalised unconscious associative processes, but is preordained and geared to various situations. The difficulty that the hypnotised subject finds in acting against his own interests, or against moral principles, can be seen, for example, as a consequence of pre-programming. Another result is given moment and a given type of person. Since cybernetics has proved useful in psychology, the hope is expressed that it can be included as a teaching subject for those who learn, practise and teach hypnotism.

[0043]

[Hypnosis: fundamentals of futuro-genesis]

[Ipnosi: fondamenti della futuro-genesi]

Minerva Med 1975 Jan 27;66(6):281-4 (ISSN: 0026-4806)

Hollanda L

The future lies continuously in the womb of the present. In every "today" one of the critical factors on which the configuration at any given juncture is the creativity of the intellectual and managerial elite. This creativity is to a great extent dependent on the fluidity of unconscious associative processes. These, in their turn, are decisively influenced by affective factors in the widest sense. Since, as will be shown later, hypnosis can be conceived in the manner of a "quid" identical with emotion, it inevitably follows that it must be treated as a basic element that is always present in and intimately bound up with the continuous process that, at every moment, are producing the future.

[0044]

[The role of hypnosis in present-day obstetrics]

[Il ruolo dell'ipnosi nell'ostetricia moderna]

Minerva Med 1975 Jan 27;66(6):276-80 (ISSN: 0026-4806)

Di Bernardo G

There is a present need for the insertion of psychology in teaching and medical practice so that full value and respect can be given to the patient's human side. Psychological assistance during pregnancy is reviewed and a brief account is given of early hypnotic techniques in the Soviet Union. Here, however, note is taken of the fact that attention was initially paid to symptoms alone and not their causes. As these techniques spread throughout Europe, they gradually lost touch with hypnosis and moved into the realm of teaching thus becoming completely ineffective. At present, more complete and more advanced hypnotic techniques are used. These throw particular light on the psychological causes of tension in pregnancy and are suitably backed up by instruction relating to the various problems encountered during gestation.

[0045]

Auto-hypnosis in haemophilia

Haematologia (Budap) 1975;9(1-2):103-10 (ISSN: 0017-6559)

La Baw WL

A pilot study to determine the use of adjunctive trance therapy in the treatment of haemophiliacs has been carried out. Over a period of forty months, twenty randomly selected males were assigned to a control and an experimental group. All received due haematologic care. The ten patients in the experimental group utilized medical hypnosis as well, in group suggestive sessions to train and sustain them, but primarily in self-induced trance states (self-hypnosis). Results were compared at intervals on the basis of the amount of transfused blood and blood products. This provided an objective measure of the efficacy of trance therapy. Statistical analysis of the data confirmed the clinical observation of a greater improvement among patients in the experimental group.

[0046]

Hypnosis as a treatment method in psychosomatic medicine

Int J Psychiatry Med 1975;6(1-2):75-85 (ISSN: 0091-2174)

Frankel FH

Recent research findings are used to illustrate the areas of uncertainty and controversy in the understanding of hypnosis. Despite similarities, hypnosis is presented as more than and different from relaxation, suggestibility, and the placebo response. An overview of the clinical use of hypnosis includes the three main methods of application, namely: relaxation or mild hypnosis, symptom removal, and hypnotherapy. A few brief case reports are included. As a means of narrowing the gap between laboratory research and clinical experience, the author recommends the assessment of hypnotizability in all patients treated with hypnosis.

[0047]

Hypnotherapy in the treatment of oro-facial pain

Aust Dent J 1978 Dec;23(6):492-6 (ISSN: 0045-0421)

Gerschman J; Burrows G; Reade P

A continuing study at the Oro-Facial Pain Clinic. The Royal Dental Hospital of Melbourne has demonstrated that hypnotherapy is a useful tool in the management of previously resistant, chronic facial pain disorders, discomfort conditions and dental phobic illness.

[0048]

[Anti-smoking therapy (author's transl)]

[Raucherbehandlung.]

Fortschr Neurol Psychiatr Grenzgeb 1978 Nov;46(11):613-24 (ISSN: 0015-8194)

Buchkremer G



This is a comprehensive survey of the different anti-smoking therapies indicating the difficulty of comparing one method to another. It points out the minimum standard to be set for anti-smoking therapies. Reference is also made to advantages and disadvantages of the different kinds of treatment. The account of anti-smoking therapies includes hypnosis, aversion therapies, anti-smoking clinics, medical treatment, polyelectrical and other methods of therapy. Detailed description is especially to be found of the behavior therapy. Eleven different techniques of the multimodal behavior treatment are presented. Finally consideration is given to the need of anti-smoking therapies, prevention from smoking as well as prophylaxis against relapse.

[0049]

The running meditation response: an adjunct to psychotherapy  
Am J Psychother 1978 Oct;32(4):583-92 (ISSN: 0002-9564)  
Solomon EG; Bumpus AK

The physical technique of slow, long distance running and the mental centering devices of T. M. are combined, using hypnosis in some cases, to enhance a "peak experience," or altered state of consciousness. Indications and contraindications to this technique are described for various psychiatric, psychosomatic and somatic syndromes, and its use as an adjunct to formal individual and group psychotherapy is discussed.

[0050]

Hypnotherapy for the child with chronic eczema. A case report  
S Afr Med J 1978 Sep 2;54(10):410-2 (ISSN: 0038-2469)  
Mirvish I

Chronic eczema in a child usually produces much discomfort and distress. Associated behaviour problems further complicate the issue. A comprehensive approach to treatment is therefore essential. Hypnotherapy may be a useful adjunct in the overall management. An illustrative case history is presented. Combining hypnotherapy with child guidance and medical treatment led to the relief of symptoms and improved behavioural pattern in a boy aged 10 years.

[0051]

Some guidelines for uses of hypnotherapy in pediatrics  
Pediatrics 1978 Aug;62(2):228-33 (ISSN: 0031-4005)  
Olness K; Gardner GG

Hypnotherapy has many uses in pediatrics, and its value, not only as an adjunct but also as a primary therapy for certain conditions, justifies its inclusion in pediatric training programs. Suggestion and expectation have long been related to therapeutic outcomes in medicine, but not all physicians know how to apply them constructively and systematically in communication with patients. In pediatrics there is a tendency to overlook opportunities in which hypnosis might be the treatment of choice. Because children engage in imagination and fantasy easily without the cognitive inhibitions of adults, they are able to use hypnosis more readily than adults. More research into the imaginative skills of children may facilitate understanding of learning mechanisms and make it possible for professionals to prevent the loss of the natural imaginative capacities in children and, therefore, enhance the ability of mature members of society to use these skills. In addition to reduction of specific symptoms through hypnotherapy, children benefit by the sense of mastery which they acquire, a sense which is surely needed to overcome the feelings of hopelessness, loss of control, and depression induced by many diagnostic and therapeutic procedures in medicine.

[0052]

The effects of mood upon imaginal thought  
J Pers Assess 1978 Jun;42(3):277-32 (ISSN: 0022-3891)  
Blum GS; Green M

The effects of mood upon imaginal thought were explored with a highly trained undergraduate female hypnotic subject. She was hypnotically programmed to experience free-floating anxiety or pleasure in varying degrees just before the exposure of combinations of three Blacky Pictures, and to produce dreamlike imagery in response to the Blacky stimuli while under sway of the mood. Data from 98 dream trials, separated by amnesia, indicated that the affective states clearly influenced imaginal processes. Blind ratings by a psychoanalyst showed anxiety moods to be more closely associated with primary-process features characteristic of nocturnal dreams, whereas pleasure had a relatively higher incidence of daydreamlike ratings. Empirical analysis of themes yielded significant relationships of anxiety to physical injury to the self and verbal aggression toward others; pleasure was associated with circular movements and overt sex themes.

[0053]

An investigation of the role of 'hypnosis', hypnotic susceptibility and hypnotic induction in the production of age regression  
Br J Soc Clin Psychol 1978 Jun;17(2):165-71 (ISSN: 0007-1293)  
Fellows BJ; Creamer M

In response to criticisms of the methodology of Barber's (1969) experiments, a 2x2 factorial design, varying hypnotic susceptibility and hypnotic treatment, was used to study the role of 'hypnosis' in the production of age regression by suggestion. Twenty subjects of high hypnotic susceptibility and 20 subjects of low hypnotic susceptibility were randomly allocated to one of two treatment conditions: hypnotic induction procedure or motivational instructions. Both treatments were followed by suggestions to regress to the age of seven years. Two measures of age regression were taken: the Draw-A-Man-Test and a subjective rating of the reality of the experience. The results showed significant effects of both variables, with high susceptibility and induction treatment producing better regression on both measures than low susceptibility and motivation treatment. Hypnotic susceptibility was the stronger of the two variables. The ranking of the four conditions corresponded with predictions of hypnotic depth from the state theory of hypnosis, but the findings were not inconsistent with the non-state theory. The drawings of all regressed groups were more mature than the norms for the age of seven and the drawings of a group of seven year old children.

[0054]

Hospital phobia: a rapid desensitization technique  
Postgrad Med J 1978 May;54(631):328-30 (ISSN: 0032-5473)  
Waxman D

The less disabling phobias do not normally present a problem in that the stimulus may be avoided. This would also apply to hospital

phobia until an acute medical or surgical problem might arise, when avoidance could constitute a direct threat to life. Although phobic illness is a common problem the small number of cases of hospital phobia recorded may represent the tip of the iceberg beneath which could be many phobic patients who deny their symptoms and risk their health because of their irrational fear. A case of hospital phobia in a pregnant patient with suspected disproportion was treated by a rapid desensitization technique using hypnosis. After five sessions of 30 min each, the patient was symptom free. This simple method of desensitization, if more widely known would considerably minimize the risk caused by concealment of the phobic problem.

[0055]

A smoking satiation procedure with reduced medical risk  
J Clin Psychol 1978 Apr;34(2):574-7 (ISSN: 0021-9762)  
Tori CD

Tested the efficacy of a smoking satiation procedure with reduced medical risk. As predicted, experimental taste satiation (holding smoke in the mouth with occasional inhalations) suppressed habitual smoking as effectively as rapid smoking satiation. In view of the extensive relapse problems that follow the singular application of aversive conditioning procedures, follow-up hypnosis and counseling treatments were applied in order to assist Ss in maintaining smoking cessation. At the time of the 6-month follow-up contact, confirmed abstinence reports for 66% of all Ss who received treatment were obtained.

[0056]

[Medicine-man practice. Ritual therapy and drugs used by the Digo in Tanzania]  
[Medizinmann-Praxis. Ritual-Therapie und Heildrogen bei den Digo in Tansania.]  
Naturwissenschaften 1978 Apr;65(4):188-93 (ISSN: 0028-1042)  
Maler T

The strong activity of the patient is significant in traditional Digo ritual therapy. In contrast to Shamanism, he, and not the healer, plays the main role. The Digo healer applies hypnosis, somatic exercises, stimulating music, and drugs in his three-day ritual performed mainly for psychosomatic and chronic illness.

[0057]

Effects of cannabis intoxication on primary suggestibility  
Psychopharmacology (Berl) 1978 Mar 1;56(2):217-9 (ISSN: 0033-3158)  
Kelly SF; Fisher S; Kelly RJ

Thirty-five subjects of known hypnotizability were tested for primary suggestibility in the waking state with and without marijuana intoxication. The drug caused an increase in suggestibility similar to that produced by the induction of hypnosis. The effect did not persist when subjects were retested one week later in their normal waking state.

[0058]

Hypnotic elucidation of isolation and displacement following a sexual assault  
Dis Nerv Syst 1977 Nov;38(11):934-5 (ISSN: 0012-3714)  
Schneck JM

A 19 year old girl was physically beaten and her life endangered during an abortive sexual assault. The repressed emotional components of the experience were retrieved during hypnosis 10 years later, and displacement of affect in relation to the event was also clarified. The psychological issues involved in these circumstances were related to weight reduction efforts by the patient and for which she was seeking help.

[0059]

An experimental study of compliance and post-hypnotic amnesia  
Br J Soc Clin Psychol 1977 Sep;16(3):225-8 (ISSN: 0007-1293)  
Wagstaff GF

A procedure was devised to test the hypothesis that the traditional measure of post-hypnotic amnesia, which involves determining the number of items recalled before and after a 'release' signal, may be significantly biased by compliance. One group of subjects (group B) was given an opportunity to 'own-up' to compliant behaviour before being tested for post-hypnotic amnesia. Another group (group A) was only given the opportunity to own-up after being tested for amnesia. Results indicated a very strong compliance effect, group A showed significantly more post-hypnotic amnesia than group B.

[0060]

[Hypnogenic action of a modulated electromagnetic field]  
[O gipnogennon deijstvii modulirovannogo elektromagnitnogo polia]  
Biull Eksp Biol Med 1977 Aug;84(8):146-9 (ISSN: 0365-9615)  
Sudakov KV; Antimonij GD

Behavioristic and electroencephalographic changes in rats under long-lasting modulated electromagnetic field (frequency of 40 MHz, modulation frequency 50 Hz, intensity 100-120 V/m) were studied. Some phasic disorders in the conditioned feeding and defense reactions were observed, including cataleptic state as a result of the action of modulated electromagnetic field. These behavioristic disorders are determined by the changes in the normal cortico-subcortical relationships.

[0061]

[Acupuncture analgesia]  
[Akupunktur-Analgesie]  
Fortschr Med 1977 Jul 7;95(25):1613-8 (ISSN: 0015-8178)  
Berger D

The possibility of abolishing pain during operations by needling acupuncture points was detected in China 20 years ago. During the last years the Western World showed great interest in this method, which was tested in a great number of surgical operations. Acupuncture was successful, especially when it was introduced by a short conventional anesthesia. Of special importance seems the possible reduction of anesthetic agents. Though the mode of action of acupuncture cannot yet be explained completely, there exist three different

hypotheses: Hypnosis and suggestion, neurophysiological and humoral mechanisms. An actual review on experiments concerning these theories is given.

[0062]

Role-played and hypnotically induced simulation of psychopathology on the MMPI  
J Clin Psychol 1977 Jul;33(3):743-5 (ISSN: 0021-9762)  
Wilcox P; Dawson JG

The differential effects of role-played vs. hypnotically induced simulation of a paranoid syndrome on diagnostic and validity scales of the MMPI were tested with 30 female undergraduate Ss. Hypnotized Ss given the paranoid syndrome suggestion simulated the MMPI more accurately than did role-playing Ss. The F scale and Gough F-K index of dissimulation identified the role-playing group, but not the hypnosis with simulation suggestion group. It was concluded that further refinement of the validity scales of the MMPI is needed to improve their effectiveness in detecting deception on this test.

[0063]

New behavioral data concerning the autoerythrocyte sensitization syndrome  
South Med J 1977 Jul;70(7):876-8 (ISSN: 0038-4348)  
Erwin WJ; Granacher RP

A typical case of autoerythrocyte sensitization or the Gardner-Diamond syndrome was reviewed with respect to personality factors, hypnotic influence in general, the effect of controlled hypnosis under two variable conditions, and the measurement of certain psychophysiological responses before and following hypnosis. In this case it was not possible to delineate a clear psychiatric syndrome and hypnotic suggestion induced the classical lesion only during the active phase of the disease. When the lesions were absent or quiescent, no changes in various psychophysiological measurements taken were observed.

[0064]

The hypnotherapeutic treatment of impotence  
Va Med 1977 Jun;104(6):389-92 (ISSN: 0146-3616)  
Ward WO

Fifty cases of primary and secondary impotency are presented. A breakdown of the patients as to age shows that the problem is widespread from youth to middle-age; in this study there was a mean age of 29.40 years. All patients who remained in therapy were able to perform sexually at the time of their discharge. In follow-up of 66% of the patients, all stated they were doing well except for two. Hypnosis used as an uncovering modality is shown to be markedly effective. This, incorporated with ego-strengthening and new self-image suggestions, seems to be the treatment of choice for psychogenic impotence.

[0065]

Treatment of polydrug abuse and addiction by covert sensitization: some contraindications  
Int J Addict 1977 Feb;12(1):17-23 (ISSN: 0020-773X)  
Copemann CD

Three polydrug abusers undergoing treatment at a drug-free residential facility were administered covert sensitization as an alternative procedure to aversive counterconditioning with faradic stimulation. The clients were able to relax extremely well but experienced difficulties imagining aversive scenes subsequent to the first presentation. Hypnosis was induced and clients were able to imagine every presentation clearly and exhibited some behavioral reactions to suggestions. Two of the three clients remained drug-free for 1 1/2 years and 3 years; and the third relapsed after 1 1/2 years but returned for treatment and is now drug-free. It is suggested that covert sensitization with hypnosis may be a more effective procedure with such recalcitrant behavior disorders as polydrug abuse and addiction.

[0066]

Hypnotic susceptibility and personality: the consequences of diazepam and the sex of the subjects  
Br J Psychol 1977 Feb;68(1):51-9 (ISSN: 0007-1269)  
Gibson HB; Corcoran ME; Curran JD

It was suggested by Gibson & Curran (1974) that the rather complex relationships found to obtain between hypnotic susceptibility and the personality parameters of extraversion and neuroticism might be understood by considering neuroticism as a moderator variable (as had been suggested by Furneaux & Gibson, 1961). They made the hypothesis that if a tranquillizing drug were administered the operative level of neuroticism would be decreased, and as a consequence the level of susceptibility of neurotic extraverts would be raised, and that of neurotic introverts lowered. This study reports the test-retest data on a sample of 71 subjects on the Stanford Hypnotic Susceptibility Scales, half of whom were retested with diazepam and half with nicotinic acid. The hypothesis was confirmed and additional data are given on the drug/placebo effects on each item of the scale. The significance of drugs on different aspects of hypnotic susceptibility in relation to personality is discussed.

[0067]

Lateral eye movements, hypnotic susceptibility and field independence-dependence  
Percept Mot Skills 1976 Dec;43(3 Pt 2):1179-84 (ISSN: 0031-5125)  
De Witt GW; Averill JR

Previous research indicates that lateral eye movements are associated with hemispheric activity in the brain. In the present study involving 48 female subjects, "left-gazing" (right-hemispheric activity) was positively related to field-dependence, as measured by the Embedded Figures Test and the Stroop test, and also to hypnotic susceptibility. It was concluded that field-dependence and hypnotic susceptibility are both mediated by processes associated with right-hemispheric activity.

[0068]

Immediate proprioceptive decrement with hypnotic anesthesia: a preliminary report  
Percept Mot Skills 1976 Jun;42(3):801-2 (ISSN: 0031-5125)  
Wallace B

Hypnotic anesthesia induced in a subject's entire arm produced a decrement in proprioceptive abilities as assessed by the inability to

locate the nose position with the forefinger of the anesthetized arm. The magnitude of the decrement was positively related to level of hypnotic susceptibility.

[0069]

A need for more psychophysiological research in Australia  
Med J Aust 1976 May 8;1(19):706-8 (ISSN: 0025-729X)  
Tebecis AK

Western communities are becoming increasingly more interested in altered states of consciousness such as hypnosis, meditation and other states associated with certain "brain wave" patterns. In the United States of America especially, psychophysiological research is beginning to lead to an understanding of some of the basic mechanisms underlying certain mental phenomena and their therapeutic uses. In Australia, on the other hand, experimental investigations in this area are negligible. It is important to begin intensive psychophysiological research now.

[0070]

Use of meditative state for hypnotic induction in the practice of endodontics  
Oral Surg Oral Med Oral Pathol 1976 May;41(5):664-72 (ISSN: 0030-4220)  
Morse DR

Thirty-five patients who were referred for endodontic therapy were used in a study involving the use of a meditative state for hypnotic induction. Induction was by the use of relaxation, and the silent repetition of a simple word while the patient's eyes were closed. Deepening of hypnosis was by suggestion of whole-body numbness or "glove" anesthesia, orally directed. Supplemental local anesthesia was used in some cases. The method proved to be rapid, easily learned, and well accepted. It was effective for varying degrees of analgesia as well as sedation, anti-anxiety, saliva control, and bleeding control. It also improved the patient's image of dentistry in general and endodontics specifically.

[0071]

Acupuncture for chronic shoulder pain. An experimental study with attention to the role of placebo and hypnotic susceptibility  
Ann Intern Med 1976 Apr;84(4):381-4 (ISSN: 0003-4819)  
Moore ME; Berk SN

One half of 42 subjects treated for painful shoulders received classic acupuncture, and one half received a placebo in which the needles did not penetrate the skin. Half of each of these groups was treated in a positive setting to encourage the subject, and half in a negative setting designed to keep encouragement at a minimum. All patients were independently rated for susceptibility to hypnosis. Although range of motion did not improve, the majority of patients reported significant improvement in shoulder discomfort to a blind evaluator after treatment; placebo and acupuncture groups did not differ in this respect, however. The positive and negative settings did not affect treatment outcome. In all groups, those who were not rated as highly susceptible to hypnosis tended to fail to achieve the highest levels of relief, but such differences were not statistically significant.

[0072]

Complexity and measurement of hypnotic susceptibility: a comment on Coe and Sarbin's alternative interpretation  
J Pers Soc Psychol 1976 Feb;33(2):142-8 (ISSN: 0022-3514)  
Tellegen A; Atkinson G

Coe and Sarbin's claim that a single role skill dimension accounts for individual differences in hypnotizability is not supported by an empirical analysis. We suggest that current measures of hypnotic susceptibility are not only factorially complex but contain a sizable nonhypnotic variance component. Implications for the assessment of "true" hypnotic susceptibility are discussed.

[0073]

Eye movements during transcendental meditation  
Folia Psychiatr Neurol Jpn 1976;30(4):487-93 (ISSN: 0015-5721)  
Tebecis AK

Characteristic changes in eye movements occurred during meditation with closed eyes in a proportion of subjects experienced in TM. The most common changes were an increase in slow, large-amplitude, 'rolling' eye movements and a concomitant decrease in rapid, low-amplitude, 'jerky' eye movements. Much variation occurred between individuals, however, some subjects showing no differences between TM and non-meditation. Any changes that occurred were not necessarily constant for the whole recording period nor consistent between sessions. The physiological effects of TM are far more variable than previously publicized. In general, the main changes in eye movements during TM are similar to those during passive hypnosis.

[0074]

Personality and differential susceptibility to hypnosis: further replication and sex differences  
Br J Psychol 1975 Nov;66(4):513-20 (ISSN: 0007-1269)  
Gibson HB; Corcoran ME

Following the study of Gibson & Curran (1974), a further sample of 45 subjects were tested on the Eysenck Personality Inventory (EPI) and a slightly modified form of the Stanford Hypnotic Susceptibility Scale (SHSS) in precisely the same way. The results in this second sample were broadly the same as those obtained in the earlier study. Combining the two samples, it was found that the sex variable provided some interesting contrasts. The power of the lie scale of the EPI to predict hypnotic susceptibility observed earlier was found to be a significant effect only for males. While there was no significant difference between the sexes in terms of the means and S.D.S. of the extraversion (E) and neuroticism (N) scales, when the interaction of these scales was studied males and females differed significantly. The population from the two studies (n = 88) was analysed by means of polar coordinates in the manner suggested by Eysenck (1966) with regard to the E nad N scales. Eysenck's prediction as to hypnotic susceptibility was strikingly confirmed. These data are briefly discussed in terms of alternative approaches to hypnosis from the 'state' and the 'non-state' viewpoints.

[0075]

[Mechanism of the discontinuance of work as a consequence of fatigue according to the change in the electromyogram in a hypnotic state]  
[K voprosu o mekhanizme prekrashcheniia raboty vsledstvie utomleniia po dannym izmeneniia elektromiogrammy v gipnoticheskom

sostoianii]

Biull Eksp Biol Med 1975 Aug;80(8):12-4 (ISSN: 0365-9615)  
Mojikin Iu V; Poberezhskaia AS

A study was made of the changes in the bioelectrical activity of the muscles in the course of local static work up to "refusal" under the usual conditions and under condition of inhibition of the program-control function of the cortex (during the somnambulistic stage of hypnosis). Experimental results indicated that during the hypnotic state the time of persistence of the static effort doubled in comparison with control; the bioelectrical activity increased 1.5-2 times, and in individual experiments 3-4 times. In the light of the data obtained the mechanism of formation of "refusal" to work could be viewed as an active arrest of the activity of the central formations realizing the program-control functions.

[0076]

The effects of hypnotic susceptibility on reducing smoking behavior treated by an hypnotic technique  
J Clin Psychol 1975 Jul;31(3):498-505 (ISSN: 0021-9762)  
Perry C; Mullen G

This study sought to obtain empirical data on the issue of whether susceptibility to hypnosis influences the outcome of an hypnotic therapy. At the first of two sessions, Ss had their susceptibility evaluated unobtrusively. At the second session, they learned Spiegel's self-hypnotic method to stop smoking. At the end of 3 months' follow-up 7 of 54 volunteers were completely abstinent (13%), while 31% had reduced smoking by 50% or more. Of the 7 totally abstaining Ss, 1 was high, 1 was low and 5 were medium susceptible, which is not unlike the distribution of hypnotic susceptibility in the general population. However, it was found that significantly more Ss of higher susceptibility reduced by 50% or more than did less susceptible Ss.

[0077]

Failure of the opiate antagonist naloxone to modify hypnotic analgesia  
Proc Natl Acad Sci U S A 1975 Jun;72(6):2041-3 (ISSN: 0027-8424)  
Goldstein A; Hilgard ER

Hypnotic analgesia in some respects resembles opiate analgesia. We tested the hypothesis that some features of hypnotic analgesia are mediated through neuronal pathways activating specific opiate receptors in brain. The opiate antagonist naloxone had no effect on hypnotic analgesia in three subjects. Thus, the hypothesis was not confirmed.

[0078]

Hypnotherapy in the treatment of bronchial asthma  
Ann Allergy 1975 Jun;34(6):356-62 (ISSN: 0003-4738)  
Aronoff GM; Aronoff S; Peck LW

The efficacy of hypnotherapy in aborting acute asthmatic attacks was studied in 17 children ranging in age from six to 17. All had as their primary diagnosis bronchial asthma. Prior to hypnotic induction pulmonary function was assessed, then monitored in the immediate post hypnotic period and at two intervals thereafter. The average improvement for all subjects was greater than 50% above the baseline measurement as documented by spirometry, monitored dyspnea, wheezing and subjective ratings by the subjects. It is suggested that hypnotherapy may be an important tool in ameliorating asthma, improving ventilatory capacity and promoting relaxation without recourse to pharmacologic agents. One explanation offered is that hypnosis affects an autonomic response, thereby diminishing bronchospasm.

[0079]

Effects of post-hypnotic suggestions on muscular endurance  
Percept Mot Skills 1975 Feb;40(1):131-9 (ISSN: 0031-5125)  
Albert I; Williams MH

This study examined the effects of post-hypnotic suggestions upon maximal endurance capacity, Borg ratings of perceived exertion, and heart rate. Experimental subjects were administered post-hypnotic suggestions to improve or decrease performance, and control subjects were given similar instructions during the awake state. Endurance time could be decreased significantly when the fatigue suggestion was given to experimental subjects, but performance could not be enhanced with the facilitating suggestion. Control subjects showed no significant changes across conditions. The Borg ratings indicated that experimental subjects experienced subjective changes as suggested by the hypnotist. In addition, analysis failed to find any significant differences for the heart-rate data.

[0080]

[Hypnosis within the framework of psychotherapy]  
[L'ipnosi nel quadro della psicoterapia]  
Minerva Med 1975 Jan 27;66(6):298-301 (ISSN: 0026-4806)  
Mastronardi V

Apart from special cases, hypnosis cannot be used to combat symptoms, nor to give the patient something he does not yet have. That it cannot be employed, as in the preanalytic period, as a means of interpretation and psychological exploration is clear from what is said by Anna Freud. After discussion in deep analysis during wakefulness, and in the light of the psychodynamic concepts of psychoanalysis, of the what interpretation to be given to the dynamic process of the symptom, we can exactly repeat this interpretation in a hypnotic trance. It is vulnerable, like hypnoid states (emotion, fear, anxiety, anger, fatigue, surmenage, transition from wakefulness to sleep) in which a psychic pathological process may easily start due to "difference of level, blank in the consciousness" and absent "abreaction". This vulnerability and increased tendency to accept has been encountered in hypnoid states as in artificially induced trances, and gives a much more rapid entree to the patient's integration process. The interpretation of the dynamics of his symptom, once accepted, becomes an active force, and produces effects that would, in any event, have been produced if the integration process had occurred normally, without the acceleration provided by hypnotism, leading to resolution of the symptom. What is involved, therefore, is acceleration of the psychoanalytic process.

[0081]

The use of hypnosis in hemophilia dental care  
Ann N Y Acad Sci 1975 Jan 20;240:263-6 (ISSN: 0077-8923)  
Lucas ON

The influence of emotional stress on the onset and control of bleeding episodes is a well-known fact. Oral surgical procedures are a common cause of severe states of anxiety in hemophiliacs. Anxiety has been shown to trigger and/or complicate an existing hemorrhagic episode in hemophiliacs. This is true in adults as well as children. Hypnosis, when applicable, has been found to be an excellent adjunct for the control of anxiety. It has been observed that in a relaxed and tranquil hemophiliac, his hemorrhagic tendency during and after surgery is considerably decreased. Induction to a hypnotic state depends on each individual's susceptibility, and therefore different approaches are used depending on the patient's knowledge of hypnosis. In addition to the control of fear, salivary secretions, pain, and capillary bleeding can well be brought under control during surgery and postoperatively by means of posthypnotic suggestions. Good oral hygiene habits such as daily brushing and flossing, so important as preventive measures for the prevention of caries and periodontal disease, can be reinforced through hypnotic suggestions. Preventive dentistry in hemophiliacs is of paramount importance.

[0082]

Treatment of somnambulism in military trainees  
Am J Psychother 1975 Jan;29(1):101-6 (ISSN: 0002-9564)  
Reid WH

Of 12 otherwise health individuals facing honorable discharge from the military because of intractable sleepwalking, six chose to participate in a short-term treatment program involving hypnosis. Four of these reported total alleviation of symptoms. Therapeutic design and treatment implications are discussed and a brief review of the literature is presented.

[0083]

A controlled study of the EEG during transcendental meditation: comparison with hypnosis  
Folia Psychiatr Neurol Jpn 1975;29(4):305-13 (ISSN: 0015-5721)  
Tebecis AK

A controlled, quantitative investigation of the electroencephalogram (EEG) and transcendental meditation (TM) revealed that EEG changes during TM were rarely as pronounced or consistent as previous reports suggest. There was considerable variation between subjects, some displaying no EEG changes at all during TM compared with an equal period of non-meditation. Any changes that did occur in a particular individual were not necessarily repeated in a subsequent session. A comparison of mean EEG parameters of the experimental group revealed no consistent significant differences between meditation and non-meditation, although trends towards increased theta and decreased beta activity during meditation were apparent. The biggest differences in mean EEG parameters were between subject groups. In particular, the group of meditators exhibited significantly more theta activity (during both TM and non-meditation) than a randomly selected group of individuals that had never meditated or been hypnotized. The EEG characteristics of the group of meditators were similar to those of a group of subjects experienced in self-hypnosis. It is concluded that the most obvious EEG changes during meditation are long-term. In people who regularly practise TM (or self-hypnosis), the EEG gradually (over weeks or months) tends to "slow down." Such a "slowed down" EEG is apparent during both normal waking conditions and altered states of consciousness in these individuals.

[0084]

Hypno-analgesia and acupuncture analgesia: a neurophysiological reality?  
Neuropsychobiology 1975;1(4):218-42 (ISSN: 0302-282X)  
Saletu B; Saletu M; Brown M; Stern J; Sletten I; Ulett G

The effects of hypnosis, acupuncture and analgesic drugs on the subjective experience of pain and on objective neurophysiological parameters were investigated. Pain was produced by brief electric stimuli on the wrist. Pain challengers were: hypnosis (induced by two different video tapes), acupuncture (at specific and unspecific loci, with and without electrical stimulation of the needles), morphine and ketamine. Evaluation of clinical parameters included the subjective experience of pain intensity, blood pressure, puls, temperature, psychosomatic symptoms and side effects. Neurophysiological parameters consisted of the quantitatively analyzed EEG and somatosensory evoked potential (SEP). Pain was significantly reduced by hypnosis, morphine and ketamine, but not during the control session. Of the four acupuncture techniques, only electro-acupuncture at specific loci significantly decreased pain. The EEG changes during hypnosis were dependent on the wording of the suggestion and were characterized by an increase of slow and a decrease of fast waves. Acupuncture induced just the opposite changes, which were most significant when needles were inserted at traditional specific sites and stimulated electrically. The evoked potential findings suggested that ketamine attenuates pain in the thalamo-cortical pathways, while hypnosis, acupuncture and morphine induce analgesia at the later CNS stage of stimulus processing. Finally some clinical-neurophysiological correlations were explored.

[0085]

Hypnosis, stimulus preference and autonomic response  
Psychother Psychosom 1975;26(2):78-85 (ISSN: 0033-3190)  
de Jong MA; van den Berg AW; de Jong AJ

We investigated whether stimuli consisting of beautiful and ugly colours as judged by human subjects elicit different autonomic response patterns. The autonomic functions recorded were heart rate (HR), respiration rate, skin conductance, number of GSFs (nGSR) and also eye movements, as an index of somatic activity. In order to obtain strong responses, i.e. to avoid inhibition of 'natural' responses by anxiety due to the laboratory setting, we made use of post-hypnotic suggestions regarding the nature of the stimuli the subjects were to expect. It appeared that for all but one autonomic function differences could be found between beautiful and ugly stimuli, in the sense that during the ugly stimuli more 'activation' occurred. The direction of HR change during the beautiful stimuli was opposite to those of the other functions. Effect of hypnosis on autonomic response could be substantiated for HR and nGSR. Apart from hypnosis it seems likely that the whole experimental set-up may have helped to reduce 'experimental anxiety'. One may conclude that response specificity for pleasant and unpleasant stimuli seems to exist.

[0086]

[Several aspects of the psychotherapy of neuroses (value of so-called rational psychotherapy)]  
[Nekotorye aspekty psikhoterapii nevrozov (o znachenii tak nazyvaemoj ratsional'noj psikhoterapii)]  
Zh Nevropatol Psikhiatr Im S S Korsakova 1977;77(12):1862-6 (ISSN: 0044-4588)  
Lezhepekova LN; Pervov LG

The authors consider neurosis as a disturbed ability of an adequate perception and reaction which must be corrected by the use of

psychotherapy. The method of the so called rational deep psychotherapy is taken as the main therapeutical influence. Other methods and measures are used in the complex with this method. The possibility of a patient's logical judgement in the use of the methods of suggestive therapy is pointed out. The new methods of psychotherapeutical influence are stated.

[0087]

Activating posthypnotic conflict: emergent uncovering psychopathology repression, and psychopathology  
J Pers Assess 1976 Oct;40(5):492-501 (ISSN: 0022-3891)  
Burns B; Reyher J

An attempt was made to observe the process of repression and symptom formation. Emergent uncovering techniques were used to weaken a spontaneous repression that was produced by the posthypnotic activation of sexual impulses stemming from an implanted oedipa paramnesia. Twelve hypnotic and ten simulating subjects were used in a modified real-simulator design. Although it was not possible to 'lift' the spontaneous repression of derivatives of oedipal strivings in the course of uncovering via visual imagery, a wide variety of spontaneous symptoms were produced in the hypnotically conditioned subjects. The type of symptom was shown to be related to the degree of repression. Simulating subjects produced only a few symptoms. The manifestation of a symptom was concomitant with an increase in the GSR, but not the blatancy of drive representation. These findings were consistent with the phenomena observed using free imagery in emergent uncovering psychotherapy.

[0088]

Effect of bromazepam on gastric acid secretion related to hypnotically induced anxiety  
Int J Clin Pharmacol Biopharm 1976 Sep;14(2):126-31 (ISSN: 0340-0026)  
Stacher G; Berner P; Naske R; Schuster P; Starker H; Schulze D

The effects of bromazepam (0.1 mg/kg b.w. i.v.) and of placebo on gastric acid secretion related to hypnotically induced anxiety were evaluated in a double blind study, 22 experiments were carried out on 4 healthy volunteers. Drugs were injected after one basal hour. Hypnosis was induced immediately thereafter, and a sequence of anxiety-charged situations out of the subjects past was recalled. After one hour, posthypnotic amnesia was suggested, the subjects awakened and observation continued for another hour. Acid output was measured by means of intragastric titration and a telemetering capsule. During hypnosis and recalling of anxiety in both series, acid output decreased. In the posthypnotic hour there was a significant increase of secretion in the placebo-series, while there was virtually no change in the bromazepam-series. The pattern of acid output in the placebo-series seems to result from an activation of the sympathetic system under anxiety and a rebound vagal activation in the posthypnotic hour. By contrast, under the sedating effect of bromazepam, no anxiety could be evoked and no rebound vagal activation and thereby no increase of acid secretion resulted.

[0089]

[On the mechanism of action of acupuncture analgesia (author's transl)]  
[Uber den Mechanismus der Akupunktur-Analgesie]  
Anaesthesist 1976 May;25(5):208-14 (ISSN: 0003-2417)  
Sovak M; Engel R

The correlation between the effects of acupuncture (A) and hypnosuggestion (H) on subjective pain perception was studied in normal volunteers using somatosensory evoked potentials technique. Both methods influenced identically the subjective pain perception and affected the evoked cortical responses similarly. In those subjects in whom analgesia was achieved, location of the A needles proved unimportant and the suppression of the cortical response elicited by A or H was identical. This could be explained by cortically induced inhibitory activity in descending control systems for both methods. A. analgesia thus appears to be a suggestive modality which depends on individual susceptibility. A specific cultural background also seems to be of importance.

[0090]

Hypnotic recall and flashback: the remembrance of things present  
Confin Psychiatr 1976;19(3):149-73 (ISSN: 0010-5686)  
Fischer R

There are two kinds of flashbacks: the self-programed or intra-individual variety and pre-programed or inter-individual flashbacks representing mythical and narrative event structures which contribute to the survival of the species. Both types of experiences are arousal-state bound and stage (set and setting) or culture bound. Flashbackers may be characterized by (1) their variability (large SD) on perceptual-behavioural tasks pointing to their extensive cognitive or interpretive repertoire, (2) they are minimizers (or reducers) of sensory input (particularly at the peak of a hallucinogenic drug experience), (3) as a group they display high resting heart rates, (4) are hypnotizable and hence (5) prefer right cerebral hemispheric cognition, (6) displaying EEG-alpha dominance in the resting, waking state. Flashback and hypnotic recall differ only in the ways and means by which they are induced. Hypnotic induction, however, is not to be confused with the induced state that may be any ordinary or non-ordinary state of consciousness on the perception-hallucination-meditation continuum which the subject has a least once experienced before. If mind is an open system comprising the individual's mind and the minds of his total environment, i.e. his past and present sets and settings, then for many of us thoughts and actions are hypnotically induced, and memories are flashbacks of those experiences.

[0091]

Toward a general concept of the therapeutic process  
Int J Psychoanal Psychother 1976;5:283-99 (ISSN: 0091-0600)  
Dewald PA

Using clinical psychoanalytic theory as a unifying concept, an attempt is made to observe, interpret, and integrate the therapeutic process in a wide variety of psychotherapies. All psychotherapy, regardless of specific form or technique, is viewed as an interpersonal or intrapersonal process, and should be understandable from a psychoanalytic perspective. Ten common factors are selected: structure of the therapeutic situation; the therapeutic relationship; management of anxiety; drives and their derivatives; mechanisms of defense; identification; regression; catharsis and abreaction; external reinforcement; structural change. The various psychotherapies are compared regarding each of the ten factors.

[0092]

Identity of sensory and motor systems that are critical to the immobility reflex ("animal hypnosis")  
J Neurosci Res 1976;2(1):57-69 (ISSN: 0360-4012)  
Klemm WR

This review presents an analysis of the sensory and motor mechanisms as they are now understood that cause the immobility reflex (IR). Of the sensory systems that conceivably could trigger and sustain the IR, as commonly induced experimentally by inversion and manual restraint, evidence has been presented to eliminate some senses (vestibular, vision, sound, many visceral sensations, olfaction, taste, temperature), while incriminating tactile and proprioceptive influences. Of the motor systems which could cause the profound immobility during IR, neurosurgical and electrophysiological evidence identifies the locus of the inhibitory neurons in the brain stem and/or spinal cord. The evidence reviewed leads to a unified working hypothesis of IR mechanisms. IR is considered to be caused by a group of neurons in the brain stem which inhibit spinal motoneurons, either directly or indirectly, when those inhibitory neurons are activated by a specific pattern of tactile and proprioceptive input. Modulation of the IR control system appears to come from the limbic system, which under fear-producing conditions, potentiates the IR in part by release of epinephrine. Inhibition of the IR control system appears to come from the neocortex, as well as the brain stem reticulum, when it is activated by nonspecific, arousing somesthetic sensations that produce generalized activation of the neocortex and skeletal muscle.

[0093]

[Respiratory autogenic training in preparation for labor (RAT method)]  
[Il training autogeno respiratorio nella preparazione al parto (metodo R.A.T.)]  
Minerva Med 1975 Nov 7;66(75):3926-39 (ISSN: 0026-4806)  
Piscicelli U

Preparation for childbirth with the R.A.T. method involves two therapeutic steps. The first concerns a conditioning relaxation technique derived from hypnosis. Schultz's T.A. and reflexology. There is a series of seven exercises, each of which is supplemented by a revision exercise. The central training exercises coincide with the achievement of sleep breathing, followed by physical deconditioning to external stimuli and semantic deconditioning to uterine contractions. The second step involves a form of analysis designed to examine the mechanism of emotions in a particular situation, marked by the loss of connection between the Ego, the body and the environment, as occurs during group autogenous relaxation.

[0094]

[Individual multistage psychofilm treatment in a group of chronic alcoholic patients]  
[Psicofilm-terapia multifasica individuale e di gruppo dell'alcoolismo cronico]  
Minerva Med 1975 Nov 3;66(74):3884-8 (ISSN: 0026-4806)  
Weilbacher R; Rivardo M

A short account of chronic alcoholism as a social and individual disease, and of the difficulties associated with its treatment, particularly as far as disaddiction is concerned, is followed by the description of a new method of psychotherapy, using psychofilms for the application of group hypnosis therapy covering a wide spectrum, based on reflexological premisses associated with behaviour therapy, backed up by techniques leading to reinforcement of the Ego. The method thus enables a polycentric approach to be made to the disturbances of the diseases and certain aspects of the patients' personality. Four stages in psychofilm management are described: conscious awareness, hypnotic induction, reinforcement of the Ego, and behaviour therapy. It is shown that films enable constant intervention on the part of the hypnotist to be dispensed with. A wide range of patients can be dealt with by applying standard techniques that are effective against various aspects of the psychopathological state in chronic alcoholism.

[0095]

Guided fantasy as a treatment for childhood insomnia  
Aust N Z J Psychiatry 1975 Sep;9(3):169-72 (ISSN: 0004-8674)  
Porter J

A "guided fantasy" technique is described to relieve insomnia in children without the use of chemotherapy or the more conventional forms of hypnotherapy. In children at an age where fantasy is a spontaneous everyday response, relaxed sleep is induced through listening to a story from a tape that is created from the child's favourite fantasy figures and everyday likes and interests. The 'guided fantasy' is presented by the parents as a novel bedtime story rather than as a therapy procedure by the therapist. The child is allowed to feel he has a controlling influence in putting a favourite figure to sleep within the story, and so is gently led to accept sleep himself by choice. No active therapist is involved so there are no dangers of expected transference or abreaction.

[0096]

Psychotherapy in psychosomatic disorders  
Arch Gen Psychiatry 1975 Aug;32(8):1021-8 (ISSN: 0003-990X)  
Kellner R

Published controlled studies of various psychotherapeutic techniques in psychosomatic disorders with adequate designs have formed the basis for the following conclusions: Psychotherapeutic techniques are effective in some patients with psychosomatic disorders. Some psychosomatic disorders, for example, bronchial asthma, peptic ulcer, and migraine headaches are perhaps more amenable to psychotherapy than others, for example, hypertension and ulcerative colitis. There is evidence to suggest that there are differences between the effectiveness of various psychotherapeutic techniques; a few patients differ perhaps from the rest in that they are helped most by the technique that is less effective for the majority.

[0097]

Non-pharmacological approaches to the treatment of drug abuse  
Am J Chin Med 1975 Jul;3(3):235-44 (ISSN: 0090-2942)  
Bourne PG

As a result largely of dissatisfaction with existing treatment methods for narcotic addiction, there has been considerable recent interest in various non-pharmacological approaches to treatment. Acupuncture, transcendental meditation, electrosleep, biofeedback and hypnotism all have generated considerable interest and seem to be effective in a number of cases. Although apparently quite different, all of these approaches seek to induce a state of relaxation which in turn appears to exert specific neurophysiological changes in the brain. These treatment methods not only help for some addicts, but should contribute to our overall understanding of the addiction process.

[0098]

Sedation for local analgesia. Distraction and diazepam



Anaesthesia 1975 Jul;30(4):471-5 (ISSN: 0003-2409)  
Scott DL

An approach to the patient is described that is of value when operations are performed under local analgesia during intravenous sedation with diazepam. The technique involves maintained distraction of the patient with some phantasy of his own choice. All mention of the different stages of the procedure is deliberately avoided.

[0099]

Which asthmatic patients should be treated by hypnotherapy?  
Med J Aust 1975 Jun 21;1(25):776-81 (ISSN: 0025-729X)  
Collison DR

Certain patients with bronchial asthma can benefit, often greatly, from hypnotherapy. This report is based on a retrospective analysis of 121 asthmatic patients who were treated by hypnotherapy. Hypnotic techniques and treatment procedure are described. Of the total number, 21% had an excellent response to treatment, becoming completely free from asthma and requiring no drug therapy. A further 33% had a good response, with worthwhile decrease in frequency and severity of the attacks of asthma, or a decrease in drug requirements. About half of the 46% who had a poor response had a marked subjective improvement in general well-being. Statistical evaluation of the six variables (age, sex, result, trance depth, psychological factors and severity of the asthma) confirmed the clinical impression that the ability to go into a deep trance (closely associated with the youthfulness of the subject) gives the best possibility of improvement, especially if there are significant aetiological psychological factors present and the asthma is not severe. Subjective improvement in well-being and outlook is a potential outcome at all age levels, independent of severity of the illness or entranceability of the patient.

[0100]

Hypnotic susceptibility and the Lamaze childbirth experience  
Am J Obstet Gynecol 1975 Mar 1;121(5):631-6 (ISSN: 0002-9378)  
Samko MR; Schoenfeld LS

This study explored the relationship between childbirth training and hypnotic susceptibility. A multiple linear regression analysis was performed on the various medical and attitudinal variables related to the subjects' Lamaze childbirth experience and these were tested against hypnotic susceptibility. The results of the analysis indicate that hypnotic susceptibility is not significantly related to Lamaze training, nor is it significantly related to the type of childbirth experience that a Lamaze-trained woman has.

[0101]

[Methods and relationships in hypotism]  
[Metodi e rapporti nell'ipnotismo]  
Minerva Med 1975 Jan 27;66(6):291-7 (ISSN: 0026-4806)  
Watkins JG

Hypotism is as much an intensive and intrapersonal relationship as a state of awareness. It is therefore necessary to know how to induce this state, so that the therapist can achieve the best results. Ways in which this can be done are described and particular hypotherapeutic methods that enable the technique to be managed with success are explained. Special attention is given to the concepts of relationship and suggestion. Purification and verbal catharsis under hypnosis are described, along with abreaction as a therapeutic instrument. Cases of free and selective association are presented, together with others illustrating strategic techniques for manipulation between subject and object. Personal methods are defined in the sense of suitable mechanisms enabling the hypnotist to establish what can be seen as a true state of equilibrium between himself and his patient.

[0102]

[Autogenic training in sexology]  
[Il training autogeno in sessuologia]  
Minerva Med 1975 Jan 27;66(6):252-6 (ISSN: 0026-4806)  
Piscicelli U

The therapeutic role of A. T. in sexology and the differences characterising it in regard to the psychoanalysis and the hypnosotherapy are explained. The A. continues a discussion about the technical variations of A. T. which are utilised moreover and especially on the method of RAT relaxation. A method like this demonstrate itself particularly useful to the analysis of many central, marginal and unspecific fantasies which accompany sexual manifestations. In the end the A. discusses about the utilisation of RAT relaxation in the group's dynamics.

[0103]

New methods of pain measurement and their application to pain control  
Int Dent J 1978 Mar;28(1):52-65 (ISSN: 0020-6539)  
Gracely RH; Dubner R; McGrath P; Heft H

Recent pain research advances show promise in their application to the relief of acute and chronic clinical dental pain. Regional electroanalgesia, or transcutaneous electrical stimulation, has been used successfully in the treatment of pain associated with peripheral nerve injuries. Electrical stimulation of teeth also may prove useful as a pain control technique during operative dentistry procedures. Another exciting research finding is the discovery of endogenous or natural pain-suppressing pathways in the brain. There are recent demonstrations that natural-occurring opiate-like compounds and receptors exist in the brain. The elucidation of stimuli and behavioral responses which will activate these specific descending pain control pathways may lead to exciting new methods of pain relief. Thus, both regional electroanalgesia and the discovery of endogenous pain-suppressing pathways offer the possibility of the future expanded use of non-pharmacological pain control techniques. The proper evaluation of new pain control techniques requires the development of better methods of measuring and assessing the multidimensional aspects of the pain experience. Category scales which scale the suprathreshold range of pain from threshold to tolerance levels can be used with both experimental and clinical pain. Sensory Decision Theory has been applied to the analysis of categorical pain responses. This method distinguishes between sensitivity to stimulus intensity and response bias, or the patient's willingness to report a given intensity as painful. Another promising method for scaling pain is the use of ratio-scaling methods with verbal pain descriptors. Verbal descriptors of pain may provide the best method of scaling different dimensions of the pain experience. Reliable and objective descriptor scales have been developed which separate pain along two dimensions: sensory intensity and affect, or unpleasantness. By using cross-modality matching procedures, specific

numerical values can be calculated for each verbal descriptor. These scales have been used to measure the intensity and unpleasantness associated with tooth pulp evoked experimental and clinical pain, and should be extremely useful in the evaluation of acute and chronic dental pain. They will be important experimental and clinical adjuncts in determining the efficacy of non-pharmacological pain control methods such as regional electroanalgesia, biofeedback, relaxation-suggestion and hypnosis.

[0104]

Psychological, physiological, and pharmacological management of pain  
Dent Clin North Am 1977 Jul;21(3):577-93 (ISSN: 0011-8532)  
Joy ED; Barber J

It has been the intent of the authors to impress upon the clinician the multifaceted nature of the human pain experience. We have sought to create an understanding of the emotional nature of pain. The treatment of pain as a pure sensation without directing attention to its behavioral and psychological aspects will generally lead to failure in understanding and ultimately in treating this ubiquitous problem in our profession. The use of drugs alone will have only a minor effect on the treatment of pain. Knowledge of environmental control and an understanding and empathetic approach to the patient in pain or in stress will carry the dentist a long way toward his goal of dental treatment without pain or emotional upset.

[0105]

Behavioral methods in the treatment of hypertension. A review of their clinical status  
Ann Intern Med 1977 May;86(5):626-36 (ISSN: 0003-4819)  
[author(s) unknown]

Behavioral methods to lower blood pressure include biofeedback, relaxation, psychotherapy, suggestion and placebo, and environmental modification. Reported data for each method have been examined applying the clinical pharmacologic format used to study other therapeutic agents. Most studies have been Phase I type, small numbers of subjects in acute (short-term) treatment situations. Phase II studies, controlled trials with comparison with known effective agents, are sparse, and Phase III studies are not yet appropriate. These Phase I studies indicate blood pressure effects that are small, with minimal data about their duration and their relation to the use of pharmacologic agents. The methods are adjunctive and not alternative, while the compliance problem is similar to that with pharmacologic agents. The major differences between the methods are the ease with which they can be used. Widespread application of the nonpharmacologic methods cannot currently be recommended, but further basic and clinical research into mechanisms and outcomes is encouraged.

[0106]

[Psychoanalysis and suggestion]  
[Psychoanalyse und Suggestion]  
Z Psychosom Med Psychoanal 1977 Jan-Mar;23(1):35-55 (ISSN: 0340-5613)  
Thoma H

In the history of psychoanalysis the problem of suggestion has been a central one. At first it involved the necessity to establish the psychoanalytic technique as independent scientific paradigm in contrast to persuasion and hypnosis. However, it was not only the symptom-oriented suggestion that had to be given up for scientific reasons and reasons of treatment technique. Since professional and human factors as well could have influenced the psychoanalytic situation to revert to the traditional "suggestion", Freud has given some technical considerations (e.g. the mirror-analogy), that were meant to counteract the confusion of the psychoanalytic technique with the persuasive one that had to come up to late. The discovery of the transference phenomena has further complicated the problem. It became obvious that the capacity of the analyst to exert an influence and to have impact, originated in very basic human categories and their specific psychogenetic developments and distortions. This understanding contributed to the development of psychoanalytic theories of suggestibility. Until the present day the discovery of the transference phenomena has determined the discussions of psychoanalytic technique in term of the relationship between the special and general therapeutic factors (i.e. interpretation versus relationship). The departure from the therapeutic mode of persuasive suggestion and the introduction of psychoanalytic technique signaled the revolutionary paradigm of Sigmund Freud, i.e. the active participation of the patient and the process of observation. Often scientific problems related to this paradigm and suggestion are discussed concurrently.

[0107]

Psychotherapy as adjunct in treatment of vomiting during pregnancy  
South Med J 1976 Dec;69(12):1585-7 (ISSN: 0038-4348)  
Henker FO

Adjunctive psychotherapeutic measures were used to treat ten consecutive pregnant women referred to a psychiatric consultation service because of severe intractable vomiting. In addition to customary medical measures, they received three types of psychotherapy: (1) supportive psychotherapy (establishment of positive relationship, frequent reassuring conversations, and encouragement of expression of thoughts and feelings); (2) hypnotherapy (trance induction and suggestions of comfort in the gastrointestinal tract, desirability of feeling of substance in stomach, and ability to retain and digest food eaten); and (3) behavior modification (positive reinforcement for retaining food and gaining weight, through granting desirable considerations such as visitors, radio, television, and being up in or outside the room). Results were encouraging. Nine patients recovered and completed normal pregnancies, while one improved but later aborted due to other complications. When compared with a control group of routinely treated patients, recovery was more rapid.

[0108]

Acupuncture applied as a method of analgesia for oral surgery with particular reference to dental operations  
Anaesth Resusc Intensive Ther 1975 Jul-Sep;3(3):251-7 (ISSN: 0301-0864)  
Borzecki M; Borzecki M

The purpose of the first, experimental part of this work was an attempt to elaborate a simple method of analgesia by means of acupuncture for oral surgical procedures in out-patients. The experiments were carried out on 60 volunteers using various points and types of stimulation. Analgesia was obtained in 78.3% of cases but only in very small areas which could make possible procedures on premolar and molar teeth or in the vicinity of palatine tonsils. Stimulation with rectangular, alternating-current impulses applied through the needles was found to be most effective. The volunteers were divided into two groups--those in group I were told in advance what the procedure would be, these in group II were not. Similar results obtained in both groups would rule out the effects of suggestion or hypnosis as the mechanism of acupuncture. In the 2nd part of this work the method was applied in 10 patients undergoing dental

surgery and sufficient analgesia was achieved in 7 cases. The unreliability of the method, the length of time necessary for induction of analgesia and the very small area of analgesia make this method unsuitable for widespread use in outpatient practice.

[0109]

Hypnosis in the investigation of aviation accidents  
Aviat Space Environ Med 1984 Dec;55(12):1136-42 (ISSN: 0095-6562)  
Hiland DN; Dzieszkowski PA

The efficacy of hypnotic inquiry techniques with ten witnesses to six recent Naval aircraft accidents was evaluated in this study. Eight witnesses had been directly involved in an accident, five as mishap pilots. Interviews were conducted under conservative standards of practice after regular interviews had been completed and all depositions taken. Naval officers who accompanied the witness(es) to the interviews and concomitantly assisted the accident investigation boards served as the evaluators. Important information concerning the accidents was gained in the majority of the interviews. Secondary survival information of importance was obtained in a number of cases as well. None of the witnesses experienced psychological or career problems as a result of the interviews, and the hypnosis seemed highly therapeutic in some cases. Results suggest that hypnotic interview techniques with witnesses may be of great value in the investigations of certain aircraft accidents.

[0110]

Hypnotic susceptibility: a lateral predisposition and altered cerebral asymmetry under hypnosis  
Int J Psychophysiol 1984 Nov;2(2):131-9 (ISSN: 0167-8760)  
Gruzelier J; Brow T; Perry A; Rhonder J; Thomas M

Psychophysiological and behavioural evidence is reported of altered cerebral asymmetry under hypnosis in favour of the right hemisphere. This occurred in Susceptible as distinct from Unsusceptible subjects. Measures included bilateral electrodermal responses to tones and bimanual processing times for sorting letters and numbers with eyes closed. Subjects listened to a tape recording of a procedure for inducing relaxation under hypnosis. Susceptible subjects, unlike Unsusceptibles, showed lateral asymmetries in baseline conditions in favour of the left hemisphere. Electrodermal responses were larger on the left than the right hand and haptic processing times were faster with the right than the left hand. Under hypnosis there was a reduction in electrodermal orienting responses coupled with faster habituation and a reversal in lateral asymmetries. Haptic processing revealed a slowing in right hand processing times whereas left hand times were reduced as was the case with bilateral processing times in both Unsusceptible subjects and controls who experienced no hypnosis. Unlike earlier reports left hemisphere dynamic processes were fundamental to the induction of hypnosis. A neuropsychological model is proposed whereby susceptibility is associated both with a left bias prior to hypnosis and left hemisphere inhibition under hypnosis. Unsusceptibles retain a right hemisphere orientation without undergoing left hemisphere inhibition. Thus hypnosis involves an inhibition of left-sided processes which permits the ascendancy of the right hemisphere through the attenuation of left hemisphere control.

[0111]

Hypnosis and its effects on left and right hemisphere activity  
Biol Psychiatry 1984 Oct;19(10):1461-75 (ISSN: 0006-3223)  
Levine JL; Kurtz RM; Lauter JL

Recent research suggests a relationship between hypnosis and the right cerebral hemisphere in man. With several major modifications in the 1978 study of Frumkin, Ripley, and Cox, the following hypothesis was investigated: Hypnosis creates a shift towards relatively greater left ear accuracy, suggesting greater participation of the right hemisphere during a trance. Two studies were undertaken with 36 right-handed male volunteers in each; 12 of low susceptibility to hypnosis, 12 of medium susceptibility, and 12 of high susceptibility. Study 1 investigated the affect hypnosis had on the processing of musical stimuli while Study 2 investigated its effects on verbal stimuli. Study 1 found that the more susceptible an individual was to hypnosis the greater the shift towards the left ear. Study 2 found no such relationship. Possible differences in stimulus characteristics which might have caused these different results were discussed.

[0112]

Case report of conversion catatonia: indication for hypnosis  
Am J Psychother 1984 Oct;38(4):566-70 (ISSN: 0002-9564)  
Jensen PS

The author describes the successful hypnotic treatment of a patient with an acute catatonic reaction. Because conversion mechanisms may underlie some presentations of catatonia, hypnosis may assist clinicians in the differential diagnosis of acute catatonic conditions.

[0113]

Changes in rectal and mean skin temperature in response to suggested heat during hypnosis in man  
Physiol Behav 1984 Aug;33(2):221-6 (ISSN: 0031-9384)  
Raynaud J; Michaux D; Bleirad G; Capderou A; Bordachar J; Durand J

Rectal temperature, mean skin temperature and heart rate were recorded in 7 subjects during hypnosis, induced either alone or while sensations of heat were suggested. During hypnosis alone, a fall in the heart rate of about 10 beat X min<sup>-1</sup> was the only autonomic response observed; body temperatures were unaltered. In contrast, during hypnosis with suggestion of heat, the following changes occurred: (1) Mean rectal temperature decreased 0.20 degrees C (p less than 0.05) within 50 min. Its mean time course differed significantly from that for hypnosis alone (p less than 0.001). (2) Comparison of individual rectal temperature time sequences showed that in fact this temperature only declined in 4 subjects out of 7, and tended to form a plateau located 0.35 degrees C below the value of the preceding waking state. Despite reinforcement of heat suggestion, the plateau continued until the end of the hypnotic trance. (3) Mean skin temperature tended to rise. (4) When hypnosis with suggestion ceased, both rectal and skin temperatures very slowly returned to their levels during the preceding waking state.

[0114]

Suggested guidelines for the use of forensic hypnosis techniques in police investigations  
J Forensic Sci 1984 Jul;29(3):865-73 (ISSN: 0022-1198)  
Timm HW

This article suggests standards and guidelines for the use of forensic hypnosis techniques in police investigations. Topics addressed include the type of procedures that should be used, intervention milieu considerations that need to be taken into account, the types of

cases in which hypnosis should be avoided, and recommended qualifications for those performing the intervention. Each of these topics is discussed separately, commencing with a summary of the applicable policies established by selected law enforcement, professional, judicial, and governmental entities; a brief review of the pertinent theoretical and empirical literature; and commentary on the extent to which that information supports those policies. After laying this foundation, additional guidelines derived from the literature are presented for each section.

[0115]

Hypnosis in the treatment of acute pain in the emergency department setting  
Postgrad Med J 1984 Apr;60(702):263-6 (ISSN: 0032-5473)  
Deltito JA

Emergency ward physicians are presented daily with patients in pain. Provisions of safe, quick pain control remains one of their major duties. Hypnosis can be used as an effective adjunct or substitute for analgesic medications when these drugs prove to be ineffective or contraindicated. Four such illustrative cases of attempted pain control are presented. The psychological foundations of pain and its assessment are discussed. The emergency ward physician can obtain facility in hypnotic techniques with only modest training. Hypnosis may then become a valuable tool in helping him provide safe and effective pain management.

[0116]

Hysteria and hypnosis  
J Nerv Ment Dis 1984 Apr;172(4):203-6 (ISSN: 0022-3018)  
Bliss EL

Polysymptomatic female hysterics (Briquet's syndrome) are good or excellent hypnotic subjects with few exceptions, and many have multiple personalities. Furthermore, female patients with major conversion symptoms are excellent hypnotic subjects. The evidence supports spontaneous self-hypnosis as the prime mechanism in many patients with severe hysterical neuroses.

[0117]

Spontaneous self-hypnosis in multiple personality disorder  
Psychiatr Clin North Am 1984 Mar;7(1):135-48 (ISSN: 0193-953X)  
Bliss EL

The authors posit that the central mechanisms in cases of multiple personality appears to be spontaneous self-hypnosis. As the syndrome is a product of hypnosis and as excellent hypnotic subjects are potentially able to induce a variety of psychiatric symptoms, these patients report many symptoms referable to other major syndromes. This accounts for the many diagnoses attributable to them. The study of multiple personalities offers insights into the capabilities of hypnosis, the genesis of an unconscious, and the mechanism of repression.

[0118]

Use of hypnosis in patients receiving hemodialysis for end stage renal disease  
Gen Hosp Psychiatry 1984 Jan;6(1):31-5 (ISSN: 0163-8343)  
Surman OS; Tolkoff-Rubin N

Dialysis patients experience considerable psychologic stress, but practical issues impede delivery of psychiatric care. The authors describe five cases in which the use of hypnosis for symptom reduction provided the basis for beneficial psychiatric intervention.

[0119]

A randomized trial comparing smoking cessation programs utilizing behaviour modification, health education or hypnosis  
Addict Behav 1984;9(2):157-73 (ISSN: 0306-4603)  
Rabkin SW; Boyko E; Shane F; Kaufert J

The purpose of this study was to determine the efficacy of hypnosis, health education, and behaviour modification programs for cigarette smoking cessation. A randomized clinical trial comparing these three programs and a control group was conducted in 168 volunteers. Follow-up data three weeks after completion was available in 140 subjects. Each program showed significant reductions in reported cigarette consumption and serum thiocyanate levels, an indicator of long-term cigarette consumption, compared to entry and to the control group. However, there were no significant differences between the hypnosis, health education, or behaviour modification groups with respect to the proportion who reported quitting smoking, the number cigarettes smoked or change in serum thiocyanate levels. Reported cigarette consumption ascertained six months later again showed no significant differences between these three approaches. Factors such as subject age, age at starting cigarette smoking, educational level, marital status, spouse or partners smoking did not identify subgroups with differences between treatment responses. Thus, hypnosis, health education, and behaviour modification are each effective programs for changing cigarette smoking and each is equally effective in this regard.

[0120]

[Considerations on the use of special diets in association with hypnosis therapy of psychosomatic disorders]  
[Considerazioni sull'osservanza di norme dietetiche in associazione all'ipnositerapia nelle psicosomatosis]  
Minerva Med 1983 Dec 30;74(51-52):2995-8 (ISSN: 0026-4806)  
Cancellario M

The use of special diets appropriate for individual nervous diseases is felt to be a valuable adjunct to psychotherapy in general and hypnosis therapy in particular. Several of the main diets used are described, including the preliminary detoxification or liver-protective diet, the general balanced diet used in nervous diseases and specific diets for depression, anxiety and psychosomatic diseases of the digestive system. It is concluded that an association of diet and hypnosis therapy makes it easier to achieve satisfactory therapeutic results.

[0121]

[Triennial experience in group hypnosis therapy and the teaching of medical self-hypnosis]  
[Esperienza triennale nell'ipnositerapia di gruppo per l'insegnamento di autoipnosi medica]  
Minerva Med 1983 Dec 30;74(51-52):2985-94 (ISSN: 0026-4806)  
Cancellario M

A three year experiment with group hypnosis therapy for the teaching of medical self-hypnosis is reported. The teaching was divided into 7 courses followed by a total of 142 pupil-patients. The self-hypnotic techniques employed maximised motivational and gratification factors. A special type of deep-breathing is also described. This at least partially solves the problem of inducing a sufficiently deep trance for the achievement of appreciable results. Its efficacy was confirmed in almost all the patients despite the number and diversity of their problems and varied motivation.

[0122]

[Indications for the use of hypnosis in the treatment of bruxism in relation to its psychosomatic nature]  
[Indicazioni all'impiego dell'ipnosi nella terapia del bruxismo in rapporto alla sua natura psicosomatica]  
Minerva Med 1983 Dec 30;74(51-52):2975-8 (ISSN: 0026-4806)  
Gastone L

Research is presented into the psychosomatic aetiology of bruxism with emphasis on the personality of the individual and his response to pain. An analysis of the various treatments proposed highlights the value of hypnosis as the ideal way to eliminate the psychological factors causing the onset of bruxism and to provide adequate relaxation while modifying pain perception.

[0123]

[Hypnosis in dermatology]  
[L'ipnosi in dermatologia]  
Minerva Med 1983 Dec 30;74(51-52):2969-73 (ISSN: 0026-4806)  
Arone di Bertolino R

Almost all skin diseases are caused by a variety of factors with psychogenic factors having a great influence on progression and the development of chronic conditions. After remarks on this aspect, the techniques employed in hypnosis therapy are described and psychosomatic skin diseases are outlined. Personal experience in the treatment of viral skin diseases is then described in detail and some aspects of the treatment of bacterial, reactive and psychosomatic diseases are presented. Behavioural disturbances related to dermatological problems and essential pruritus are also mentioned.

[0124]

[Clinical experience in communication in autogenous psychotherapy and hypnosis]  
[Esperienze cliniche di comunicazione nelle psicoterapie autogene e nell'ipnosi]  
Minerva Med 1983 Dec 30;74(51-52):2957-64 (ISSN: 0026-4806)  
Eletti PL; Peresson L

Questions relating to communication and metacommunication during two forms of directive psychotherapy (Schultz's autogenous training and hypnosis) are examined. The concept of rigidity and cognitive flexibility with regard to the physician-patient relationship is discussed: abstract-concrete dynamics, abstract generalisation of diagnosis, linguistic egocentricity, stereotypical adaptation to conventional language. Some attention is devoted to Heider's balance theory as the first approach to psychological understanding of the therapeutic relationship. The communicative and metacommunicative process described by the Palo Alto (California) school is discussed. Autogenous psychotherapy and hypnosis extend through the concepts of symmetrical relation and inferior complementarity. The criteria for reaching these objectives are stated, along with the pragmatic methods devised for decoding messages and gaining access to metacommunication. Three clinical cases treated through autogenous training and one with hypnosis are analysed with respect to communication and from the relational standpoint. The patient's messages are decoded, the ambiguity of the communication is detected, and the physician's possible answers are examined at both the technical and the emotive level. It is felt that the correct use of the communicational perspective greatly extends the possibilities of autogenous training and hypnosis. It is not a question of combining relational and autogenous management, but of using the Palo Alto discoveries in the more complete understanding of cases in which psychotherapy is employed.

[0125]

Enhanced visual memory during hypnosis as mediated by hypnotic responsiveness and cognitive strategies  
J Exp Psychol Gen 1983 Dec;112(4):662-85 (ISSN: 0096-3445)  
Crawford HJ; Allen SN

To investigate the hypothesis that hypnosis has an enhancing effect on imagery processing, as mediated by hypnotic responsiveness and cognitive strategies, four experiments compared performance of low and high, or low, medium, and high, hypnotically responsive subjects in waking and hypnosis conditions on a successive visual memory discrimination task that required detecting differences between successively presented picture pairs in which one member of the pair was slightly altered. Consistently, hypnotically responsive individuals showed enhanced performance during hypnosis, whereas nonresponsive ones did not. Hypnotic responsiveness correlated .52 ( $p$  less than .001) with enhanced performance during hypnosis, but it was uncorrelated with waking performance (Experiment 3). Reaction time was not affected by hypnosis, although high hypnotizables were faster than lows in their responses (Experiments 1 and 2). Subjects reported enhanced imagery vividness on the self-report Vividness of Visual Imagery Questionnaire during hypnosis. The differential effect between lows and highs was in the anticipated direction but not significant (Experiments 1 and 2). As anticipated, hypnosis had no significant effect on a discrimination task that required determining whether there were differences between pairs of simultaneously presented pictures. Two cognitive strategies that appeared to mediate visual memory performance were reported: (a) detail strategy, which involved the memorization and rehearsal of individual details for memory, and (b) holistic strategy, which involved looking at and remembering the whole picture with accompanying imagery. Both lows and highs reported similar predominantly detail-oriented strategies during waking; only highs shifted to a significantly more holistic strategy during hypnosis. These findings suggest that high hypnotizables have a greater capacity for cognitive flexibility (Battig, 1979) than do lows. Results are discussed in terms of several theoretical approaches: Paivio's (1971) dual-coding theory and Craik and Tulving's (1975) depth of processing theory. Additional discussion is given to the question of whether hypnosis involves a shift in cerebral dominance, as reflected by the cognitive strategy changes and enhanced imagery processing.

[0126]

Hypnosis with medical/surgical patients  
Gen Hosp Psychiatry 1983 Dec;5(4):265-77 (ISSN: 0163-8343)  
Spiegel D

The role of hypnosis as a tool in the treatment of problems commonly encountered among medical and surgical patients is examined. Hypnosis is defined as a change in state of mind far more akin to intense concentration than sleep. Diagnostic implications of

differences in hypnotic responsivity are explored, and scales suitable for use in the clinic are examined. Uses of hypnosis in treating anxiety, pain, childbirth, psychosomatic symptoms, seizure disorders, neuromuscular dysfunction, and habits are described and evaluated. The phenomenon of hypnosis is presented as a means of exploring the mind-body relationship in a controlled fashion, providing information of diagnostic importance while at the same time allowing hypnotizable patients to intensify their concentration and interpersonal receptivity in the service of a therapeutic goal.

[0127]

Hypnotically created memory among highly hypnotizable subjects  
Science 1983 Nov 4;222(4623):523-4 (ISSN: 0036-8075)  
Laurence JR; Perry C

A pseudomemory of having been awakened by some loud noises during a night of the previous week was suggested to 27 highly hypnotizable subjects during hypnosis. Posthypnotically, 13 of them stated that the suggested event had actually occurred. This finding has implications for the investigative use of hypnosis in a legal context.

[0128]

Hypnosis compared to relaxation in the outpatient management of chronic low back pain  
Arch Phys Med Rehabil 1983 Nov;64(11):548-52 (ISSN: 0003-9993)  
McCauley JD; Thelen MH; Frank RG; Willard RR; Callen KE

Chronic low back pain (CLBP) presents a problem of massive dimensions. While inpatient approaches have been evaluated, outpatient treatment programs have received relatively little examination. Hypnosis and relaxation are two powerful techniques amenable to outpatient use. Seventeen outpatient subjects suffering from CLBP were assigned to either Self-Hypnosis (n = 9) or Relaxation (n = 8) treatments. Following pretreatment assessment, all subjects attended a single placebo session in which they received minimal EMG feedback. One week later the subjects began eight individual weekly treatment sessions. Subjects were assessed on a number of dependent variables at pretreatment, following the placebo phase, one week after the completion of treatment, and three months after treatment ended. Subjects in both groups showed significant decrements in such measures as average pain rating, pain as measured by derivations from the McGill Pain Questionnaire, level of depression, and length of pain analog line. Self-Hypnosis subjects reported less time to sleep onset, and physicians rated their use of medication as less problematic after treatment. While both treatments were effective, neither proved superior to the other. The placebo treatment produced nonsignificant improvement.

[0129]

The use of hypnosis to enhance recall  
Science 1983 Oct 14;222(4620):184-5 (ISSN: 0036-8075)  
Dywan J; Bowers K

The forensic use of hypnosis is increasing. A hypermnesic procedure was used in an experiment that calls this practice into question. Subjects tried for a week to recall 60 previously presented pictures. They were then either hypnotized or not and encouraged to recall even more pictures. Most of the newly recalled material was incorrect, especially for highly hypnotizable subjects in the hypnosis condition. Such errors in recall can have profound implications for forensic investigations.

[0130]

[Hypnotic suggestion in anesthesia. A clinical case]  
[Suggestione ipnotica in anestesia. Un caso clinico]  
Minerva Med 1983 Sep 29;74(37):2157-8 (ISSN: 0026-4806)  
Tubere G

The successful application of hypnosis for subjecting a psychologically refractory child to indirect laryngoscopy is described. A special technique applicable to children is presented and discussed. In this case hypnosis may be replaced by general anaesthetic with gas.

[0131]

[Hypnosis and cancer: a working hypothesis. Initial notes]  
[Ipnosi e cancro: un'ipotesi di lavoro. Primi appunti]  
Minerva Med 1983 Sep 29;74(37):2153-5 (ISSN: 0026-4806)  
Costanzo S; Del Tetto F; Tirone G

Hypnosis has been used to resolve stress and anxiety following profound psychological-behavioural changes occurring in the cancer sufferer from the moment of diagnosis. It is stated that hypnosis is useful in improving sick persons' quality of life through the control of stress reactions, simplification of treatment and facilitation of rehabilitation, both within the family and socially. Through deep seated psychosomatic interconnections, psychological attitude can affect organic reaction to all disease, cancer included.

[0132]

[The hypnotic state: a psychophysiological dimension or a useless concept?]  
[Lo "stato ipnotico": dimensione psicofisica o concetto inutile?]  
Minerva Med 1983 Sep 29;74(37):2147-51 (ISSN: 0026-4806)  
Tirone G

On the basis of his "cognitive behavioural alternative" view-point Barber has attempted to deny the hypnotic state as a psychophysical dimension necessary for the creation of recognised hypnotic behaviour. After an analysis of the definitions presented by those who believe hypnosis to be a "psychophysical state" and the contrary views of Barber, it is pointed out that both agree on its function, namely (hypnotic behaviour) = f (ideoplastic monoideism). The concept of hypnosis as "a special participatory state" (as defined in 1975), as a psychophysical state of being and acting in which focalised mental activity permits behaviour and experiences impossible in other conditions is therefore thought to be valuable.

[0133]

[Possibility of logotherapy in hypnosis]  
[Possibilita di logoterapia in ipnosi]  
Minerva Med 1983 Sep 29;74(37):2141-4 (ISSN: 0026-4806)  
Granone F

After reviewing the main concepts underlying Frankl's logotherapy, the difficulty of application in cases of melancholy and obsessive-phobia is reported. However, use of the treatment in psychoneuroses is considered to be effective. Since the logotherapy procedure is long, it has been associated with hypnosis: in this state logotherapeutic directions are suggested by means of conviction, persuasion, discussion and not by suggestion or controls which could impede the maturation of the Id if not correctly given. Under hypnosis, when consciousness is reduced but the mind is intensely active, the above procedures are not only feasible but an enormous aid to therapy. Integration between hypnosis therapy and logotherapy could come about at the level of the so-called Franklin "dereflexia" since hypnotic "deconditioning" could break independent associative links by bringing to light the symptom which usually gives rise to anxiety within the psychic and somatic calm of the trance. It is considered that this destructuralising procedure is more useful than rational and ridiculing psychotherapy. Although logotherapy and hypnotherapy are different procedures with different applications, they may be combined in some cases.

[0134]

Condylomata acuminata: results of treatment using hypnosis  
J Am Acad Dermatol 1983 Sep;9(3):434-6 (ISSN: 0190-9622)  
Straatmeyer AJ; Rhodes NR

We report a 48-year-old woman with venereal warts; hypnosis was used to treat her condition. After four weekly treatment sessions, her warts were eliminated.

[0135]

[On the nature of regressive state in hypnosis: a study by word-association-test]  
Shinrigaku Kenkyu 1983 Jun;54(2):81-7 (ISSN: 0021-5236)  
Kawai T

The purpose of this study is to reveal the nature of regressive state in hypnosis by means of word-association-test (WAT). Stimulus words for WAT, pronounced without intonation, was presented to hypnotic, control, and distraction groups. At the first test, all groups were under awoken state, and at the second test, hypnotic group was under hypnosis, distraction group was under distraction. (1) Under hypnosis, more visual images (signifie-images) and clang associations (significant-images) were imagined. The hypnosis was supposed to be a partial, controlled "regression in the service of the ego", and in this state the lexical meaning was not dissolved, but the unity among person, symbol, and referential object in Werner & Kaplan's sense was restored by the images. (2) The results suggest that hypnosis is different from distraction state, and is a state of specific concentration. (3) Since the signifie-image was contrary to the significant-image, these two were regarded as two aspects of regressive state in hypnosis. These two aspects are manifestation of emotional problems and restoration of body-mind unity.

[0136]

Use of hypnosis in criminology: discussion paper  
J R Soc Med 1983 Jun;76(6):480-4 (ISSN: 0141-0768)  
Waxman D

Memories of events which are unremarkable may pass unrecorded or may fade with the passage of time. In any situation of stress, anxiety may cloud the memory of the incident and in the case of some intensely frightening or humiliating experience such material may not be subject to voluntary conscious recall and may be repressed. A technique for uncovering certain 'forgotten' or repressed memories with the use of hypnosis is described. A similar method has been used in order to retrieve such memories in the investigation of witnesses and victims of serious crime. Nevertheless, various aspects of the overall validity of such a procedure have been called into question and for this reason the results of numerous experiments and the conclusions arrived at in many papers are discussed. It is emphasized that a rigid code of conduct be followed if hypnosis is to be used as an investigatory tool.

[0137]

Adolescents with cancer. Hypnosis for the reduction of the acute pain and anxiety associated with medical procedures  
J Adolesc Health Care 1983 Jun;4(2):85-90 (ISSN: 0197-0070)  
Kellerman J; Zeltzer L; Ellenberg L; Dash J

Eighteen adolescents with cancer were trained in hypnosis to ameliorate the discomfort and anxiety associated with bone marrow aspirations, lumbar punctures, and chemotherapeutic injections. Two patients rejected hypnosis. The remaining 16 adolescents achieved significant reductions in multiple measures of distress after hypnosis training. Preintervention data showed no pattern of spontaneous remission or habituation, and, in fact, an increasing anticipatory anxiety was observed before hypnotic treatment. Group reductions in pain and anxiety were significant at levels ranging from  $p$  less than 0.02 to  $p$  less than 0.002 (two-tailed  $t$ -tests). Significant reductions were also found in Trait Anxiety. A non-significant trend toward greater self-esteem was present. The predicted changes in the Locus of Control and General Illness Impact were not found. Comparisons between hypnosis rejectors and successful users unusually showed higher levels of pretreatment anxiety in the former. The pragmatic nature of hypnosis as part of comprehensive medical care in oncology is noted.

[0138]

Hypnosis for reduction of vomiting associated with chemotherapy and disease in adolescents with cancer  
J Adolesc Health Care 1983 Jun;4(2):77-84 (ISSN: 0197-0070)  
Zeltzer L; Kellerman J; Ellenberg L; Dash J

Vomiting is often a major source of distress for adolescent oncology patients. This study evaluates the effectiveness of hypnosis in reducing the vomiting associated with chemotherapy and disease in 12 adolescents with cancer. Eight patients receiving chemotherapy demonstrated significant reductions in the frequency ( $p$  less than 0.01) and intensity ( $p$  less than 0.05) of emesis. Six of the eight patients also demonstrated a shortened duration of emesis. The ninth patient, whose vomiting was secondary to her brain tumor, showed a gradual but steady reduction in vomiting with eventual total elimination following hypnosis intervention. Three patients rejected hypnosis. Trait anxiety scores for the group were significantly lower at retest 6 months following hypnosis intervention ( $p$  less than 0.05). Significant changes in scores of health locus of control, impact of illness, or self-esteem were not found. These data support the efficacy of hypnosis for reducing vomiting when used in the context of a comprehensive clinical approach to the cancer patient.

[0139]

Comparison of hypnotherapy with systematic relaxation in the treatment of cigarette habituation

Because of the methodological deficiencies in this area of research, it is impossible to make any valid conclusions about whether hypnosis itself is effective in the treatment of cigarette habituation. In this study, 87 volunteers who wanted to quit cigarette smoking were assigned randomly to the experimental hypnosis group, the comparison relaxation group, and the waiting list control group. Ss in the treatment groups had four weekly 50-minute, individual sessions. Four months after the completion of treatment, Ss were administered a questionnaire and a hypnotic susceptibility scale. Ss in the hypnosis group who were in the upper two-thirds of the group in terms of hypnotic susceptibility reduced their cigarette consumption substantially more than Ss in the relaxation group who were in the upper two-thirds of the group in terms of hypnotic susceptibility. Therefore, the hypnotic state appears to be therapeutic for individuals who can enter medium or deep states of hypnosis.

[0140]

Hypnosis in the treatment of chronic pain  
South Med J 1983 Mar;76(3):319-21 (ISSN: 0038-4348)  
Savitz SA

Chronic pain can be treated by combining hypnosis with brief psychotherapy. Hypnosis alone, though useful for acute pain, is seldom effective in relieving chronic pain because it does not address the significant psychologic components in the patient's illness. Treatment using self-hypnosis in conjunction with brief psychotherapy, however, can enable the patient to recognize these components, to change from a passive to an active role in achieving relief, and to modify his attitude toward the pain. This procedure can both reduce suffering and lead the patient to deemphasize pain in his life.

[0141]

Naloxone fails to reverse hypnotic alleviation of chronic pain  
Psychopharmacology (Berl) 1983;81(2):140-3 (ISSN: 0033-3158)  
Spiegel D; Albert LH

The hypothesis that the alleviation of chronic pain with hypnosis is mediated by endorphins was tested. Six patients with chronic pain secondary to peripheral nerve irritation were taught to control the pain utilizing self-hypnosis. Each subject was tested at 5-min intervals during four 1-h sessions for the amount of reduction of pain sensation and suffering associated with hypnosis while being given, in a random double-blind crossover fashion, an IV injection of either 10 mg naloxone or a saline placebo through an indwelling catheter. The patients demonstrated significant alleviation of the pain with hypnosis, but this effect was not significantly diminished in the naloxone condition. These findings contradict the hypothesis that endorphins are involved in hypnotic analgesia.

[0142]

Controlled trial of hypnotherapy in the treatment of severe refractory irritable-bowel syndrome  
Lancet 1984 Dec 1;2(8414):1232-4 (ISSN: 0140-6736)  
Whorwell PJ; Prior A; Faragher EB

30 patients with severe refractory irritable-bowel syndrome were randomly allocated to treatment with either hypnotherapy or psychotherapy and placebo. The psychotherapy patients showed a small but significant improvement in abdominal pain, abdominal distension, and general well-being but not in bowel habit. The hypnotherapy patients showed a dramatic improvement in all features, the difference between the two groups being highly significant. In the hypnotherapy group no relapses were recorded during the 3-month follow-up period, and no substitution symptoms were observed.

[0143]

The effects of a cognitive-behavioral treatment program on temporomandibular pain and dysfunction syndrome  
Psychosom Med 1984 Nov-Dec;46(6):534-45 (ISSN: 0033-3174)  
Stam HJ; McGrath PA; Brooke RI

Sixty-one patients clearly diagnosed as suffering from Temporomandibular Pain and Dysfunction Syndrome (TMPDS) were randomly assigned to one of three groups, 1) hypnosis and cognitive coping skills, 2) relaxation and cognitive coping skills, or 3) a no-treatment control group. All patients were evaluated with a standard hypnotic susceptibility scale before treatment. The two treatment groups received four weekly sessions of their respective treatments. Patients in the hypnosis and relaxation groups reported equivalent decrements in pain, abnormal sounds in the temporomandibular joint, and limitations of jaw mobility. Hypnotic susceptibility was significantly correlated with reductions in reported pain for the treatment groups. Patients' age and the duration of pain before treatment were not related to treatment outcome. Patients who dropped out of treatment had fewer limitations in jaw movement but did not differ in any other variable from patients who remained in treatment. These findings are discussed in relation to the hypothesis that Temporomandibular Pain and Dysfunction Syndrome is stress-related muscular pain and dysfunction.

[0144]

A brief technique of hypnoanaesthesia for children in a casualty ward  
Anaesthesia 1984 Nov;39(11):1139-41 (ISSN: 0003-2409)  
Hopayian K

Hypnoanaesthesia has been used in the past for the treatment of minor trauma in both adults and children. It is of particular value in the latter. However, the time required limits its application in the Accident and Emergency Department. A brief technique for hypnoanaesthesia particularly for children is described, offering a practical solution. A case is reported to illustrate its usefulness.

[0145]

Personality, hypnotic susceptibility and EEG responses: preliminary study  
Percept Mot Skills 1984 Oct;59(2):371-8 (ISSN: 0031-5125)  
De Pascalis V; Imperiali MG

22 men and women, students in psychology, were given the Eysenck Personality Questionnaire, also percent theta, alpha and beta EEG spectral powers were evaluated during an hypnotic induction induced according to Barber's method. The EEG performance was compared with two baseline eyes-open, eyes-closed conditions and with a neutral control situation of listening to a weather report. No relation was found between Extraversion-Introversion scores and scores on the Barber Suggestibility Scale. The difference in EEG



powers was nonsignificant for groups high and low in suggestibility, while a significant interaction was found for eyes open or closed X suggestibility groups when extreme scores of Extraversion-Introversion and Neuroticism were considered according to Eysenck's (1966) method. The right theta power of the stable extraverts and neurotic introverts, high in susceptibility in eyes-open condition was higher than the neurotic extraverts, and stable introverts who were low in susceptibility to hypnosis. The right theta power of the neurotic extraverts and stable introverts who were low in susceptibility to hypnosis showed a tendency to increase in eyes-closed conditions, while an opposite observation was made for the stable extraverts and neurotic introverts, subjects who were high in susceptibility. It is interesting to notice, according to Galbraith, et al. (1970) that it was the eyes-open condition which yielded the best EEG predictor of hypnotic susceptibility.

[0146]

The implications of bilingualism in the study and treatment of psychiatric disorders: a review  
Psychol Med 1984 Aug;14(3):541-57 (ISSN: 0033-2917)  
de Zulueta FI

This review of the data on bilinguals in relation to hypnosis, psychotherapy and psychotic disorders presents evidence for the bilateral representation of language in the cerebral hemispheres of bilinguals, and outlines possible links between the neuropsychology of psychotic disorders and the lateralization of language in these patients. The relationship between affective states and the retrieval of memories and language is also explored.

[0147]

On the centenary of Charcot: hysteria, suggestibility and hypnosis  
Br J Med Psychol 1984 Jun;57 ( Pt 2):111-20 (ISSN: 0007-1129)  
Chertok L

In studying hysteria by means of hypnosis, Charcot placed emphasis on the psychological aetiology of the neuroses. Among his pupils, Freud alone grasped this epistemological turning-point, from which he made his great discoveries. But hysteria and hypnosis still remain today largely unknown. We have not yet elucidated the 'mysterious leap' between the psychological and the somatic for the former, and between the relational and the instrumental for the latter. While psychoanalysts have constantly concerned themselves with hysteria, they have shown a lack of interest in hypnosis after Freud abandoned its practice. According to Freud, thanks to transference, affect would be controlled by cognition, a viewpoint eminently suited to satisfy his rationalistic outlook. Affect, however, remains an unknown realm. The affective relationship has, at all events, acquired an ever-increasing importance in psychoanalysis during the last few years, with the emphasis on the early mother-child relationship. The 'affective locus' remains the basic, as well as the most obscure, element in the hypno-suggestive relationship. The behaviourist approach, which quantifies the 'vertical' dimension in depth, is a limited one. The study of the 'horizontal' dimension of subjective experience represents a new line of research, which may make it possible to distinguish different forms of hypnosis. The understanding of hypno-suggestion may throw light on psychoanalysis, psychotherapy, and the human sciences in general.

[0148]

The effectiveness of behavioral intervention for reduction of nausea and vomiting in children and adolescents receiving chemotherapy  
J Clin Oncol 1984 Jun;2(6):683-90 (ISSN: 0732-183X)  
Zeltzer L; Le Baron S; Zeltzer PM

Fifty-one children 6-17 years of age rated the severity of nausea, vomiting, and the extent to which chemotherapy bothered them during each course of chemotherapy. Sixteen patients had no symptoms and the doses administered to 16 others were not constant so that matched courses could not be assessed. After baseline measurement of two matched courses, the remaining 19 patients were randomized to receive hypnosis or supportive counseling during two more matched courses. An additional course with no intervention was assessed in half of the patients. No significant reduction of symptoms was demonstrated prior to intervention. However, intervention with both hypnosis and supportive counseling was associated with significant reductions in nausea, vomiting, and the extent to which these symptoms bothered patients (all p less than 0.001). Also, after termination of intervention, symptom ratings remained significantly lower than baseline. The data indicate that chemotherapy-related nausea and emesis in children can be reduced with behavioral intervention and that reductions are maintained after intervention has been discontinued.

[0149]

Hypnosis and suggestion in a century of psychotherapy: an epistemological assessment  
J Am Acad Psychoanal 1984 Apr;12(2):211-32 (ISSN: 0090-3604)  
Chertok L

From 1882 to 1982, a century of psychotherapy passed. Its inception was marked by the rehabilitation of hypnosis in the work of Charcot at the Salpêtrière, and in the Nancy School (Liebeault and Bernheim). The young Freud became acquainted with this work in the course of his visits to France at this same period. It was thus that he was put on the track leading to the discovery of psychoanalysis. With the concept of transference, Freud thought he was reabsorbing suggestion and placing affect under the control of cognition. But today it is realized that suggestion (direct and indirect) is ever-present in psychoanalysis, as in other psychotherapies, which indeed do not cease to proliferate. This common element might be an important constituent of the curative process. Under these circumstances, it seems highly desirable that suggestion and hypnosis, those "crossroad" concepts which still remain so mysterious, become the subject of basic research, notwithstanding the prejudices that are still very much alive. The results of such research would prove beneficial to psychotherapy, as well as to the other human sciences.

[0150]

Learned aversions to chemotherapy treatment  
Health Educ Q 1984 Spring;10 Suppl:57-66 (ISSN: 0195-8402)  
Redd WH; Hendler CS

Recent advances in behavioral psychology and its application in medical settings have yielded effective methods for reducing distress in patients undergoing cancer treatment. This article focuses on the control of anticipatory nausea and vomiting in patients receiving chemotherapy. Four behavioral methods (i.e., hypnosis used with guided imagery, progressive muscle relaxation training with imagery, biofeedback with imagery, and systematic desensitization) are evaluated. Clinical issues and the relevance of behavioral medicine to health education are addressed.

[0151]

Treatment of multiple personality disorder. A study of 33 cases  
Psychiatr Clin North Am 1984 Mar;7(1):9-29 (ISSN: 0193-953X)  
Kluft RP

This article describes treatment results in 33 patients with multiple personality disorder with respect to the major identifying characteristic of the condition: the presence of separate personalities within a single individual. The author discusses responsiveness to treatment, apparent and stable fusion, follow-up, and reassessment.

[0152]

The use of relaxation-mental imagery (self-hypnosis) in the management of 505 pediatric behavioral encounters  
J Dev Behav Pediatr 1984 Feb;5(1):21-5 (ISSN: 0196-206X)  
Kohen DP; Olness KN; Colwell SO; Heimel A

This report assessed outcomes of hypnotherapeutic interventions for 505 children and adolescents seen by four pediatricians over a period of one year and followed from four months to two years. Presenting problems included enuresis, acute pain, chronic pain, asthma, habit disorders, obesity, encopresis, and anxiety. Using strict criteria for determination of problem resolution (e.g., all beds dry) and recognizing that some conditions were intrinsically chronic, the authors found that 51% of these children and adolescents achieved complete resolution of the presenting problem; an additional 32% achieved significant improvement, 9% showed initial or some improvement; and 7% demonstrated no apparent change or improvement. Children as young as three years of age effectively applied self-hypnosis techniques. In general, facility in self-hypnosis increased with age. There was an inverse correlation ( $p$  less than 0.001) between clinical success and number of visits, suggesting that prediction of responsivity is possible after four visits or less.

[0153]

Emotions and asthma II  
Eur J Respir Dis Suppl 1984;136:131-7 (ISSN: 0106-4347)  
Tunsater A

Factors such as the patient's coping mechanisms and their prognostic value are discussed. Different psychotherapeutic methods as a complement to conservative treatment are reviewed, especially hypnosis. The author stresses the multifactorial etiology of asthma. He points out the need for controlled studies of psychotherapeutic methods of treatment and objective verification of their efficacy.

[0154]

[Hypotheses on the psychodynamics of the hypnotized]  
[ipotesi sulla psicodinamica dell'ipnotizzato]  
Minerva Med 1983 Dec 30;74(51-52):2979-83 (ISSN: 0026-4806)  
Paladino M

The hypnotic process starts when the ties between subject and object (perceptions) are sufficiently slackened. The psychodynamics of hypnosis in the hypnotized are reviewed, highlighting the mental machinery set in motion from the start of the process to its conclusion.

[0155]

Structure of communication and reports of involuntariness by hypnotic and nonhypnotic subjects  
Percept Mot Skills 1983 Dec;57(3 Pt 2):1179-86 (ISSN: 0031-5125)  
Spanos NP; De Groh M

We hypothesized that phrasing a communication to move the arm as either a suggestion, a directive, or an instruction would differentially affect subjects' interpretations of the movement. 45 hypnotic and 45 nonhypnotic subjects who responded positively to a suggestion tended to describe the movement as involuntary both on open-ended questionnaires and later on an explicit involuntariness scale. Subjects given a directive to move the arm, or an instruction to reach for a pencil, rarely described their experience as involuntary on the open-ended questionnaires but sometimes rated it as involuntary on the scale. The ratings of involuntariness by subjects given suggestions seem likely to reflect interpretations made concurrently with the movement suggested. However, such ratings by subjects given directives or instructions are likely to reflect retrospective interpretations cued by the instrument used to assess subjects' experiences.

[0156]

Physiological characteristics of pressure immobility. Effects of morphine, naloxone and pain  
Behav Brain Res 1984 Apr;12(1):55-63 (ISSN: 0166-4328)  
Carli G; Farabollini F; Fontani G; Grazi F

This study is an attempt to detect the most important modifications of physiological parameters occurring during pressure immobility in rabbits and to compare them with those recorded during animal hypnosis. Like the latter, pressure immobility is characterized by the development of high voltage slow waves in the EEG, reduction in frequency and amount of rhythmic slow activity in the hippocampus (RSA) and depression of spinal polysynaptic reflexes. Systolic and diastolic blood pressures are not modified. Duration of two types of immobility is positively correlated within individuals. Treatment by a single dose of morphine (1 mg/kg) potentiates the duration and this effect is antagonized by naloxone (1 mg/kg). Repeated morphine injection up to tolerance reduces duration. Pressure immobility may also be produced under persistent nociceptive stimulation and is characterized by the development of high voltage slow waves in the EEG, as is typical in the absence of pain. Naloxone, (5 mg/kg) injected in a condition of persistent noxious stimulation, reduces immobility duration. In contrast to animal hypnosis, the duration of pressure immobility is neither potentiated by pain nor reduced by naloxone (1,5 or 20 mg/kg). It is suggested that the two immobilities are controlled by several mechanisms, some similar, some different.

[0157]

A symptom profile of patients with multiple personalities, including MMPI results  
J Nerv Ment Dis 1984 Apr;172(4):197-202 (ISSN: 0022-3018)  
Bliss EL

Patients with multiple personalities are excellent hypnotic subjects, a capability demonstrated both clinically and on a standard hypnotizability test. They tend to experience a plethora of symptoms associated with anxiety states, hysteria, obsessional neuroses, phobic states, depression and mania, schizophrenia, alcoholism, sociopathy, and hyperactivity--although there are exceptions to this

profile. Both males and females suffer from this disability, and an MMPI profile for female multiples is described.

[0158]

The treatment of temporomandibular joint syndrome through control of anxiety  
J Behav Ther Exp Psychiatry 1984 Mar;15(1):41-5 (ISSN: 0005-7916)  
Stam HJ; McGrath PA; Brooke RI

Following a negative experience with general anesthesia, a 20-yr-old woman developed anxiety and an inability to relax concomitant with temporomandibular joint dysfunction and pain syndrome. Systematic countering of anxiety by relaxation successfully removed her anxiety and led to a complete resolution of her symptoms. Follow-up at 16 months indicated maintenance of treatment gains and no recurrence of the symptoms during the previous 12 months.

[0159]

Multiple personality in childhood  
Psychiatr Clin North Am 1984 Mar;7(1):121-34 (ISSN: 0193-953X)  
Kluft RP

Case vignettes illustrate examples of childhood multiple personality disorder, and treatment modalities are described. Guidelines for possible prevention through early diagnosis are offered, as well as two predictor lists for diagnosis--one written by the author and one developed by Dr. Putnam.

[0160]

Multiple personality as a post-traumatic stress disorder  
Psychiatr Clin North Am 1984 Mar;7(1):101-10 (ISSN: 0193-953X)  
Spiegel D

This article examines multiple or dissociative personality syndrome as a multiple post-traumatic stress disorder, discussing these patient's developmental histories, their high hypnotizability, and their profound capacity to dissociate spontaneously to protect themselves from emotional and physical pain.

[0161]

Responses to acute pain and the nursing implications  
J Adv Nurs 1984 Jan;9(1):51-8 (ISSN: 0309-2402)  
Wells N

Management of acute pain offers many techniques--peripherally, to reduce the sensory input from the nociceptors and ascending fibres, and centrally by altering cognition, evaluation and emotional arousal to the sensory input. Scientifically-based nursing intervention is imperative. Therefore, nurses needed a better understanding of recent research regarding pain. As well, recognition that all individuals express and cope with pain in different ways, and therefore exhibit different pain behaviours, is necessary if effective nursing care is to be given. Finally, with all the interacting variables and methods of intervention available, pain medication should never be the only intervention used for the patient with pain.

[0162]

Physiological and psychological explanations for the mechanism of acupuncture as a treatment for chronic pain  
Soc Sci Med 1984;19(12):1367-78 (ISSN: 0277-9536)  
Lewith GT; Kenyon JN

Many suggestions have been made about the possible mechanism of acupuncture as an analgesic therapy. This review provides a comprehensive account of the neurological, neurohumoral and psychologically-based hypotheses put forward. Although the exact mechanism of this treatment remains unclear, it is apparent that reproducible neurological and chemical changes occur in response to acupuncture, and that these changes almost certainly modify the response to, and perception, of pain. The mechanism of chronic pain is completely understood, but within this framework we understand acupuncture as completely as most other types of analgesic treatment.

[0163]

[Neurotic disorders in epilepsy and their treatment by technics of psychotherapy and reflexotherapy]  
[Nevroticheskie rasstrojstva pri epilepsii i ikh lechenie metodami psikhoterapii i refleksoterapii]  
Zh Nevropatol Psikhiatr Im S S Korsakova 1984;84(9):1381-5 (ISSN: 0044-4588)  
Sviridova EI; Olejnikov NI

The paper reports on observations of the onset and development of neurotic states in patients (n = 51) suffering from various forms of epilepsy at different stages of the disease. The clinical features of the principal types of neuroses such as neurasthenia, hysteria or neurosis of obsessive states proceeding in the presence of epilepsy are considered and clinical examples are adduced. Recommendations are given on the treatment of such patients using psychotherapy (including hypnotherapy) and acupuncture combined with basic anticonvulsion treatment. Peculiar phenomena resulting from the application of these methods and their therapeutic value are described.

[0164]

Psychological preparation of patients for surgical procedures  
Patient Educ Couns 1984;5(4):153-8 (ISSN: 0738-3991)  
Cochran TM

Techniques developed over the last 30 years for preparing patients for surgical procedures include supplying information, cognitive coping strategies, relaxation and hypnosis, reassurance and support, and rehearsal. Intending to provide a practical guide for health-care practitioners, the author reviews research on the efficacy of these methods and on comparisons between methods and makes recommendations for further studies.

[0165]

Integrated psychiatric treatment of a dying patient

Gen Hosp Psychiatry 1983 Dec;5(4):291-9 (ISSN: 0163-8343)  
Kramer PD

The following case presents a 22-year-old woman with relapsing polychondritis and depression treated in liaison, consultation, and outpatient settings by one psychiatrist using a variety of techniques. The discussion focuses on the implications of the case for integrated medical model and psychotherapeutic care, and for technical aspects of the treatment of the dying patient.

[0166]

Relaxation techniques in general practice  
Aust Fam Physician 1983 Oct;12(10):729-30 (ISSN: 0300-8495)  
Stone P

Many common disorders which present in general practice may be treated successfully when patients learn techniques of relaxation. Tension headache, migraine, chronic nervous diarrhoea, pre examination tension and some phobias have a high success rate. The technique is a lifelong asset for both patient and doctor.

[0167]

Mechanisms of hypnotic and nonhypnotic forgetting  
J Exp Psychol Learn Mem Cogn 1983 Oct;9(4):626-35 (ISSN: 0278-7393)  
Geiselman RE; MacKinnon DP; Fishman DL; Jaenicke C; Larner BR; Schoenberg S; Swartz S

Subjects participated in two experimental sessions designed to study laboratory-induced amnesia, one using a standard hypnosis paradigm and one using a non-hypnotic directed-forgetting paradigm. Two independent sources of variation were derived from the hypnotic amnesia data: retrieval inhibition and inhibition release. In the nonhypnotic directed-forgetting procedure, some items were cued to be forgotten shortly after presentation and some were cued to be remembered. At test, the subjects were asked to recall both the to-be-remembered and the to-be-forgotten items. Over 39% of the variance in the recall of the to-be-forgotten items could be accounted for by the inhibition and release constructs obtained with hypnosis. These relations between the two procedures were not mediated by verbal ability or cognitive style (field independence). We concluded that the mechanisms of forgetting involved in laboratory demonstrations of hypnotic and nonhypnotic amnesia are related, and the implication is that some of them are the same, namely, retrieval inhibition and inhibition release. We also argued that the possible demand characteristics that accompany the hypnosis procedure are not apparent with the nonhypnotic procedure. Therefore, the relationships observed in the present results were taken as evidence that hypnotically induced amnesia is not entirely the result of subjects' reactions to demand.

[0168]

Practical hypnotic suggestion in ophthalmic surgery  
Am J Ophthalmol 1983 Oct;96(4):540-2 (ISSN: 0002-9394)  
John ME; Parrino JP

To determine the effectiveness of hypnotic suggestion in eliminating unnecessary movement by the patient during surgery and to reduce postoperative discomfort, we assigned 59 patients undergoing radial keratotomy for the first time (32 men and 27 women ranging in age from 20 to 56 years; mean age, 30 years) to one of two groups. The first group (No. = 34) listened to a four-minute script designed to relax them just before undergoing surgery; the control group (No. = 25) received the same medications but did not hear the script. The two groups did not differ significantly in their behavior during surgery, the amount of pain experienced during surgery and postoperatively, or their awareness of the procedure. They did differ significantly in their descriptions of how they felt the day after surgery; 13 of 34 patients in the hypnosis group said they felt wonderful; only one of 24 patients in the control group expressed this opinion.

[0169]

EEG alpha-hypnotizability correlations are not simple covariates of subject self-selection  
Biol Psychol 1983 Sep-Nov;17(2-3):169-72 (ISSN: 0301-0511)  
Barabasz AF

An earlier study (Dumas, 1977) summarized EEG alpha-hypnotizability studies and concluded that: (1) 'Correlations between alpha indices and hypnotizability are found only in studies using non-naive volunteers as subjects.' (2) 'Correlations are not found in studies using invited subjects.' Contrary to these conclusions the present paper demonstrates an inconsistent mix of significant and non-significant correlations between alpha density and hypnotizability in studies using drafted and volunteer subjects. It appears that alpha-hypnotizability correlations are not simple covariates of subject self-selection. Assumptions about alpha production and relaxation are also questioned.

[0170]

Neuropsychological test performance and hypnotic susceptibility  
J Clin Psychol 1983 Sep;39(5):804-6 (ISSN: 0021-9762)  
Query WT; Carlson K; Dreyer S

Treated 70 patients for alcohol dependency. Various degrees of cortical dysfunctioning were represented as measured by the Halstead-Reitan Neuropsychological Battery. The study's purpose was to determine whether there was a relationship between brain-behavior and hypnotic susceptibility as measured by the Stanford Hypnotic Susceptibility Scale and its Fromm-Weingarten modification. It was found that the two scales were interchangeable insofar as they measured the same ability. Results indicate that hypnotic susceptibility is related to cognitive ability independent of lateralization. Further studies that use the same instruments with more precisely neurologically impaired patients are needed.

[0171]

Group therapy and hypnosis reduce metastatic breast carcinoma pain  
Psychosom Med 1983 Aug;45(4):333-9 (ISSN: 0033-3174)  
Spiegel D; Bloom JR

The pain and mood disturbance of 54 women with metastatic carcinoma of the breast were studied over the course of one year. A random sample was offered weekly group therapy during the year, with or without self-hypnosis training directed toward enhancing their competence at mastering pain and stress related to cancer. Both treatment groups demonstrated significantly less self-rated pain

sensation ( $t = 2.5$ ,  $p$  less than 0.02) and suffering ( $t = 2.17$ ,  $p$  less than 0.03) than the control sample. Those who were offered the self-hypnosis training as well as group therapy fared best in controlling the pain sensation ( $F = 3.1$ ,  $p$  less than 0.05). Pain frequency and duration were not affected. Changes in pain measures were significantly correlated with changes in self-rated total mood disturbance on the Profile of Mood States and with its anxiety, depression, and fatigue subscales. Possible mechanisms for the effectiveness of these interventions are discussed.

[0172]

Young doctors' views on alternative medicine

Br Med J (Clin Res Ed) 1983 Jul 30;287(6388):337-9 (ISSN: 0267-0623)

Reilly DT

A survey was undertaken to explore attitudes to alternative medicine among 100 general practitioner trainees. A positive attitude emerged from the 86 respondents, with 18 doctors using at least one alternative method themselves and 70 wanting to train in one or more. A total of 31 trainees had referred patients for such treatments; 12 of these doctors made referrals to non-medically qualified practitioners. The most commonly used alternative treatments were hypnosis, manipulation, homoeopathy, and acupuncture. A total of 22 doctors had been treated, or had treated themselves, by an alternative treatment, and this personal experience was linked to a greater professional use. These findings indicate that alternative methods of treatment are currently being used to complement orthodox medicine and an expansion in their use appears imminent.

[0173]

Modification of irrational ideas and test anxiety through rational stage directed hypnotherapy [RSDH]

J Clin Psychol 1983 May;39(3):382-91 (ISSN: 0021-9762)

Boutin GE; Tosi DJ

Examined the effects of four treatment conditions on the modification of Irrational Ideas and test anxiety in female nursing students. The treatments were Rational Stage Directed Hypnotherapy, a cognitive behavioral approach that utilized hypnosis and vivid-emotive-imagery, a hypnosis-only treatment, a placebo condition, and a no-treatment control. The 48 Ss were assigned randomly to one of these treatment groups, which met for 1 hour per week for 6 consecutive weeks with in-vivo homework assignments also utilized. Statistically significant treatment effects on cognitive, affective, behavioral, and physiological measures were noted for both the RSDH and hypnosis group at the posttest and at a 2-month follow-up. Post-hoc analyses revealed the RSDH treatment group to be significantly more effective than the hypnosis only group on both the post- and follow-up tests. The placebo and control groups showed no significant effects either at post-treatment or at follow-up.

[0174]

Relationship between hypnotic susceptibility and thermal regulation: new directions for research

Percept Mot Skills 1983 Apr;56(2):627-31 (ISSN: 0031-5125)

Piedmont RL

This study examined the relationship between hypnotic susceptibility and thermal regulation using biofeedback. 30 subjects were given the Stanford Hypnotic Susceptibility Scale, Form C. Immediately after the susceptibility score was determined, all subjects were given instructions to lower the peripheral skin temperature on the right middle finger. Subjects remained under hypnosis while they performed this task. A significant negative correlation ( $-0.38$ ) was found, in that the higher subjects' susceptibility, the better they were able to maintain a lower dermal temperature over trials. A 2 X 6 analysis of variance for low and high susceptibility with repeated measures yielded a significant main effect for subjects and a significant interaction of group X trials; highly susceptible subjects maintained a lower mean temperature over trials than subjects of low susceptibility. Issues for future research concerning the role of susceptibility in research on hypnosis are outlined.

[0175]

Effects of suggestibility and hypnosis on accurate and distorted retrieval from memory

J Exp Psychol Learn Mem Cogn 1983 Apr;9(2):283-93 (ISSN: 0278-7393)

Sheehan PW; Tilden J

Research investigated the hypothesis inferred from the theorizing of Loftus that suggestibility is related to the tendency to incorporate incorrect information into memory when this information has been subtly introduced after the to-be-remembered events have occurred. Specifically, it was predicted that if level of suggestibility is theoretically relevant to subjects' acceptance of misleading information, then more subjects who are highly hypnotically suggestible than those with a low level of hypnotic suggestibility will incorporate the incorrect information into memory. Hypnotic as compared with waking instruction should enhance this distortion effect by providing a context of testing in which subjects are readily prone to respond positively to suggestions. Eight independent groups of 12 subjects were tested. Separate groups of subjects of high and low suggestibility were presented with misleading or neutral information about a wallet-snatching incident and tested for memory under either waking or hypnotic instruction. Analysis of subjects' memory distortions indicated that suggestibility plays a somewhat different role than has been argued previously. The magnitude of distortion that was observed varied according to the stimulus features that were studied, but hypnotic suggestibility was not associated with the distortion effect. Despite the fact that hypnosis did not enhance recall in any way, subjects were frequently confident that distorted memories recovered under hypnosis were accurate.

[0176]

Hypnosis and lateral cerebral function as assessed by dichotic listening

Biol Psychiatry 1983 Apr;18(4):415-27 (ISSN: 0006-3223)

Crawford HJ; Crawford K; Koperski BJ

In a replication of Frumkin et al. we investigated the hypothesis that hypnosis may facilitate a shift in brain hemispheric dominance, as assessed by right-ear dominance shifts in a dichotic listening paradigm. Eight low, 13 medium, and 8 high hypnotizables, as assessed by the Stanford Hypnotic Susceptibility Scale, Form C, were given the Berlin et al. dichotic tape during two waking conditions and following an alert hypnotic induction. Results contradicted Frumkin et al. In contrast, low hypnotizables showed a significant reduction in right-ear dominance, suggestive of greater participation of the right cerebral hemisphere following hypnotic induction. Highs and mediums did not change. Discussion centers around procedural differences between the two studies (particularly type of hypnotic induction and instructions to attend to one or both ears) and the possible influence of relaxation/anxiety levels upon lateral shifts in cerebral function.

[0177]

Effects of early hypnosis on the cardiovascular and renal physiology of burn patients  
Burns Incl Therm Inj 1983 Mar;9(4):257-66 (ISSN: 0305-4179)  
May SR; De Clement FA

Sixteen patients with body surface area (BSA) burns of 4 per cent to 83 per cent, with whom single hypnotherapeutic interventions were attempted 5.3 +/- 3.4 h post burn, were compared to 16 matched controls. Ten physiological parameters related to fluid volume and haemodynamics were recorded on the first two post burn days. The only significant difference discovered was elevated urine output 0-48 h postburn in successfully hypnotized patients ( $P = 0.01$ ). This difference was inversely related ( $r = -0.94$ ,  $P = 0.009$ ) to burn size from a 10 per cent BSA burn (3.9 litres/48 h) to a 35 per cent BSA burn (1.6 litres/48 h). A statistically suggestive ( $P = 0.13$ ) increase in urine output occurred in patients in whom hypnotic trance induction was unsuccessfully attempted. Patients with BSA burn sizes greater than or equal to 50 per cent, who presented with significant physiological stress and hypovolemia, were found not to be susceptible to hypnotic trance induction, and derived no physiological benefit. Attempted hypnotherapeutic intervention per se, with its psychotherapeutic component, may act only to reduce affective or psychological stress and anxiety. This psychological stress reduction apparently facilitates the loss of retained fluid in patients with small burns by a mechanism which is overwhelmed by the physiological stress of a major burn injury.

[0178]

The hidden observer as an experimental creation  
J Pers Soc Psychol 1983 Jan;44(1):170-6 (ISSN: 0022-3514)  
Spanos NP

Laurence, Perry, and Kihlstrom appear to have misunderstood the theoretical positions advanced both by Hilgard and by Spanos and Hewitt. All of their criticisms of Spanos and Hewitt's "hidden observer" experiment are shown to be either misleading or invalid. The available data provide no support for a dissociation hypothesis of the hidden observer phenomenon. On the other hand, these data indicate strongly that this phenomenon is an experimental creation.

[0179]

"Hidden observer" phenomena in hypnosis: an experimental creation?  
J Pers Soc Psychol 1983 Jan;44(1):163-9 (ISSN: 0022-3514)  
Laurence JR; Perry C; Kihlstrom J

Spanos and Hewitt (1980) have recently argued, on the basis of an experiment they report, that Hilgard's "hidden observer" phenomenon is pure laboratory artifact. This report reviews their claim and concludes on the following grounds that their experiment does not warrant so sweeping a conclusion: (a) Spanos and Hewitt have posed the issue as fact versus fiction and do not appear to be aware of a third alternative, namely, that the hidden observer effect is a phenomenon encountered in hypnosis that may be influenced both by demand characteristics and by the social-psychological context. (b) They appear to obtain the effect 100% of the time, unlike Hilgard, who has emphasized the phenomenon's differential incidence. (c) In contrast to Hilgard, who furnishes abundant verbal reports of his subjects' phenomenal experience as buttressing evidence for the "genuineness" of the effect in subjects who report having it, Spanos and Hewitt do not. (d) Two major procedural aspects of their experiment are discussed. Either or both may have inadvertently influenced the outcome of their experiment in the direction of their hypothesis that the responses of subjects are entirely the product of experimenter-induced expectations.

[0180]

Management of pain in sickle cell disease using biofeedback therapy: a preliminary study  
Biofeedback Self Regul 1984 Dec;9(4):413-20 (ISSN: 0363-3586)  
Thomas JE; Koshy M; Patterson L; Dorn L; Thomas K

Fifteen patients with a history of painful episodes of sickle cell disease were given training in progressive relaxation, thermal biofeedback, cognitive strategies, and self-hypnosis to help them develop self-management skills to relieve pain. Results show a 38.5% reduction in the number of emergency room visits, a 31% reduction in the number of hospitalizations, and a 50% reduction in the inpatient stay during the 6 months since the beginning of therapy compared to 6 months prior to therapy. Analgesic intake was reduced by 29% for those who were using it regularly. This is a preliminary study, and the results are considered only as suggestive of the potential use of biofeedback therapy and behavioral management in alleviating painful episodes in sickle cell disease.

[0181]

Nonpharmacologic pain management in arthritis  
Nurs Clin North Am 1984 Dec;19(4):583-91 (ISSN: 0029-6465)  
Johnson JA; Repp EC

This article has presented the critical elements of arthritic pain, the role of nonpharmacologic pain management, and a selection of techniques for therapeutic pain management. The author believes that these techniques are particularly suited to nursing intervention. Nursing is concerned with the total person and nonpharmacological techniques involve the total person in developing self-help coping strategies. The nurse interested in pursuing nonpharmacologic pain management techniques will find the outline, with explanation of "Skill Training: Summary of Training for Role Playing" to be particularly helpful. Further reading will enable the nurse to become familiar with and to pursue interventions of particular interest.

[0182]

Spontaneous hypnotic age regression: case report  
J Clin Psychiatry 1984 Dec;45(12):522-4 (ISSN: 0160-6689)  
Spiegel D; Rosenfeld A

Age regression—reliving the past as though it were occurring in the present, with age appropriate vocabulary, mental content, and affect—can occur with instruction in highly hypnotizable individuals, but has rarely been reported to occur spontaneously, especially as a primary symptom. The psychiatric presentation and treatment of a 16-year-old girl with spontaneous age regressions accessible and controllable with hypnosis and psychotherapy are described. Areas of overlap and divergence between this patient's symptoms and those found in patients with hysterical fugue and multiple personality syndrome are also discussed.

[0183]

Hypnotic amnesia as a strategic enactment: breaching amnesia in highly susceptible subjects  
J Pers Soc Psychol 1984 Nov;47(5):1155-69 (ISSN: 0022-3514)  
Spanos NP; Radtke HL; Bertrand LD

Hypnotically amnesic subjects frequently maintain their amnesia in the face of strong and repeated exhortations to recall honestly and to try their best to recall. Some investigators have argued that these subjects lose control over memory processes and, consequently, are unable to recall the material for which amnesia had been suggested. We propose instead that amnesic subjects maintain control over their memory processes. They often fail to breach amnesia because to do so would conflict with their self-presentation as deeply hypnotized. In two interrelated experiments we demonstrated that highly susceptible hypnotically amnesic subjects could be easily induced to recall all of the "forgotten" target items by defining successful recall as supportive of rather than as inconsistent with a self-presentation as deeply hypnotized. In the first part of Experiment 1, all subjects showed amnesia despite repeated demands to recall honestly. In the second part of this experiment, subjects were led to believe that they possessed a "hidden part" to their mind that remained aware of the target items covered by the amnesia suggestion. Each subject recalled all of the forgotten items when the experimenter contacted their hidden part. In Experiment 2 we replicated this effect and also demonstrated that the characteristics of subjects' hidden reports were a function of the instructions they received and did not reflect the operation of a dissociated cognitive subsystem that subconsciously held the forgotten items. These findings are inconsistent with traditional theorizing about hypnosis, but offer strong support for the hypothesis that hypnotic amnesia is a strategic enactment under the subject's voluntary control.

[0184]

Fantasized companions and suicidal depressions: two case reports  
Am J Psychother 1984 Oct;38(4):541-57 (ISSN: 0002-9564)  
Seeman K; Widrow L; Yesavage J

Two acutely suicidal adult patients with fantasized companions integral to the formation of suicide intent are presented. The phenomenon of the fantasized companion is reviewed, differentiated from true hallucinatory or psychotic phenomena, and related to other fantasy and dissociative states, such as daydreaming and multiple personalities. In this regard, the concept of hysterical psychosis is discussed. The functions served by the fantasized companions and their involvement in the successful treatment of the patients are described.

[0185]

Ergogenic aids  
Clin Sports Med 1984 Jul;3(3):731-42 (ISSN: 0278-5919)  
Coyle EF

The catabolism of bodily fuels provides the energy for muscular work. Work output can be limited by the size of fuel reserves, the rate of their catabolism, the build-up of by-products, or the neurologic activation of muscle. A substance that favorably affects a step that is normally limiting, and thus increases work output, can be considered an ergogenic aid. The maximal amount of muscular force generated during brief contractions can be acutely increased during hypnosis and with the ingestion of a placebo or psychomotor stimulant. This effect is most obvious in subjects under laboratory conditions and is less evident in athletes who are highly motivated prior to competition. Fatigue is associated with acidosis in the working musculature when attempts are made to maximize work output during a 4 to 15-minute period. Sodium bicarbonate ingestion may act to buffer the acid produced, provided that blood flow to the muscle is adequate. Prolonged intense exercise can be maintained for approximately two hours before carbohydrate stores become depleted. Carbohydrate feedings delay fatigue during prolonged exercise, especially in subjects who display a decline in blood glucose during exercise in the fasting state. Caffeine ingestion prior to an endurance bout has been reported to allow an individual to exercise somewhat more intensely than he or she would otherwise. Its effect may be mediated by augmenting fat metabolism or by altering the perception of effort. Amphetamines may act in a similar manner. Water ingestion during prolonged exercise that results in dehydration and hyperthermia can offset fluid losses and allow an individual to better maintain work output while substantially reducing the risk of heat-related injuries.

[0186]

Etiological theories and treatments for chronic back pain. II. Psychological models and interventions  
Pain 1984 Jul;19(3):209-33 (ISSN: 0304-3959)  
Turk DC; Flor H

This is the second part of an extended review of the etiology and treatment of chronic back pain (CBP). The first paper dealt with somatic factors and interventions, this paper will examine psychological theories on the etiology of CBP and psychological treatments for CBP. Finally common problems of both the somatic and the psychological approaches will be discussed and suggestions for treatment and research will be made.

[0187]

Factors contributing to amplitude variability of the steady-state visual evoked response  
Am J Optom Physiol Opt 1984 Jul;61(7):453-64 (ISSN: 0093-7002)  
Fagan JE; Allen RG; Yoltan RL

Ten steady-state visual evoked responses (VER's) were recorded from each of 47 normal, adult subjects. For each subject, the mean and SD for the 10 VER amplitudes were calculated and used to determine amplitude variability. Although some subjects produced extremely reliable VER's, data from the majority showed a considerable degree of variability. A number of factors including trend (the tendency of the VER amplitudes to increase or decrease with repeated measurements), noise, attention, binocularity, accommodation, eye movements, artifacts, and electrode placement were evaluated to determine their relative contributions to this variability. Noise and trend factors produced a large proportion of the variability (75%) whereas the other factors were found to be relatively insignificant.

[0188]

Hypnotic susceptibility and performance on various attention-specific cognitive tasks  
J Pers Soc Psychol 1984 Jul;47(1):175-81 (ISSN: 0022-3514)  
Wallace B; Patterson SL

We conducted two experiments to investigate cognitive performance as related to level of hypnotic susceptibility. In Experiment 1 time-to-location of a target in a visual search task was assessed. For this task the letter Z was embedded either within straight-form or round-form letters. Results indicated that high-hypnotic-susceptibility subjects (highs) were significantly faster than low-susceptibility-subjects

(lows) in locating the embedded letter. Experiment 2 investigated performance on single- and double-digit arithmetic (addition) problems as a function of hypnotic susceptibility level. Subjects were presented with arithmetic problems and were asked to complete them within a 60-s time period. Highs completed a significantly greater number of double-digit problems but not single-digit problems within this time frame than did lows. The results of the two experiments are explained in terms of the application of differing strategies or operations by highs and lows in the performance of cognitive tasks.

[0189]

The psychological effectiveness of pain management procedures in the context of behavioral medicine and medical psychology  
Genet Psychol Monogr 1984 May;109(2D Half):251-78 (ISSN: 0016-6677)  
Trifiletti RJ

The application of operant, biofeedback, and cognitive-behavioral approaches to the management of chronic pain is reviewed. A conceptual and methodological overview of treatment studies is provided from the perspective of recent psychological and multidimensional viewpoints concerning the chronic pain experience. Difficulties in interpreting the clinical efficacy of pain management procedures are highlighted and the need for further controlled outcome studies is recommended, particularly in demonstrating the effectiveness of cognitive-behavioral procedures. Lastly, implications for further research investigating the relationships between individual coping styles and chronic pain are discussed.

[0190]

Physiological characteristics of pressure immobility. Effects of morphine, naloxone and pain  
Behav Brain Res 1984 Apr;12(1):55-63 (ISSN: 0166-4328)  
Carli G; Farabolini F; Fontani G; Grazzi F

This study is an attempt to detect the most important modifications of physiological parameters occurring during pressure immobility in rabbits and to compare them with those recorded during animal hypnosis. Like the latter, pressure immobility is characterized by the development of high voltage slow waves in the EEG, reduction in frequency and amount of rhythmic slow activity in the hippocampus (RSA) and depression of spinal polysynaptic reflexes. Systolic and diastolic blood pressures are not modified. Duration of two types of immobility is positively correlated within individuals. Treatment by a single dose of morphine (1 mg/kg) potentiates the duration and this effect is antagonized by naloxone (1 mg/kg). Repeated morphine injection up to tolerance reduces duration. Pressure immobility may also be produced under persistent nociceptive stimulation and is characterized by the development of high voltage slow waves in the EEG, as is typical in the absence of pain. Naloxone, (5 mg/kg) injected in a condition of persistent noxious stimulation, reduces immobility duration. In contrast to animal hypnosis, the duration of pressure immobility is neither potentiated by pain nor reduced by naloxone (1,5 or 20 mg/kg). It is suggested that the two immobilities are controlled by several mechanisms, some similar, some different [Note: this article is the same as 0156, and is here because of an error].

[0191]

A symptom profile of patients with multiple personalities, including MMPI results  
J Nerv Ment Dis 1984 Apr;172(4):197-202 (ISSN: 0022-3018)  
Bliss EL

Patients with multiple personalities are excellent hypnotic subjects, a capability demonstrated both clinically and on a standard hypnotizability test. They tend to experience a plethora of symptoms associated with anxiety states, hysteria, obsessional neuroses, phobic states, depression and mania, schizophrenia, alcoholism, sociopathy, and hyperactivity--although there are exceptions to this profile. Both males and females suffer from this disability, and an MMPI profile for female multiples is described [Note: this article is the same as 0157, and is here because of an error].

[0192]

Hysteria: the history of an idea  
Can J Psychiatry 1983 Oct;28(6):428-33 (ISSN: 0706-7437)  
Merskey H

Hysteria has long been recognized as a condition involving multiple somatic symptoms and resulting from a state of the emotions. By the time of Charcot, it became possible to attribute a hysterical symptom to an idea. It appears that the first detailed statement to this effect was made by Russell Reynolds (1) and it was adopted by Charcot (2), particularly because of his experience that hypnosis could be used to suggest hysterical symptoms. These concepts provided the starting point for Freud's theories.

[0193]

Management of post-operative pain: current concepts and methods of management  
Afr J Med Med Sci 1983 Jun;12(2):101-6 (ISSN: 0309-3913)  
Famewo CE

This paper discusses the aetiology, incidence and severity of post-operative pain including factors that influence post-operative pain. Current concepts and the need for effective control of post-operative pain are discussed. A review of the various methods available for post-operative pain management is presented with special reference to practice in a developing country.

[0194]

An acute anxiety state in an adolescent precipitated by viewing a horror movie  
J Adolesc 1983 Jun;6(2):197-200 (ISSN: 0140-1971)  
Mathai J

There have been reports of psychological distress in adults after viewing horror films. I report on the presentation and treatment of a 12-year-old boy after having viewed a horror film.

[0195]

The gagging problem in prosthodontic treatment. Part II: Patient management  
J Prosthet Dent 1983 Jun;49(6):757-61 (ISSN: 0022-3913)  
Conny DJ; Tedesco LA

The most serious problem associated with the patient with an overactive gag reflex is the strong potential for compromised treatment. A



complete oral examination, medical history, and conversation with the patient are important sources of information that assist with the management of gagging problems. Many techniques are available for controlling the exaggerated gag reflex, and no single technique will solve each patient's problem. The technique or techniques used should be dictated by the cause or causes involved. If organic disturbances, anatomic anomalies, or biomechanical inadequacies of existing prostheses are not key causes, the services of trained specialists are needed to help with behavioral management of the problem.

[0196]

Psychological preparation for invasive medical and dental procedures  
J Behav Med 1983 Mar;6(1):1-40 (ISSN: 0160-7715)  
Anderson KO; Masur FT

Psychological preparation for invasive medical and dental procedures has been based on the rationale that high levels of preprocedural fear are detrimental to patients' subsequent adaptation. After a brief survey of the theoretical and empirical evidence pertaining to this rationale, the major psychological approaches designed to alleviate preprocedural concern and enhance recovery are discussed. Outcome studies that have employed informative, psychotherapeutic, modeling, behavioral, cognitive-behavioral, and/or hypnotic techniques are summarized and evaluated. Although the research suggests that each of these approaches can be effective, such serious methodological problems as heterogeneity of sample characteristics, limited range of outcome measures, and lack of manipulation checks prevent definitive conclusions. Legal-ethical concerns and the issue of cost effectiveness are also considered. Suggestions are made for future research and theory development.

[0197]

Instructed forgetting: hypnotic and nonhypnotic  
J Exp Psychol Gen 1983 Mar;112(1):73-9 (ISSN: 0096-3445)  
Kihlstrom JF

In a commentary on an article by Geiselman, Bjork, and Fishman (1983), directed forgetting observed in the normal waking state is compared with amnesia as induced by hypnotic suggestion. The two paradigms typically differ with respect to the role of incidental or intentional learning, the amount of study devoted to the items, the temporal location of the cue to forget, the retention interval involved, and the measure of memory that is of interest. Depending on the directed-forgetting paradigm used, they also differ with respect to the actual inaccessibility of the to-be-forgotten items, the reversibility of the forgetting, and the extent of interference of the items targeted by the forget cue on other items. However, these comparisons are vitiated somewhat by the methodological differences between the two paradigms. Theoretically, the three mechanisms typically used to account for directed forgetting--selective rehearsal, list segregation, and selective search--do not appear to account for the amnesia observed in hypnosis. However, the two phenomena do appear to share a fourth mechanism, retrieval inhibition. Final acceptance of this conclusion, however, awaits comparison of the two types of instructed forgetting within a common experimental paradigm.

[0198]

Hysterical seizures or pseudoseizures  
J Neurosurg Nurs 1983 Feb;15(1):22-6 (ISSN: 0047-2603)  
Konikow NS

With proper diagnosis and management, the frequency of pseudoseizures can be reduced or eliminated. Emotional factors, whether internal or external, can precipitate pseudoseizures. The goals of therapy are to identify pseudoseizures and resolve the conflicts that manifest them; both psychiatric intervention and hypnosis have produced good results in the treatment of pseudoseizures. Nurses are involved in all aspects of care from observation of seizure activity to assessment and implementation of an appropriate plan of care. The care plan should include helping the patient and his family understand the meaning of the patient's pseudoseizures, recognizing the effect of stigma on the patient and his family, assessing the coping skills of the patient and his family, and setting realistic expectations for the patient regarding prognosis and treatment.

[0199]

Psychological factors involved in impotence. A review of the literature  
J Androl 1983 Jan-Feb;4(1):59-66 (ISSN: 0196-3635)  
Turnbull JM; Weinberg PC

Recent developments in the treatment of impotence and studies on the results of psychological methods for its treatment seem to indicate that the number of individuals who suffer from impotence of purely psychogenic origin is less than was reported in literature of the last decade. It is undoubtedly true, however, that psychological factors play an important role in the pathogenesis of this disorder. This review looks at psychological factors involved in impotence from three perspectives. Beginning with a historical review, those theoretical bases which formed the premise for psychological therapies are described. Second, diagnostic issues are explored in some detail. Finally, the variety of treatment modalities which have been used, with varying degrees of success, is described. It appears that whatever psychological treatment method is used, the patients who have the best prognosis are those in whom the disorder has lasted for less than two years, who have a strong motivation for psychotherapy, persisting sexual desire, and who are without significant psychopathology.

[0200]

Auditory hallucinations and schizophrenia  
J Nerv Ment Dis 1983 Jan;171(1):30-3 (ISSN: 0022-3018)  
Bliss EL; Larson EM; Nakashima SR

Forty-five patients with auditory hallucinations were studied. Sixty per cent proved to be excellent hypnotic subjects with multiple personalities. These latter patients received 11 different diagnoses by clinicians, predominantly those related to schizophrenia or an affective illness. Because patients with multiple personalities frequently have hallucinations, delusions, paranoid ideas and bizarre behaviors, they may be misdiagnosed as some form of schizophrenia.

[0201]

["Simple-minded" personality variant among chronic alcoholic patients]  
[O "prostodushnom" variante lichnosti bol'nykh khronicheskim alkogolizmom]  
Zh Nevropatol Psikhiatr Im S S Korsakova 1983;83(2):233-7 (ISSN: 0044-4588)  
Burno ME

The author describes a frequently encountered variant of alcoholic patients' personality with non-psychopathic premorbid features (phlegmatic kind-heartedness, faultlessness, cordiality, conscientiousness, vulnerability). The "pivot" of these features is "simple-mindedness". The peculiarities of alcoholism hypnotic states ("obliterated" somnambulism) and treatment in these patients according to their individual protective-psychological mechanisms are shown. The clinical material covers 1315 cases.

[0202]

Freud's Irma dream and the origins of psychoanalysis  
Psychoanal Rev 1984 Dec;71(4):591-617 (ISSN: 0033-2836)  
Langs R

This paper investigates Freud's Irma dream as a response, in part, to the publication of *Studies on Hysteria* (Breuer & Freud, 1893-1895). As such, Freud's dream and associations reveal a great deal regarding the origins of psychoanalysis. The preamble to the dream reflects Freud's concern with the ground rules and boundaries of the psychotherapeutic technique that he was in the process of developing. This paper cites evidence for Freud's concerns regarding the consequences of alterations in these basic tenets. The Irma dream and Freud's associations also convey a deep and apparently unconscious concern within Freud in respect to the concept of transference, which he may have realized on some level had been used to defensively deny disturbing inputs by the therapist into the treatment situation and patient. The dream may be understood also as reflecting a deep sense of concern regarding unrecognized harmful effects of psychoanalytic psychotherapy and Freud's concern that the treatment process might be more destructive than helpful. The curative aspects of psychotherapy are viewed in terms of action-discharge rather than insight. In all, this reanalysis of the Irma dream focuses on Freud's unconscious conflicts, fantasies, and anxieties at a time when he, along with Breuer, presented a burgeoning psychoanalytic treatment modality to the professional world.

[0203]

Psychotherapy with the hysterical personality: an interpersonal approach  
Psychiatry 1984 Aug;47(3):211-32 (ISSN: 0033-2747)  
Andrews JD

Personality disturbances are increasingly being defined in terms of person-environment transactions. Puzzling individual behavior may take on fresh significance when viewed within a broader system of forces (Andrews 1966, 1974; Carson 1969; Coyne 1976; Watzlawick et al. 1967). Psychotherapy, in particular, can usefully be viewed as a dyadic system in which both parties endeavor to define the relationship. The purpose of the present paper is to explore the interaction patterns associated with the hysterical personality from this perspective; and to identify relationships between these patterns and the therapeutic tactics which have proven most fruitful with hysterical patients. Since the bulk of clinical literature on hysteria is psychoanalytically based, the main emphasis of this paper will be on psychodynamic therapy. The smaller but growing body of material dealing with behavior therapy provides a fruitful basis for comparison and contrast. New case material will also be introduced to illustrate the main therapeutic principles discussed.

[0204]

Immobility reactions: a modified classification  
Pavlov J Biol Sci 1984 Jul-Sep;19(3):137-43 (ISSN: 0093-2213)  
Reese WG; Angel C; Newton JE

This theoretical paper sets the stage for subsequent experimental reports on mobility and immobility in the Arkansas Line of Nervous Pointer dogs as contrasted with kennel mates of the normal line. Exactly opposite to the normal animals, the nervous dogs show marked inhibition of heart rate and musculoskeletal responses to man, including reduced ambulation and durable immobility following inversion and brief manual restraint in an open sling. The sling immobility of the nervous dogs (which may not differ basically from their freezing in upright position) might be designated as "tonic immobility" (TI). We hypothesize that such immobility, common in laboratory and natural conditions in many species, should be divided into two classes: hypotonic (cataleptic) and hypertonic (catatonic). We provide examples of such behaviors, particularly in man and dog, and cursorily review TI studies of other species. Neurophysiologic and neurochemical studies which bear on possible immobility mechanisms are briefly noted. We suggest that inconsistencies in reported concomitants of TI might result from failure to discriminate between types of behavioral responses.

[0205]

Suffering for science: the effects of implicit social demands on response to experimentally induced pain  
J Pers Soc Psychol 1984 May;46(5):1162-72 (ISSN: 0022-3514)  
Spanos NP; Hodgins DC; Stam HJ; Gwynn M

In two experiments subjects rated their pain during baseline trials of cold pressor and finger pressure pain. After various instructional treatments, they were posttested with these same stimuli. As in previous studies, we found in both experiments that coping suggestions significantly reduced reported pain. Experiment 1, however, demonstrated that subjects often refrained from using available cognitive coping strategies to reduce pain unless they had been given explicit permission to do so. Experiment 2 replicated this finding and also showed that explicit permission to "do whatever you can to reduce pain" was as effective as a coping suggestion in decreasing reported pain. These findings indicate that subjects' interpretation of what is appropriate responding in the test situation determines how they choose to cope with the painful stimulation. Thus standard experimental procedures for assessing baseline levels of pain implicitly lead subjects to refrain from coping and thereby tend to underestimate their ability to control pain. Moreover, suggestions and other instructional techniques for coping with pain may produce much of their effect not by teaching subjects new coping skills but instead by giving them permission to use already available coping strategies.

[0206]

[Therapy of hyperhidrosis]  
[Therapie der Hyperhidrosis]  
Hautarzt 1984 Jan;35(1):7-15 (ISSN: 0017-8470)  
Holze E

In the treatment of hyperhidrosis stabilization of psychovegetative functions is certainly desirable. However, autogenic exercise, hypnosis, psychotherapy as well as the administration of sedatives and tranquilizers serve only as adjuvant therapeutic measures. Systemic antihidrotics, like sage or camphor, proved ineffective; anticholinergics pose the risk of side effects. For topical therapy aldehydes, organic acids, and especially metallic salts are favorable. Tanning agents are of limited effect. Topical anticholinergics suppress sweating but provoke systemic side effects, if resorbed in larger quantities. Surgical treatment includes sympathetic blockade,

sympathectomy, excision or curettage of eccrine glands, and cryotherapy or application of sclerosing agents. Concerning efficacy and risks of therapy only excision of axillary skin fields can be advocated. Among physical measures X-ray therapy is rendered obsolete. However, tap water iontophoresis is gaining increasing significance as an effective and safe treatment in palmar and plantar hyperhidrosis. In hyperhidrosis axillaris, palmaris, or plantaris topical application of aluminum chloride solution is emphasized as an efficacious treatment modality. If it fails, axillary skin fields can be excised and hyperhidrosis of palms or soles can be treated with tap water iontophoresis.

[0207]

Pavlov's position toward American behaviorism  
J Hist Behav Sci 1983 Oct;19(4):394-407 (ISSN: 0022-5061)  
Windholz G

Pavlov's development of the conditional reflex theory coincided with the rise of American behaviorism. Substituting an objective physiology for a subjective psychology, Pavlov saw in the rise of American behaviorism a clear confirmation of his method and theory. But in the early 1930s, Lashley attacked Pavlov's theory of specific cerebral localization of function, proposing instead the concept of an internal cerebral organization; Guthrie objected to Pavlov's centralist interpretation of conditioning, proposing instead a peripheralist interpretation; while Hull challenged Pavlov's theory of sleep and hypnosis as the manifestations of inhibition. Pavlov replied with critiques of Lashley's, Guthrie's, and Hull's views, and, convinced that Lashley and Guthrie misunderstood his position, repeated his method's and theory's basic propositions. Yet, Pavlov never gave up the expectation that American behaviorism would accept his conditional reflex theory and saw in Hunter's 1932 statements a support of his assumptions.

[0208]

A comprehensive psychological approach to obesity  
Psychiatr Med 1983 Sep;1(3):257-73 (ISSN: 0732-0868)  
Fawzy FI; Pasnau RO; Wellisch DK; Ellsworth RG; Dornfeld L; Maxwell M

Many different treatments for obesity have proven somewhat successful, with none emerging as clearly superior to the others. Surgical approaches, although usually successful at achieving and maintaining weight loss, are accompanied by varied and often harmful side effects. Unless new, safer procedures are developed, treatment may continue to be as hazardous as the obesity itself. Because medical treatment alone has not achieved beneficial, lasting results, research aimed at finding new procedures should be encouraged. Our five-year experience in working with obese patients has led us to the following conclusions: 1. The management of obesity must be a joint venture between psychiatry and medicine. Because of the complex nature of this illness, neither discipline alone can successfully and safely achieve significant initial weight loss coupled with successful long-term maintenance. The use of adjunctive psychological programs in a medical setting can be a successful alternative. 2. Fasting, weight loss, and realimentation must be accompanied by an effort at lifestyle change. Otherwise, patients will continue their self-destructive habits, which will ultimately lead to failure in yet another attempt at sustained weight reduction. The behavioral approach has provided a fairly effective treatment of obesity, sometimes with immediate results. Recent studies support the maintenance effect of behavioral treatments. However, longer studies with follow-ups are needed to better assess the overall effectiveness of these treatments. 3. Despite much false optimism that weight loss is a simple road to happiness, most patients experience some very real problems during the fasting part of the program. Crisis intervention can prove very helpful in terms of reducing stress and preventing dropouts. Group therapy, individual therapy, family therapy, and hypnosis have attained some very limited positive results when used alone; greater success has been reported from combining therapies. Patients generally became more socially effective, physically active, and mentally proficient when exposed to individual therapy together with group and family therapies. 4. Family environment appears to significantly affect compliance and completion. A conflict-laden family environment hampers the patient's ability to deal with the psychological changes encountered in weight loss programs. 5. Many obese patients lack a fundamental knowledge of nutrition, exercise, and health. In addition, most are poorly socialized and require assistance in learning assertiveness and other interpersonal skills. A behaviorally oriented component is very effective in providing these skills.(ABSTRACT TRUNCATED AT 400 WORDS).

[0209]

Disrupted retrieval in directed forgetting: a link with posthypnotic amnesia  
J Exp Psychol Gen 1983 Mar;112(1):58-72 (ISSN: 0096-3445)  
Geiselman RE; Bjork RA; Fishman DL

Certain reliable findings from research on directed forgetting seem difficult to accommodate in terms of the theoretical processes, such as selective rehearsal or storage differentiation, that have been put forward to account for directed-forgetting phenomena. Some kind of "missing mechanism" appears to be involved. In order to circumvent the methodological constraints that have limited the conclusions investigators could draw from past experiments, a new paradigm is introduced herein that includes a mixture of intentional and incidental learning. With this paradigm, a midlist instruction to forget the first half of a list was found to reduce later recall of the items learned incidentally as well as those learned intentionally. This result suggests that a cue to forget can lead to a disruption of retrieval processes as well as to the alteration of encoding processes postulated in prior theories. The results also provide a link between intentional forgetting and the literature on posthypnotic amnesia, in which disrupted retrieval has been implicated. With each of these procedures, the information that can be remembered is typically recalled out of order and often with limited recollection for when the information had been presented. It therefore was concluded here that retrieval inhibition plays a significant role in nonhypnotic as well as in hypnotic instances of directed forgetting. The usefulness of retrieval inhibition as a mechanism for memory updating was also discussed.

[0210]

The general hospital psychiatrist as "compleat" therapist  
Hillside J Clin Psychiatry 1983;5(2):183-202 (ISSN: 0193-5216)  
Saravay SM; Steinberg M; Rousseau M; Barnard W; Feldman SP

Four case histories have been presented to illustrate the range of therapeutic modalities which the liaison and consultation psychiatrist may be called upon to employ in the routine treatment of patients in the general hospital. These include analytically oriented insight and supportive psychotherapy, intervention with the family, collaboration with the medical and nursing staff, resolution of staff countertransference difficulties, pharmacotherapy, the turning of hospital and community resources to therapeutic account, and follow-up treatment and referral. Other more specialized modalities such as hypnosis (Frankel, 1978), amytal interview (Naples and Hackett, 1978) electroconvulsive therapy (Glaser, 1953), biofeedback and behavior therapy (Fordyce, 1978), and group therapy (Rahe, O'Neil, Hagan, and Ransom, 1975) have also proven useful. The synthesis of these skills into an individualized, coherent treatment approach is the challenge posed to the consultant by the 20 to 60 percent (Lipowski, 1967) of patients admitted to the general hospital with treatable

emotional disorders. Because the vast majority of these disorders relate directly to the illness for which the patient was admitted and to the treatment rendered (Torem, Saravay, and Steinberg, 1979) they comprise a unique spectrum of psychiatric illnesses which often demand timely intervention (Solomon, Saravay, and Steinberg, 1980) before complete information is available. To effectively meet these challenges, the general hospital psychiatrist strives toward the ideal of the "complete" therapist--creatively synthesizing an individualized approach from a varied therapeutic repertoire for each of the patients he is called upon to treat.

[0211]

The use of hypnosis in the management of preoperative anxiety and postoperative pain in a patient undergoing laminectomy  
Bull Hosp Jt Dis Orthop Inst 1985 Fall;45(2):143-9 (ISSN: 0883-9344)  
Snow BR

Patients undergoing laminectomy face a variety of concerns both pre- and postoperatively which may affect their emotional state and increase surgical risk. A case study of a laminectomy patient who was taught hypnosis for the control of preoperative anxiety and postoperative pain is presented. The benefits of such hypnotic intervention, as well as the long-term effects of hypnotic intervention on a patient who is in a crisis period are discussed.

[0212]

Sexual criminality and hypnotizability  
J Nerv Ment Dis 1985 Sep;173(9):522-6 (ISSN: 0022-3018)  
Bliss EL; Larson EM

Thirty-three sexual offenders, 18 of whom had been convicted of rape, nine of pedophilia, and six of incest, were studied. Two thirds of the subjects had histories of "spontaneous self-hypnotic" experiences (dissociations); seven of these were DSM-III multiples and six were probable multiples. This group had very high hypnotizability scores. The other one third without histories of "spontaneous self-hypnosis" had normal scores. It was concluded that spontaneous self-hypnosis contributed to the perpetration of the crimes in many of these cases, although other factors also directed the antisocial behaviors.

[0213]

Lesions of the dorsal spinal cord decrease the duration of contact defensive immobility (animal hypnosis) in the rabbit  
Behav Neurosci 1985 Aug;99(4):778-83 (ISSN: 0735-7044)  
Woodruff ML; Baisden RH

Rabbits received either bilateral dorsal or unilateral dorsolateral spinal cord lesions. The duration and incidence of contact defensive immobility (CDI; animal hypnosis) were tested in these rabbits and in intact controls. Neither of the spinal cord lesions affected the number of CDI inductions, but rabbits with lesions of the dorsal spinal cord exhibited significantly shorter durations of CDI than either of the other groups which did not differ from each other. These results are interpreted to indicate that the somesthetic systems that ascend in the dorsal spinal cord are important for the maintenance, but not the initiation, of CDI.

[0214]

The use of hypnosis as a tool in plastic surgery  
Plast Reconstr Surg 1985 Jul;76(1):140-6 (ISSN: 0032-1052)  
Tucker KR; Virnelli FR

Clinical hypnosis can be a valuable tool for the plastic surgeon. Techniques can be rapidly learned at workshops that are held frequently at convenient locations throughout the country. Once misconceptions are dispelled, use of hypnosis is appropriate, safe, and effective.

[0215]

Scientific status of refreshing recollection by the use of hypnosis. Council on Scientific Affairs  
JAMA 1985 Apr 5;253(13):1918-23 (ISSN: 0098-7484)  
[author(s) unknown]

The Council finds that recollections obtained during hypnosis can involve confabulations and pseudomemories and not only fail to be more accurate, but actually appear to be less reliable than nonhypnotic recall. The use of hypnosis with witnesses and victims may have serious consequences for the legal process when testimony is based on material that is elicited from a witness who has been hypnotized for the purposes of refreshing recollection.

[0216]

Dreaming and hypnotic susceptibility: a pilot study  
Percept Mot Skills 1985 Apr;60(2):387-94 (ISSN: 0031-5125)  
Gibson HB

Previous experimental work has indicated that certain stable personality characteristics are reliably associated with differential susceptibility to hypnosis. It is suggested that people who are more susceptible will be characterized by an awareness of dreaming more frequently, vividly and creatively. This study describes the construction of a Dream Questionnaire and the relations of the scores obtained on it to scores previously obtained on the Harvard Group Scale of Hypnotic Susceptibility. Sex differences were noted in response to the questionnaire. For women, a global score was derived from the questionnaire, and this was positively and significantly associated with hypnotic susceptibility. Men responded rather differently to the questionnaire and as hypnotic susceptibility scores were available for only a more limited number, further analysis was postponed until more data from men may become available. Some suggestions for research are discussed, and the relations between sleep research and hypnosis research are briefly considered.

[0217]

Teaching hypnosis within a family practice residency program  
Fam Med 1985 Mar-Apr;17(2):77-8 (ISSN: 0742-3225)  
Herbert CP  
Department of Family Practice, University of British Columbia, Vancouver, Canada

As a result of increasing interest in medical hypnosis, a curriculum has been developed for teaching clinical hypnosis to family practice residents within a Canadian two-year training program. History and theories, demonstrations of techniques, practice of inductions, and clinical applications are presented to all second-year residents within a course titled "Behavioral Medicine in Family Practice." Individual

supervision is offered within the family practice teaching unit as well as a one-month elective in behavioral medicine. Residents are encouraged to attend workshops offered by the Canadian Society of Clinical Hypnosis and invited to attend an autogenic training group for patients. Evaluation of continuing use of learned skills in practice settings is in process.

[0218]

A conceptual framework and treatment strategy for the alcoholic urge to drink utilizing hypnosis  
Int J Addict 1985 Mar;20(3):403-15 (ISSN: 0020-773X)  
Schoen M

The present paper proposes a theoretical framework and a treatment strategy for dealing with the urges to drink that alcoholics experience during recovery. Two models are proposed: the Defense Model and the Conditioning Model. Each model covers a specific period of time during recovery in which the urges to drink occur. The Defense Model describes the urges that result in the initial recovery period, while the Conditioning Model is invoked to explain urges that materialize in the later phases of recovery. Next, a treatment strategy is delineated that incorporates these models and employs the use of hypnosis. The treatment strategy is divided into three phases, with the first and second phases dealing with the alcoholic's unconscious and the third phase being directed at the alcoholic's conscious.

[0219]

Hypnosis as adjuvant antiemetic therapy in childhood cancer  
Nurs Clin North Am 1985 Mar;20(1):105-7 (ISSN: 0029-6465)  
Hockenberry MJ; Cotanch PH

Hypnosis, as a relaxation technique to reduce anxiety and drug-related nausea and vomiting in children with cancer, is an effective treatment modality. Its benefit as a self-relaxation technique is now being realized.

[0220]

Use of hypnosis for improving medication compliance in psychiatric patients  
South Med J 1985 Mar;78(3):242-4 (ISSN: 0038-4348)  
Forman BD

Factors involved in failure to comply with medication regimens may be divided into four categories: patient characteristics, physician-patient relationship, psychosocial environment, and treatment regimen features. Although several methods aimed at improving medication compliance have been described in the literature, hypnosis was not among them. Three cases in which hypnosis was effective for improving compliance are presented, suggesting that hypnotherapy for compliance problems has potential clinical applications.

[0221]

Biofeedback and hypnosis in weaning from mechanical ventilators  
Chest 1985 Feb;87(2):267-9 (ISSN: 0012-3692)  
La Riccia PJ; Katz RH; Peters JW; Atkinson GW; Weiss T

Weaning patients from mechanical ventilation can be hindered by both physical and psychologic factors. Biofeedback has been used successfully as an adjunct in difficult weaning problems. We have used a combination of hypnosis and biofeedback to wean a patient with neurologic disease who previously failed weaning by standard procedures. A 30-year-old woman with respiratory failure secondary to multiple sclerosis with transverse myelitis was given eight sessions of biofeedback over 12 days in which the movements of her chest wall, as monitored by magnetometers, were displayed on an oscilloscope. The patient was praised for targeted respiratory rate, amplitude, and rhythm. These sessions included hypnosis in which the patient was given suggestions of well-being and that she could breathe as she had five years earlier. In this manner the patient was successfully weaned. Respiratory biofeedback and hypnosis appear to be useful adjuncts in weaning patients from ventilators.

[0222]

[Deep cerebral electrical activity during the hypnotic state in man: neurologic considerations in hypnosis]  
[Attività elettrica cerebrale profonda durante lo stato ipnotico nell'uomo: considerazioni neurofisiologiche sull'ipnosi]  
Riv Neurol 1985 Jan-Feb;55(1):1-16 (ISSN: 0035-6344)  
De Benedittis G; Sironi VA

To the authors' knowledge hypnosis has never been induced in epileptic patients during depth EEG study. This neurosurgical diagnostic procedure (that has been routinely used in medically resistant epileptic patients for the preoperative exact delimitation of the epileptogenic lesion) offers a unique opportunity of obtaining fundamental information on the possible neurophysiological mechanisms implied in human hypnosis. Observations were carried out on 3 consecutive patients affected by medically resistant partial seizures with elementary and/or complex symptomatology. A chronic deep electrode study explored rhinencephalic structures as well as specific target areas of the cerebral cortex. Background electrical activity during the hypnotic state showed a significant decrease of slow waves and an increase of alpha and beta rhythms, with constant increase of amplitude, as compared with the nonhypnotic state. Focal interictal abnormalities were dramatically reduced by hypnotic trance. Moreover, depth EEG study during sleep in one patient indicated that the EEG patterns during hypnosis and sleep are basically different, confirming that there is no convincing evidence of physiological similarities between the 2 states.

[0223]

Hypnotic age regression and moral reasoning  
J Psychol 1985 Jan;119(1):71-80 (ISSN: 0022-3980)  
Page RA

Moral reasoning was assessed with two dilemmas from the Kohlberg Moral Judgment Interview (1976) in 7 adults who were hypnotically age regressed to four ages: 15, 12, 9, and 6 years. Seven adults in a control group under task-motivation instructions were age regressed to the same ages and administered the dilemmas. Age-regressed moral maturity scores for both groups were compared to pretest scores, to data for actual 15-, 12-, 9-, and 6-year-olds from other studies, and to each other. Both groups were able to lower their moral reasoning scores when given age-regression instructions; however, hypnosis subjects not only scored lower than task-motivation subjects but also more closely resembled the levels of reasoning used by children at these ages. The results provide some support for a distinction between age regression through hypnosis and age regression through task-motivation instructions.

[0224]

Effectiveness of hypnosis as an adjunct to behavioral weight management  
J Clin Psychol 1985 Jan;41(1):35-41 (ISSN: 0021-9762)  
Bolocofsky DN; Spinler D; Coulthard-Morris L

This study examined the effect of adding hypnosis to a behavioral weight-management program on short- and long-term weight change. One hundred nine subjects, who ranged in age from 17 to 67, completed a behavioral treatment either with or without the addition of hypnosis. At the end of the 9-week program, both interventions resulted in significant weight reduction. However, at the 8-month and 2-year follow-ups, the hypnosis clients showed significant additional weight loss, while those in the behavioral treatment exhibited little further change. More of the subjects who used hypnosis also achieved and maintained their personal weight goals. The utility of employing hypnosis as an adjunct to a behavioral weight-management program is discussed.

[0225]

[Crime under hypnosis. Considerations on the problem of the ability to resist according to paragraph 179 of the Penal Code]  
[Das Hypnoseverbrechen. Eine Betrachtung zur Frage der Widerstandsfähigkeit im Sinne des 179 StGB]  
Z Rechtsmed 1985;95(2):75-84 (ISSN: 0044-3433)  
Petersohn F

Following the discussion of various hypnosis theories and taking into account physiological, psychological, and behavioral-sociological theory on the basis of five cases, the question of inability of intent in the sense of Paragraph 179 of the Penal Code is discussed, and resistance incapability is rejected.

[0226]

Psychophysiological evidence for a state theory of hypnosis and susceptibility  
J Psychosom Res 1985;29(3):287-302 (ISSN: 0022-3999)  
Gruzelier JH; Brow TD

Psychophysiological evidence is presented of altered cerebral organization under hypnosis. Bilateral electrodermal activity was examined to tones presented simultaneously with the induction of hypnosis. Susceptibility was monitored throughout. Two control conditions were devised, one for division of attention and another for relaxation. In addition there was a familiarisation session which permitted groups to be equated for rates of habituation. Both faster and slower habituation were found under hypnosis but the direction of change related to susceptibility; Susceptible subjects showed a reduction in orienting responses and Unsusceptible subjects an increase in responses. Susceptible subjects also had lower tonic levels of activity and fewer nonspecific responses during the induction prior to the tones. Neither relaxation nor listening to a story altered habituation systematically. Under hypnosis there was a reversal in lateral asymmetries in orienting response amplitudes in Susceptible subjects suggesting a shift in hemispheric influences from left to right.

[0227]

Hypnotizability in patients with anorexia nervosa and bulimia  
Arch Gen Psychiatry 1985 Oct;42(10):1014-6 (ISSN: 0003-990X)  
Pettinati HM; Horne RL; Staats JM

Hypnotizability was assessed with the use of three standardized hypnosis scales in 86 patients with eating disorders. All diagnoses were made according to DSM-III criteria. Sixty-five patients had anorexia nervosa and 21 had bulimia. The anorectic patients were divided into subgroups of 19 abstainers and 46 vomiters and purgers. Bulimic patients were highly hypnotizable, significantly more so than the patients with anorexia nervosa and age-matched populations. There was also a trend for the purging subgroup of anorectics to have higher hypnotic capacity than abstaining anorectics.

[0228]

Hypnotic susceptibility, inhibitory control, and orgasmic consistency  
Arch Sex Behav 1985 Aug;14(4):373-6 (ISSN: 0004-0002)  
Bridges CF; Critelli JW; Loos VE

Willingness to relinquish control, as evidenced by hypnotic susceptibility, enjoyment of alcohol, and inability to control thoughts and movements near the end of coitus, was found in this study to be predictive of the consistency with which females reported experiencing orgasm during sexual intercourse.

[0229]

Murder under hypnosis  
Psychol Med 1985 Aug;15(3):477-505 (ISSN: 0033-2917)  
Harris R

This article discusses the trial of a woman accused of murder in 1890 whose defence rested on the claim that she acted unconsciously under the hypnotic influence of her older lover. This relatively banal case brought together two rival schools of French psychiatry - that of J.-M. Charcot in Paris and that of Hippolyte Bernheim in Nancy - and provided a wide-ranging examination of views on the nature of unconscious mental activity as well as the social, political and professional implications that their theories on hypnotism and hysteria contained. Discussions on women's sexuality, family relations, crowd behaviour and political radicalism all played a part in the debate and are examined through the case study that the trial of Gabrielle Bompard permits. Moreover, the trial shed incidental light on the campaign by physicians against amateur healers and hypnotists whom they blamed for unleashing a wave of mass hysteria through their theatrical representations. The episode was one important element in the struggle for the passage of the law of 30 November 1892, which outlawed amateur practitioners and established the medical monopoly over healing in France.

[0230]

Failing to resist hypnotic test suggestions: a strategy for self-presenting as deeply hypnotized  
Psychiatry 1985 Aug;48(3):282-92 (ISSN: 0033-2747)  
Spanos NP; Cobb PC; Gorassini DR

Traditionally, hypnosis has been associated with the idea that highly hypnotizable subjects lose voluntary control over their responses

and become incapable of resisting suggestions. We contend instead that even excellent hypnotic subjects retain control over their responses. These subjects are invested in presenting themselves as "deeply hypnotized," and to this end employ relevant contextual information to guide their hypnotic enactments. Contextual demands in the hypnotic test situation usually reinforce the idea that hypnotic behavior is involuntary. Therefore, the enactments of highly hypnotizable subjects are typically designed to convey the impression that responses to suggestions are involuntary happenings that cannot be successfully resisted. This formulation implies that highly hypnotizable subjects will present themselves as unable to resist suggestions or, alternatively, as able to easily resist suggestions, depending upon which of these self-presentations they associate with "deep hypnosis". We tested this and related hypotheses by varying the demands associated with "deep hypnosis" and noting the effects on the tendencies of highly hypnotizable subjects to resist suggestions and to describe their responses as involuntary happenings over which they had lost control.

[0231]

Dissociation and psychotic symptoms  
Am J Psychiatry 1985 Aug;142(8):953-5 (ISSN: 0002-953X)  
Steingard S; Frankel FH

The literature on hysterical or brief reactive psychosis reflects great diversity both in clinical description and theoretical formulation. The authors describe the case of a 17-year-old girl who presented with a diagnosis of bipolar affective disorder, rapid cycling type, but who, in fact, was experiencing dissociative episodes manifested as psychotic states. The patient's successful treatment with hypnosis is described, along with the clinical and theoretical implications of the case.

[0232]

Hypnotic susceptibility, interference, and alternation frequency to the Necker cube illusion  
J Gen Psychol 1985 Jul;112(3):271-7 (ISSN: 0022-1309)  
Wallace B; Priebe FA

Two experiments (N = 60) were conducted to determine the effects of hypnotic susceptibility and interference on frequency of Necker cube apparent reversals (ARs). Interference was induced in Experiment 1 by having subjects respond to orally administered double-digit arithmetic (addition) problems while observing the Necker cube. In Experiment 2, counting backward by 3s served as interference. In both experiments, interference reduced ARs. Hypnotic susceptibility level also influenced ARs, with those scoring high on this attribute reporting more ARs than those scoring low. Attentional factors may have played a major role in producing the reported results.

[0233]

Hypnoanesthesia in the morbidly obese  
JAMA 1985 Jun 14;253(22):3292-4 (ISSN: 0098-7484)  
Morris DM; Nathan RG; Goebel RA; Blass NH

The advent of chemical anesthesia relegated hypnosis to an adjunctive role in patients requiring major operations. Anesthesia can be utilized with acceptable risk in the great majority of patients encountered in modern practice. But an occasional patient will present--such as one with morbid obesity--who needs a surgical procedure and who cannot be safely managed by conventional anesthetic techniques. This report describes our experience with such a patient and illustrates some of the advantages and disadvantages of hypnoanesthesia. The greatest disadvantage is that it is unpredictable. Close cooperation between the patient, hypnotist, anesthesiologist, and surgeon is critical. However, the technique may be utilized to remove very large lesions in selected patients. Hypnoanesthesia is an important alternative for some patients who cannot and should not be managed with conventional anesthetic techniques.

[0234]

Posttraumatic stress disorder, hypnotizability, and imagery  
Am J Psychiatry 1985 Jun;142(6):741-3 (ISSN: 0002-953X)  
Stutman RK; Bliss EL

Twenty-six Vietnam veterans were studied to determine the relationship between posttraumatic stress disorder and hypnotizability. The intensity of their posttraumatic stress disorder was measured by a self-report. Their hypnotizability scores, vividness of imagery scores, and symptomatic profiles were also ascertained. Veterans with low or no posttraumatic stress disorder scores had normal hypnotizability scores and normal imagery scores, whereas those with high posttraumatic stress disorder scores had high hypnotizability scores and high imagery scores. The authors conclude that either combat traumas enhanced hypnotic potential in some veterans or that veterans with excellent hypnotic potential to begin with were more susceptible to posttraumatic stress.

[0235]

Hypnotic regression and reframing in the treatment of insect phobias  
Am J Psychother 1985 Apr;39(2):206-14 (ISSN: 0002-9564)  
Domangue BB

Two cases of insect phobia are presented in which constructs and strategies from psychodynamic, cognitive, and behavioral approaches were combined with hypnotic interventions. Flexibility and integration of approaches may be advantageous and hypnosis, including regression and reframing, may be especially powerful in the treatment of phobias.

[0236]

Volitional experiences associated with breaching posthypnotic amnesia  
J Pers Soc Psychol 1985 Mar;48(3):716-22 (ISSN: 0022-3514)  
Coe WC; Yashinski E

Highly responsive hypnotic subjects classified as having control over remembering (voluntaries) or not having control over remembering (involuntaries) during posthypnotic amnesia were compared during posthypnotic recall. Subjects reported their voluntariness after the experiment. Two contextual conditions were employed (2 X 2 design): a lie detector condition meant to create pressure to breach amnesia and a relax control condition. In contrast to earlier findings, the recall data showed that both voluntary and involuntary subjects breached under the lie detector condition compared with their counterparts in the relax condition; however, the degree of breaching was not great in any condition. The results are discussed as they relate to studies attempting to breach posthypnotic amnesia and characteristics of the voluntary-involuntary dimension.

[0237]

Enhancement of military pilot reliability by hypnosis and psychophysiological monitoring: preliminary inflight and simulator data  
Aviat Space Environ Med 1985 Mar;56(3):248-50 (ISSN: 0095-6562)  
Barabasz AF

Subjects were Royal New Zealand Air Force pilots and this investigator (N = 8). Skin conductance response (SCR) was measured during a localizer approach for both inflight and simulator phases of the study. SCR's were noted following all ground controller altitude and heading change instructions and for all pilot-initiated heading and altitude changes employed to comply with the localizer approach plate. Inflight SCR's following ground controller instructions were substantially greater than those related to pilot initiated responses to cockpit information. In the flight simulator phase, posthypnotic suggestions for increased vigilance performance were administered with counterbalancing for hypnosis-no-hypnosis order conditions. Cockpit instrument data was video taped. Posthypnotic instructions for enhanced vigilance performance were found to dramatically increase SCR's to cockpit based information and to significantly reduce heading and altitude error correction time.

[0238]

A controlled trial of hypnotherapy in tinnitus  
Clin Otolaryngol 1985 Feb;10(1):43-6 (ISSN: 0307-7772)  
Marks NJ; Karl H; Onisiphorou C

A group of 14 patients with unilateral tinnitus were selected because of the constant nature of their tinnitus, and its resistance to all other forms of therapy. They were subjected to hypnosis in three forms in random order. The induction of a trance state alone formed the control arm of the trial. Compared to this were the effects of 'ego boosting' and active suppression of tinnitus whilst in a trance state. One of the 14 patients showed a highly significant response to the latter treatment as judged by visual analogue scales. Five of the 14 patients (36%) found the induction of a hypnotic state of value. This seemed to help them tolerate their tinnitus better, although its loudness and quality were unaltered.

[0239]

Hypnotic change in combat dreams of two veterans with posttraumatic stress disorder  
Am J Psychiatry 1985 Jan;142(1):112-4 (ISSN: 0002-953X)  
Eichelman B

The recurrent nocturnal traumatic dreams of two veterans were dispelled with hypnosis. Dream substitutions were rehearsed in hypnotic trance and subsequently dreamed at night, and afterward the original traumatic dreams ceased.

[0240]

Hiccups: causes and cures  
J Clin Gastroenterol 1985 Dec;7(6):539-52 (ISSN: 0192-0790)  
Lewis JH

Hiccups result from a wide variety of conditions that act on the supraspinal hiccup center or that stimulate or disinhibit the limbs of its reflex arc. While scores of hiccup remedies have been reported over the centuries, no single "cure" stands out as being the most effective. Measures that stimulate the uvula or pharynx or disrupt diaphragmatic (respiratory) rhythm are simple to use and often help to speed the end of a bout of otherwise benign, self-limited hiccups. Such maneuvers may also terminate persistent hiccups. Drug therapy usually becomes necessary for more intractable hiccups; chlorpromazine and metoclopramide being two of the most widely employed agents for this purpose. Physical disruption of the phrenic nerve, hypnosis, and acupuncture are other modes of therapy that have been used in severe cases. Because so many reports of hiccup "cures" are based on anecdotal experience rather than controlled clinical studies, I review the available treatments to provide a rational approach for the management of hiccups.

[0241]

Psychological aspects of irritable bowel syndrome  
Aust N Z J Psychiatry 1985 Sep;19(3):218-26 (ISSN: 0004-8674)  
Langeluddecke PM

The literature on psychological aspects of Irritable Bowel Syndrome (IBS) is reviewed. Psychiatric and/or psychometric assessment of IBS samples has consistently revealed a high prevalence of psychological symptoms by comparison with non-psychiatric patient and healthy control groups. Various psychological factors have been implicated in the aetiology of IBS and in the decision to seek medical help, including psychoneurotic personality traits, abnormal illness behaviour and life event stress. Controlled studies of psychological intervention for IBS, while scarce, suggest that supportive psychotherapy and hypnotherapy may be helpful. The long-term efficacy of such treatments remains to be demonstrated.

[0242]

Freud's psychology and its organic foundation: sexuality and mind-body interactionism  
Psychoanal Rev 1985 Summer;72(2):203-28 (ISSN: 0033-2836)  
Silverstein B

Although Freud's neurological education had a great impact on his thinking, a review of Freud's early writings reveals that: (1) Freud adhered to a mind-body interactionist position that was not in accord with the mechanistic neurology of his medical school education; (2) Freud saw psychical processes as intentional, not completely determined by mechanical brain processes--but interactive with them; (3) Freud made functional and psychological interpretations freely without accepting a need to "neurologize" his psychological insights by providing specific neuroanatomical or neurophysiological correlates for such interpretations; and (4) Freud sought the organic base for his evolving psychology in sexual physiology, not neuroanatomy or neurophysiology.

[0243]

Non-pharmacologic management of pain in the person with cancer  
J Adv Nurs 1985 Jul;10(4):325-30 (ISSN: 0309-2402)  
Mayer DK

Management of pain in the person with cancer is a high priority in nursing. Although the actual incidence and severity is not well documented, pain may be experienced at some point by the majority of persons with cancer. Pharmacologic management, by itself, is often not adequate. Nurses must become familiar with non-pharmacologic interventions, to be used alone or in combination with



analgesics, for the successful management of cancer pain. This paper discusses various non-pharmacologic options and includes a nursing protocol. More research is warranted to better define those most likely to benefit from these interventions.

[0244]

Biochemical correlates of hypnoanalgesia in arthritic pain patients  
J Clin Psychiatry 1985 Jun;46(6):235-8 (ISSN: 0160-6689)  
Domangue BB; Margolis CG; Lieberman D; Kaji H

Self-reported levels of pain, anxiety, and depression, and plasma levels of beta-endorphin, epinephrine, norepinephrine, dopamine, and serotonin were measured in 19 arthritic pain patients before and after hypnosis designed to produce pain reduction. Correlations were found between levels of pain, anxiety, and depression. Anxiety and depression were negatively related to plasma norepinephrine levels. Dopamine levels were positively correlated with both depression and epinephrine levels and negatively correlated with levels of serotonin. Serotonin levels were positively correlated with levels of beta-endorphin and negatively correlated to epinephrine. Following hypnotherapy, there were clinically and statistically significant decreases in pain, anxiety, and depression and increases in beta-endorphin-like immunoreactive material.

[0245]

Non-verbal response to intraoperative conversation  
Br J Anaesth 1985 Feb;57(2):174-9 (ISSN: 0007-0912)  
Bennett HL; Davis HS; Giannini JA

In a double-blind study, 33 patients (herniorrhaphy, cholecystectomy and orthopaedic) were randomly assigned to either suggestion or control groups. Under known clinical levels of nitrous oxide and enflurane or halothane anaesthesia, suggestion patients were exposed to statements of the importance of touching their ear during a postoperative interview. Compared with controls, suggestion patients did touch their ear (tetrachoric correlation 0.61, P less than 0.001) and they did so more frequently (Mann-Whitney U test, P less than 0.02). All suggestion patients were completely amnesic for the intraoperative spoken suggestion, despite inquiries which included hypnotic regression to the operation.

[0246]

Prevalence of multiple personality among inpatients and outpatients  
Am J Psychiatry 1985 Feb;142(2):250-1 (ISSN: 0002-953X)  
Bliss EL; Jeppsen EA

A survey of psychiatric inpatients (N = 50) and outpatients (N = 100) indicated that about 10% had multiple personality and an additional 5%-20% had amnesia for early traumatic experiences.

[0247]

Individual differences in phenomenological experience: states of consciousness as a function of absorption  
J Pers Soc Psychol 1985 Jan;48(1):125-32 (ISSN: 0022-3514)  
Pekala RJ; Wenger CF; Levine RL

State manifestations of the trait of absorption--a trait associated with differential responsivity to hypnosis, meditation, marijuana intoxication, and electromyograph (EMG) biofeedback--were assessed to determine (a) if absorption correlates with various (sub)dimensions of phenomenological experience, and (b) if individuals of differing absorption ability experience different states of consciousness. In two experiments 249 and 304 participants completed Tellegen's absorption scale and experienced several stimulus conditions. Each condition's phenomenological state was assessed by means of a retrospective self-report questionnaire and quantified in terms of intensity and pattern parameters. The results indicated that absorption correlated with increased and more vivid imagery, inward and absorbed attention, and positive affect; decreased self-awareness; and increased alterations in state of consciousness and various aspects of subjective experience. In addition, individuals of high absorption ability, relative to lows, experienced a different state of consciousness during ordinary, waking consciousness that became an altered state with eye closure and an hypnoticlike induction. The usefulness of the results for understanding altered-state induced procedures such as hypnosis is discussed.

[0248]

Hypnotherapy as a treatment for enuresis  
J Child Psychol Psychiatry 1985 Jan;26(1):161-70 (ISSN: 0021-9630)  
Edwards SD; van der Spuy HI

The main objective of this study was to provide an adequately controlled experimental and clinical study to assess the efficacy of hypnotherapy in the treatment of nocturnal enuresis. Subjects were 48 nocturnal enuretic boys, aged 8-13 yr. Treatment consisted of six standardized sessions, one hourly session per subject per week. Results indicated that hypnotherapy was significantly effective over 6 months in decreasing nocturnal enuresis, compared with both pretreatment baseline enuresis frequency and no-treatment controls. It also suggested that trance induction was not a necessary prerequisite for success. Comparison with other methods of treatment provided evidence that hypnotherapy was an effective alternative or adjunctive form of treatment for enuresis.

[0249]

[Psychosomatic reactions to the experience of near death. A state of affective dissociation]  
[Psychosomatische Reaktionen bei dem Erlebnis der Todesnahe. Ein Zustand der affektiven Dissoziation]  
Z Psychosom Med Psychoanal 1985;31(3):215-25 (ISSN: 0340-5613)  
Stumpfe KD

The feelings of persons who had encountered life-threatening danger were analysed and compared with the feelings of persons, who are in hypnosis or trained in autogenic training. The symptoms are widely alike. The result of the comparison is, that there exists a state of affective dissociation, which can be caused by conscious or unconscious actions.

[0250]

Psychosocial mediators of abstinence, relapse, and continued smoking: a one-year follow-up of a minimal intervention  
Addict Behav 1985;10(1):29-39 (ISSN: 0306-4603)  
Horwitz MB; Hindi-Alexander M; Wagner TJ

This study investigates the relationship of health locus of control, health beliefs, social support, use of nonsmoking areas, and objecting to another person's smoking to long-term abstinence and relapse following a minimal intervention for smoking cessation. Subjects participated in a single session group hypnosis treatment for smoking cessation. Questionnaires were completed by participants pretreatment and at a 1-year follow-up. Ex-smoker, recidivist, and continuing smoker groups were defined using follow-up data from 219 participants (70 males and 149 females). The data were analyzed using univariate and multiple discriminant analysis techniques. The results show that the three smoking status groups could be discriminated. Ex-smokers actively coped with smokers in their environment, avoided other smokers in public places, and received considerable support from spouses and friends. In contrast, recidivists prior to treatment had been unable to quit smoking for extended periods of time and placed greater responsibility on powerful others for their health. Following treatment, recidivists did not actively cope with smokers, were more likely to participate in additional hypnosis, and placed less responsibility on either powerful others or themselves for their own health. It was concluded that posttreatment factors appear to be more important for long-term maintenance of nonsmoking than entry characteristics of participants. Recommendations include incorporation of coping skills training into cessation programs and restrictions on smoking in the ex-smokers' environments to prevent relapse.

[0251]

[Clinical picture and treatment of nocturnal enuresis in children]

[Klinika i lečenje noćnog nederzhanija moči u deteji]

Zh Nevropatol Psikhiatr Im S S Korsakova 1985;85(3):427-30 (ISSN: 0044-4588)

Krupnova MS

The article presents the results of the treatment of 275 cases of nocturnal enuresis which are subdivided by the author into 3 forms according to the nature of the pathogenesis: neurotic, organic and familial. The neurotic form of enuresis showed the best response to a combination of hypnotherapy with tranquilizers and antidepressants, the organic form was most responsive to nootropic agents, antidepressants and anticonvulsants. Antidepressants were effective for the treatment of familial enuresis in its pure form.

[0252]

Eligibility requirements in hypnotic trials

Sleep 1985;8(1):34-9 (ISSN: 0161-8105)

Roehrs T; Vogel G; Vogel F; Wittig R; Zorick F; Paxton C; Lamphere J; Roth T

Forty-eight patients complaining of insomnia were studied at two sleep laboratories using an identical protocol to evaluate hypnotic efficacy. All met the screening requirement of a mean sleep latency of 30 min or greater on 3 laboratory nights following an adaptation night. Of these patients 34 still complaining of insomnia were screened a second time 2 to 6 months later. Sixteen of the 34 failed the second screen. Sleep parameters for the 34 on screen 1 compared with screen 2 were the same except for sleep latency (the eligibility criteria), which was significantly shorter. There was no evidence of a systematic difference between laboratories, a change in procedure from screen 1 to 2, or a systematic loss of patients from screen 1 to 2. The data show that the statistical phenomenon of regression toward the mean must be considered in designing hypnotic efficacy studies.

[0253]

Psychogenic factors and exercise metabolism: a review

Med Sci Sports Exerc 1985 Jun;17(3):309-16 (ISSN: 0195-9131)

Morgan WP

It has been recognized for many years that factors of a psychogenic nature can influence resting as well as exercise metabolism, and the primary purpose of the present review was to summarize existing evidence dealing with this topic. The review is focused primarily upon experimental evidence involving the hypnotic manipulation of metabolism, since most of the relevant literature has relied upon utilization of the hypnotic tool. Several investigations involving non-hypnotic manipulations are directly related to the general research theme, and these reports are also included in the review. Following a general overview, research involving the influence of cognition and affect on heart rate, cardiac output, forearm blood flow, respiration rate, ventilatory minute volume, and oxygen consumption at rest is considered. The following section deals with the influence of cognition and affect, as well as perception on these same physiological parameters during exercise. It is concluded that psychogenic factors representing the cognitive, affective, and perceptual domains can significantly influence resting as well as exercise metabolism.

[0254]

Are patients who use alternative medicine dissatisfied with orthodox medicine?

Med J Aust 1985 May 13;142(10):539-41 (ISSN: 0025-729X)

Donnelly WJ; Spykerboer JE; Thong YH

Approximately 45% of asthmatic families and 47% of non-asthmatic families had consulted an alternative-medicine practitioner at some time. The most popular form of alternative medicine was chiropractic (21.1% and 26.4%, respectively), followed by homoeopathy/naturopathy (18.8% and 12.7%, respectively), acupuncture (9.4% and 10.9%, respectively), and herbal medicine (4.7% and 6.4%, respectively), while the remainder (20.3% and 11.8% respectively) was distributed among iridology, osteopathy, hypnosis, faith healing and megavitamin therapy. More families were satisfied with orthodox medicine (87.1% and 93.6%, respectively) than with alternative medicine (84.2% and 75.1%, respectively). Crosstabulation analysis of pooled data both from asthma and from non-asthma groups showed that 76.4% were satisfied both with orthodox and with alternative medicine, and 16.4% were satisfied with orthodox, but not with alternative, medicine. In contrast, only 2.7% were dissatisfied with orthodox medicine and satisfied with alternative medicine ( $\chi^2 = 9.33$ ;  $P$  less than 0.01). These findings do not support the view that patients who use alternative medicine are those who are disgruntled with orthodox medicine.

[0255]

Pain and pain control in children

Curr Probl Pediatr 1985 May;15(5):1-67 (ISSN: 0045-9380)

Schechter NL

Focused research on pain and pain control in children has developed primarily in the last 10 years and even now is woefully inadequate in relation to the magnitude of the problem. The available research, inferences from the adult literature, and anecdotal information all indicate the elusive nature of pain. Pain is not solely a fixed neurophysiologic response to a noxious stimulus but a product of the interaction of many variables such as age, cognitive set, personality, ethnic background, and emotional state. These factors exert a tremendous influence on the suffering which surrounds the pain message. Technology exists at present to eliminate or substantially

reduce pain in almost all cases. There remains, however, a tendency, which is even more pronounced with respect to children, to underestimate or ignore pain. In an overall approach to pain in children, the following points should be considered: A high index of suspicion is necessary to determine if children are experiencing pain since they may have difficulty verbalizing their discomfort. In infants, physiologic variables should be considered (increased heart rate, palmar sweating, increased respiratory rate), and in preschoolers, time should be taken to ascertain that the child actually understands the word "pain" if it is used in questioning them. Some method of continuous monitoring, such as a visual analogue scan, should be considered as part of the treatment plan. Adequate analgesia should be provided. The appropriate dose should be administered at the appropriate pharmacokinetic time. Too little medication may cause obsessive attention to medication-related issues. Too much medication may cause sedation and lack of mental clarity, which is often anxiety-producing for both the parents and the child. The usefulness of p.r.n. medication has been seriously questioned and a time-contingent as opposed to pain-contingent strategy should be applied. Fears of addiction are generally unwarranted. Adjunctive medication may increase the value of offered narcotics and counteract some of their side effects. Although this monograph has focused more attention on pharmacologic than on nonpharmacologic approaches to pain, this is merely a reflection of available data and not necessarily of relative importance. The importance of distraction from pain by nursing, medical, or child life personnel using play techniques cannot be overestimated. Every attempt should be made to relax the child by using creative strategies. Preparation of the child for procedures is often helpful as some of the fear of the unknown is eliminated. (ABSTRACT TRUNCATED AT 400 WORDS).

[0256]

Psychiatric aspects of cigarette smoking  
Adv Psychosom Med 1985;14:48-63 (ISSN: 0065-3268)  
Levine DJ; Johnson RW

Smoking has been viewed in divergent ways throughout history. While for some cultures it has been considered a crime, for others it has been invested with magical powers and even medicinal potential. In our century, society has come to realize the health risks associated with smoking. This has led to controversies between government and the tobacco industry as well as between physician and patient. In spite of their knowledge of its deadly consequences, many individuals are unable to stop smoking. The tenacity of this habit can be explained in terms of the various psychological motivations for smoking in combination with the physiologic addiction to nicotine. While some people are able to stop the habit, many relapse in spite of a variety of quitting methods. These range from the doctor's advice to stop, education programs, group and individual psychotherapies, behavioral techniques, hypnosis, and the use of nicotine gum. With a growing understanding of what distinguishes categories of smokers and with a new appreciation for the role of nicotine in addiction to smoking, more effective antismoking strategies can be fashioned to meet the specific needs of the potential quitter.

[0257]

Elevated incidence of a sensed presence and sexual arousal during partial sensory deprivation and sensitivity to hypnosis: implications for hemisphericity and gender differences.  
Percept Mot Skills 1994 Dec;79(3 Pt 2):1527-31 (ISSN: 0031-5125)  
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As predicted by the vectorial cerebral hemisphericity hypothesis, 24 normal young women reported significantly more experiences of a "presence" than did 24 normal young men within a setting that emphasized hypnosis and partial sensory deprivation. The incidence of these experiences was positively correlated with scores on Spiegel's Hypnosis Induction Profile, while the attribution of the chamber experiences to ego-alien sources was correlated with the magnitude of (Vingiano's) right hemisphericity for the women only. Both sexes exhibited a significant association between the experience of a presence and sexual arousal.

[0258]

[Hypnosis: alert or non-alert]  
[Hipnoza: ruch czy bezruch]  
Psychiatr Pol 1994 Nov-Dec;28(6):729-37 (ISSN: 0033-2674)  
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The article includes a review of literature and own studies about hypnosis considered from the point of view of the subject's alertness or non-alertness, his activity or passivity in the hypnotic state. Activity is considered as a construct describing behavioral and experiential dynamics. This includes the general reactivity and the level of spontaneousness and initiative. The author's studies refer to the influence of hypnotic behavior on the dimension alert-non alert. The following factors were found to be important: subject's preconception of hypnosis, the kind of hypnotic procedure used, subject's hypnotic susceptibility, subject's personality traits, implicate demand characteristics of particular suggestions, specific explicit suggestions and subject's training.

[0259]

Hypnosis in sport: an Isomorphic Model  
Percept Mot Skills 1994 Oct;79(2):963-73 (ISSN: 0031-5125)  
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Hypnosis in sport can be applied according to an Isomorphic Model. Active-alert hypnosis is induced before or during practice whereas traditional hypnosis is induced after practice to establish connections between the two experiences. The fundamental goals are to (a) develop mental skills important to both motor and hypnotic performance, (b) supply a wide range of motor and hypnotic bodily experiences important to performance, and (c) induce alert hypnosis before or during performance. The model is based on the assumption that hypnosis and motor performance share common skills modifiable through training. Similarities between hypnosis and peak performance in the model are also considered. Some predictions are important from theoretical and practical points of view.

[0260]

Hypnosis and conversion of the breech to the vertex presentation  
Arch Fam Med 1994 Oct;3(10):881-7 (ISSN: 1063-3987)  
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OBJECTIVE: To evaluate the effectiveness of hypnosis to convert a breech presentation to a vertex presentation. DESIGN: Prospective

case series compared with historical, matched comparison group. SUBJECTS: One hundred pregnant women whose fetuses were in breech position at 37 to 40 weeks' gestation and a matched comparison group of women with similar obstetrical and sociodemographic parameters derived from databases for other studies from the same time period and geographical areas. INTERVENTION: The intervention group received hypnosis with suggestions for general relaxation with release of fear and anxiety. While in the hypnotic state women were asked for the reasons why their baby was in the breech presentation. As much hypnosis was provided as was convenient and possible for the women until they were delivered of the baby or the baby converted to the vertex position. MAIN OUTCOME VARIABLES: A successful conversion for the intervention group was scored when the baby spontaneously converted to the vertex position before delivery or successful external cephalic version. The conversion rate of the intervention group was compared with the comparison group who received standard obstetrical care without the opportunity for hypnosis. DATA ANALYSIS: Parametric testing of statistically significant differences in the rate of conversion between the two groups. RESULTS: Eighty-one percent of the fetuses in the intervention group converted to vertex presentation compared with 48% of those in the comparison group. This difference was statistically significant. CONCLUSIONS: Motivated subjects can be influenced by a skilled hypnotherapist in such a manner that their fetuses have a higher incidence of conversion from breech to vertex presentation. Psychophysiological factors may influence the breech presentation and may explain this increased frequency of conversion to vertex presentation.

[0261]

Clinical hypnosis as a nondeceptive placebo: empirically derived techniques  
Am J Clin Hypn 1994 Oct;37(2):95-106 (ISSN: 0002-9157)  
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Many psychological problems are maintained, in part, by dysfunctional response expectancies, and changing those expectations is an essential part of treatment. Hypnotic inductions alter response expectancies and have been shown empirically to substantially enhance the effects of psychotherapy. Therefore, hypnosis can be used therapeutically as a nondeceptive placebo. Expectancy plays a major role in hypnotic inductions and their effects. Clinical procedures suggested by these data are explored.

[0262]

Idiographic approaches to hypnosis research (or how therapeutic practice can inform science)  
Am J Clin Hypn 1994 Oct;37(2):85-94 (ISSN: 0002-9157)  
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We argue that both nomothetic and idiographic research strategies can advance scientific knowledge of therapeutic hypnosis. In particular, practitioners can make idiographic contributions to the scientific literature in a manner that will be received positively by a growing number of behavioral scientists. Broad methodological issues and concerns specific to hypnosis research are discussed.

[0263]

Recent advances in the application of hypnosis to pain management  
Am J Clin Hypn 1994 Oct;37(2):117-29 (ISSN: 0002-9157)  
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In this paper I examine the clinical use of hypnosis for pain management from a cognitive-behavioral perspective. This perspective emphasizes the multifaceted nature of hypnotic interventions and the importance of patients' attitudes, expectations, and beliefs in modulating the pain experience. Special attention is given to identifying ways of combining cognitive and contextual variables to maximize clinical outcomes. Since this approach does not pivot around the concept of a hypnotic trance state, we look elsewhere in our quest to understand the nature of pain modulation in the hypnotic context. Freedom from a theoretical commitment to the hypnotic trance state is seen as opening new avenues for the development of effective clinical interventions.

[0264]

Hypnotic hypermnesia: the empty set of hypermnesia  
Int J Clin Exp Hypn 1994 Oct;42(4):379-90 (ISSN: 0020-7144)  
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Although a long tradition exists suggesting that hypnosis can enhance memory (hypnotic hypermnesia), the experimental literature is quite mixed. When, however, laboratory studies are classified according to the type of stimulus and memory tests employed, a remarkable orderliness of outcomes emerges: Recall tests for high-sense stimuli (e.g., poetry, meaningful pictures) almost always produce hypermnesia, but not recognition tests for low-sense stimuli (e.g., nonsense syllables, word lists). An important methodological issue is whether the recall increments for high-sense stimuli constitute enhanced memory or enhanced reporting (laxer response criteria). Recent laboratory literatures show that, beyond response criterion effects, true memory enhancement (hypermnesia) exists. Experiments conducted over the past decade, however, demonstrate that it is repeated retrieval effort and not hypnosis that is responsible for hypermnesia: Repeated testing without hypnosis yields as much hypermnesia as with hypnosis.

[0265]

Pseudomemories without hypnosis  
Int J Clin Exp Hypn 1994 Oct;42(4):363-78 (ISSN: 0020-7144)  
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Hypnosis is often colloquially associated with "the power of suggestion"; however, some cognitive memory researchers believe that suggestions have power even without hypnosis. A well-known phenomenon in cognitive psychology is the "misinformation effect," in which subjects who are misled about previously witnessed events often integrate that inaccurate postevent information into their accounts of the event. In the present article, we review the misinformation literature in four major rounds according to the nature of the memory distortion. The first three rounds are studies of memory suggestibility for observed events; by contrast, the fourth (and newest) one deals with personal or autobiographical memory. Considered collectively, these four rounds of research provide compelling evidence that it is not hard at all to make people truly believe they have seen or experienced something they have not-without any hypnosis at all. Finally, we discuss the tragic implications for the unquestioned acceptance of all recovered memories.

[0266]

Hypnosis, delayed recall, and the principles of memory  
Int J Clin Exp Hypn 1994 Oct;42(4):337-45 (ISSN: 0020-7144)  
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This article reviews the seven principles of memory function that set limits on the degree to which any attempt to recover a long-forgotten memory can succeed: encoding, organization, time dependency, cue dependency, encoding specificity, schematic processing, and reconstruction. In the absence of independent corroboration, there is no "litmus test" that can reliably distinguish true from false memories, or memories that are based on perception from those that are based on imagination. Practicing clinicians should exercise great caution when using hypnosis or any other technique to facilitate delayed recall.

[0267]

A history of medical hypnosis  
Psychiatr Clin North Am 1994 Sep;17(3):601-9 (ISSN: 0193-953X)  
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From the origins of mysticism and theatrics, trivialized by stage performers, psychics, and charlatans, modern medical hypnosis has struggled to achieve and maintain a sense of professional integrity. Many of the principles of dynamic psychiatry are deeply rooted in the work of the early healers. Yet hypnosis as a clinical entity continues to fall in and out of favor over the years; again it is now being pushed beyond the limits of that which is reasonable and valid.

[0268]

Solution oriented hypnosis. An effective approach in medical practice  
Aust Fam Physician 1994 Sep;23(9):1744-6 (ISSN: 0300-8495)  
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Hypnosis provides a powerful tool to facilitate change in individuals, couples, and families troubled by anxiety, depression, and stress. It can also be used for pain relief and performance enhancement; and for changing habits such as smoking and eating. Solution oriented hypnosis accesses the patients' abilities and resources in overcoming their limitations that were causing their problems.

[0269]

Hypnosis in the prevention of chemotherapy-related nausea and vomiting in children: a prospective study  
J Dev Behav Pediatr 1994 Aug;15(4):258-64 (ISSN: 0196-206X)  
Jacknow DS; Tschann JM; Link MP; Boyce WT  
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To study the effectiveness of hypnosis for decreasing antiemetic medication usage and treatment of chemotherapy-related nausea and vomiting in children with cancer, we conducted a prospective, randomized, and controlled single-blind trial in 20 patients receiving chemotherapy for treatment of cancer. Patients were randomized to either hypnosis or standard treatment. The hypnosis group used hypnosis as primary treatment for nausea and vomiting, using antiemetic medication on a supplemental (p.r.n.) basis only, whereas the control group received a standardized antiemetic medication regimen. Nausea, vomiting, and p.r.n. antiemetic medication usage were measured during the first two courses of chemotherapy. Anticipatory nausea and vomiting were assessed at 1 to 2 and 4 to 6 months postdiagnosis. Patients in the hypnosis group used less p.r.n. antiemetic medication than control subjects during both the first ( $p < .04$ ) and second course of chemotherapy ( $p < .02$ ). The two groups did not differ in severity of nausea and vomiting. The hypnosis group experienced less anticipatory nausea than the control group at 1 to 2 months postdiagnosis ( $p < .02$ ). Results suggest self-hypnosis is effective for decreasing antiemetic medication usage and for reducing anticipatory nausea during chemotherapy.

[0270]

Immediate-type hypersensitivity reactions and hypnosis: problems in methodology  
J Psychosom Res 1994 Aug;38(6):569-80 (ISSN: 0022-3999)  
Laidlaw TM; Richardson DH; Booth RJ; Large RG  
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Hypnosis has been used to ameliorate skin test reactivity in studies dating back to the 1930s. This study using modern methodology and statistical analyses sets out to test the hypothesis that it was possible to decrease reactions to histamine by hypnotic suggestion. Five subjects, all asthmatic and untrained in hypnosis, were given three hypnotic sessions where they were asked to control their reactions to histamine administered by the Pepys technique to forearm skin. These sessions were to be compared with three non-hypnotic sessions. The flare sizes but not wheal sizes were found to be significantly reduced after the hypnosis sessions, compared to sessions without hypnosis. Skin temperature was correlated with the size of reactions. The day upon which the sessions took place contributed significant amounts of the remaining unexplained variance, giving rise to questions about what could cause these day to day changes.

[0271]

Hypnosis as an adjunct to the administration of local anesthetic in pediatric patients  
ASDC J Dent Child 1994 Jul-Aug;61(4):272-5 (ISSN: 0022-0353)  
Gokli MA; Wood AJ; Mourino AP; Farrington FH; Best AM  
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This study investigates the acceptance of local anesthetic injection, utilizing hypnosis in twenty-nine children, ages four to thirteen years. Each subject was evaluated twice, once utilizing hypnosis before injection, and once without. A double blind research design was used to avoid effects of expectancy. Subjects in the study were videotaped during the procedure. Their behavior was rated independently by two pediatric dentists, using the North Carolina Behavior Rating Scale (NBRS). Transcutaneous pulse oximetry data were also recorded for each subject. The resulting data were evaluated for statistically significant differences between the two methods and for interrater reliability. Results showed no statistically significant differences in oxygen saturation due to hypnosis condition, order of treatment, sex, race, or age. Statistically significant differences were found in pulse rate and behavior, attributable to hypnosis condition and age, but not to sex, race, or order of treatment. Pulse rate decreased with hypnosis, as did crying. The hypnosis condition seemed to be more

successful with younger children (four to six years old).

[0272]

The first use of self-hypnosis: Mesmer mesmerizes Mesmer

Am J Clin Hypn 1994 Jul;37(1):49-52 (ISSN: 0002-9157)

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Self-hypnosis is an important modern therapeutic method. This article traces its initial use in either 1778 or 1779 by Franz Anton Mesmer, the founder of animal magnetism, which, in turn, led to the present modality of hypnosis. According to a contemporary account written by a colleague, Mesmer successfully treated himself for a condition described as a blockage in the lower part of his body. He may have also taught the method of self-magnetization to others in his clinic.

[0273]

Brain dynamics and hypnosis: attentional and disattentional processes

Int J Clin Exp Hypn 1994 Jul;42(3):204-32 (ISSN: 0020-7144)

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This article reviews recent research findings, expanding an evolving neuropsychophysiological model of hypnosis (Crawford, 1989; Crawford & Gruzeliier, 1992), that support the view that highly hypnotizable persons (highs) possess stronger attentional filtering abilities than do low hypnotizable persons, and that these differences are reflected in underlying brain dynamics. Behavioral, cognitive, and neurophysiological evidence is reviewed that suggests that highs can both better focus and sustain their attention as well as better ignore irrelevant stimuli in the environment. It is proposed that hypnosis is a state of enhanced attention that activates an interplay between cortical and subcortical brain dynamics during hypnotic phenomena, such as both attentional and disattentional processes, among others, are important in the experiencing of hypnosis and hypnotic phenomena. Findings from studies of electrocortical activity, event-related potentials, and regional cerebral blood flow during waking and hypnosis are presented to suggest that these attentional differences are reflected in underlying neurophysiological differences in the far fronto-limbic attentional system.

[0274]

Clinical guidelines in using hypnosis in uncovering memories of sexual abuse: a master class commentary

Int J Clin Exp Hypn 1994 Jul;42(3):173-8 (ISSN: 0020-7144)

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These clinical guidelines are suggested to enhance the safe practice of the psychotherapy of increasing numbers of patients seeking help in uncovering memories of sexual abuse. However, it is ultimately the clinician's own judgment with each patient/client that determines the best path to follow. When therapeutic impasse occurs, consideration of these guidelines will, it is hoped, be beneficial to both therapist and patient.

[0275]

[A coherent EEG analysis in the trace processes of "animal hypnosis" in rabbits]

[Kogerentnyij analiz EEG pri sledovykh protsessakh "zhivotnogo gipnoza" u krollikov]

Zh Vyssh Nerv Deiat Im I P Pavlova 1994 May-Jun;44(3):541-7 (ISSN: 0044-4677)

Rusinova EV

Dynamics of structural changes of coherent relations between electrical activity of sensorimotor and premotor cortical areas of both cerebral hemispheres during and after "animal hypnosis" was studied by spectral-correlative analysis in rabbits. It was shown that "animal hypnosis" had very long-lasting trace processes, i.e., hypnotic structure of coherent relations of electrical activity in the cerebral cortex was maintained during several days. During and after a hypnotic episode interhemispheric asymmetry of electrical activity arose being more expressed in the delta-range in the left hemisphere. "Centers of animal hypnosis" were able to sum not only the effects of repeated hypnotic episodes but also excitation induced by sound stimuli immediately after hypnotic period and in the following days. Focus of stable activity with dominant properties was formed in CNS during "animal hypnosis".

[0276]

The use of hypnosis for smooth sedation induction and reduction of postoperative violent emergencies from anesthesia in pediatric dental patients

ASDC J Dent Child 1994 May-Jun;61(3):182-5 (ISSN: 0022-0353)

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Hypnosis combined with chemical sedation is uncommonly utilized by physicians, however, the combination of hypnosis and sedation can be an effective modality in the management of uncooperative pedodontic patients. In order to examine the efficacy of this combination technique, we selected 13 pedodontic patients for Ketamine sedation combined with hypnosis. The patients ranged from four to 11 years of age, and all had previous histories of violent emotional reactions before and after dental treatment. We found the combination technique to be extremely effective in successfully overcoming the stressful and frightening aspects of dental care for these pedodontic patients.

[0277]

Hypnosis as an aid for tinnitus patients

Ear Nose Throat J 1994 May;73(5):309-12, 315 (ISSN: 0145-5613)

Kaye JM; Marlowe FI; Ramchandani D; Berman S; Schindler B; Loscalzo G

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This study was undertaken to evaluate hypnosis versus stress management as therapeutic modalities in the treatment of tinnitus. Participants were recruited from the local tinnitus association and the Otolaryngology Division of the Department of Surgery. The instruments were the following standardized tests (NIMH Diagnostic Int. Schedule; SCL 90R, Beck Depression Inventory) in addition to a tinnitus questionnaire. Improvement was shown on 5 separate scales, some alleviated by both types of treatment and others singularly by hypnosis or stress management. The data reinforce the use of behavioral techniques and suggest that different techniques

may be more appropriate for specific symptoms.

[0278]

Is differential item difficulty specific to hypnosis?  
Am J Clin Hypn 1994 Apr;36(4):258-65 (ISSN: 0002-9157)  
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Previous hypnosis studies obtaining retrospective depth reports (e.g., Perry & Laurence, 1980) or retrospective realness reports (e.g., Page & Handley, 1992) have found a "parallel nonoverlapping" pattern between mean depth or realness and susceptibility scale items for high- through low-susceptible subjects. To determine if such a pattern, as well as differential item difficulty in general, is specific to hypnosis, 98 undergraduates were administered the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A) of Shor and Orne (1962) as a "test of visual and motor imagination," omitting the eye-closure induction (item #2). A pattern similar to other studies that employed hypnosis was produced. While supporting attribution theory (Bowers, 1973), results also indicate that differences in item difficulty are not specific to hypnosis, but instead are related more broadly to imagination.

[0279]

Autonomic changes during hypnosis: a heart rate variability power spectrum analysis as a marker of sympatho-vagal balance  
Int J Clin Exp Hypn 1994 Apr;42(2):140-52 (ISSN: 0020-7144)  
De Benedittis G; Cigada M; Bianchi A; Signorini MG; Cerutti S  
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Spectral analysis of beat-to-beat variability in electrocardiography is a simple, noninvasive method to analyze sympatho-vagal interaction. The electrocardiogram is analyzed by means of an automatic, autoregressive modeling algorithm that provides a quantitative estimate of R-R interval variability by the computation of power spectral density. Two major peaks are recognizable in this spectrum: a low-frequency peak (LF, -0.1 Hz), related to the overall autonomic activity (ortho+parasympathetic) and a high-frequency peak (HF, -0.25 Hz), representative of the vagal activity. The LF/HF ratio is an index of the sympatho-vagal interaction. This technique was applied, using a computer-assisted electrocardiograph, to 10 healthy volunteers (6 high and 4 low hypnotizable subjects as determined by the Stanford Hypnotic Susceptibility Scale, Form C) in randomized awake and neutral hypnosis conditions. Preliminary results indicated that hypnosis affects heart rate variability, shifting the balance of the sympatho-vagal interaction toward an enhanced parasympathetic activity, concomitant with a reduction of the sympathetic tone. A positive correlation between hypnotic susceptibility and autonomic responsiveness during hypnosis was also found, with high hypnotizable subjects showing a trend toward a greater increase of vagal efferent activity than did low hypnotizables.

[0280]

The use of hypnosis in the management of 'gagging' and intolerance to dentures  
Br Dent J 1994 Feb 5;176(3):97-102 (ISSN: 0007-0610)  
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Hypnosis is not a therapy, but can provide the clinician with a set of techniques which may be used to augment or facilitate a particular course of treatment. The importance of the patient's history and clinical findings in the diagnosis of intolerance to dentures and the selection of patients for hypnosis is discussed. Principles of treatment using relaxation, anxiety control, conditioning/desensitisation and confidence boosting techniques are described. Some examples of typical case histories are used to illustrate the application of a variety of techniques that have been found to be successful.

[0281]

Suggestibility and repressed memories of abuse: a survey of psychotherapists' beliefs  
Am J Clin Hypn 1994 Jan;36(3):163-71; discussion 172-87 (ISSN: 0002-9157)  
Yapko MD

The mental health field is deeply divided in its views regarding the possibility of creating false memories of sexual abuse through suggestive procedures. Psychotherapists in clinical practice were surveyed regarding their views on memory and hypnosis in order to assess how their perspectives might influence their clinical methods. Survey data regarding hypnosis and suggestibility indicate that while psychotherapists largely view hypnosis favorably, they often do so on the basis of misinformation. A significant number of psychotherapists erroneously believe, for example, that memories obtained through hypnosis are more likely to be accurate than those simply recalled, and that hypnosis can be used to recover accurate memories even from as far back as birth. Such misinformed views can lead to misapplications of hypnosis when attempting to actively recover memories of presumably repressed episodes of abuse, possibly resulting in the recovery of suggested rather than actual memories.

[0282]

The use of hypnosis in anesthesia: a master class commentary  
Int J Clin Exp Hypn 1994 Jan;42(1):8-12 (ISSN: 0020-7144)  
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There are unequivocal benefits derived from the use of positive suggestion and hypnotic techniques in all patients who must submit to surgical and obstetrical procedures with modern general or regional anesthesia. We must learn, and we must teach our colleagues, the advantages of consistent use of the semantics of positive suggestion. When we help patients focus on the desired comfort, safety, and satisfaction obtained with well-managed modern anesthesia and surgery, they will enjoy great benefit, especially when we use the auditory perception that often exists during general anesthesia. Rather than regarding hypnotic suggestion as a mere adjunct to anesthesia, it should be regarded as an integral part of surgical and obstetrical care.

[0283]

Psychotherapeutic application of group hypnosis  
Int J Psychosom 1994;41(1-4):93-4 (ISSN: 0884-8297)  
Raikov L; Gofman AM; Kulikovskiy M  
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This clinical observational study examined the effects of group hypnosis on psychosomatic disorders. A psychotherapist conducted hypnotic sessions with a single group of 306 people on four consecutive days. Our follow-up studies indicated that group hypnosis can have strong positive effects on many types of disorders. The depth of hypnosis was not related to the level of improvement. The results suggest that the human body has considerable potential for psychophysiological regulation.

[0284]

Hypnosis and self-hypnosis, administered and taught by nurses, for the reduction of chronic pain: a controlled clinical trial  
Schweiz Med Wochenschr Suppl 1994;62:77-81 (ISSN: 0250-5525)  
Buchser E; Burnand B; Sprunger AL; Clemence A; Lepage C; Martin Y; Chedel D; Guex P; Sloutskis D; Rumley R  
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Hypnosis is a technique whereby an individual can reach a particular state, quite unrelated to sleep, characterized by aroused, attentive and focused concentration. Although there are numerous clinical applications of hypnosis, there are virtually no controlled clinical trials to support its effectiveness. We propose a controlled randomized clinical trial comparing a "control" group of chronic pain patients treated by a programme including conventional oral medication combined with various nerve blocks and/or spinal administration of drugs, with a "treatment" group having a similar treatment programme plus hypnosis carried out by nurses. Outcome measurements include mainly the variation of pain intensity, the amount of analgesic drug consumption, spontaneous physical activity, and the change in health-related quality of life. The assessment of the outcome variable is done at the initial workup, weekly for the first 3 weeks, and at 6 and 12 weeks. A follow-up survey is conducted at 6 months.

[0285]

Hypnosis and the allergic response  
Schweiz Med Wochenschr Suppl 1994;62:67-76 (ISSN: 0250-5525)  
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In recent years our knowledge of the immune system and the pathogenesis of immune disorders has increased. There has been much research on the complex connections between the psyche, the central nervous system and the immune system and the effect of mood on disease processes. This paper reviews the evidence on the effects of hypnosis on the allergic skin test reaction, on allergies, particularly respiratory allergies and hayfever, and on bronchial hyperreactivity and asthma. Hypnosis, which is generally regarded as an altered state of consciousness associated with concentration, relaxation and imagination, and amongst other characteristics an enhanced responsiveness to suggestion, has long been thought to be effective in the amelioration of various bodily disorders. It has seemed that the state of hypnosis is capable of a bridging or mediating function in the supposed dualism between mind and body. There has been great variation in the experimental and clinical procedures such as type of hypnotic intervention employed, the training of subjects and the timing of the intervention. Also, variability in the type of allergen used and its mode of application is evident. But despite these limitations, many of the studies have shown a link between the use of hypnosis and a changed response to an allergic stimulus or to a lessened bronchial hyperreactivity. There is as yet no clear explanation for the effectiveness of hypnosis, but there is some evidence for an influence on the neurovascular component of the allergic response.

[0286]

[Clinical hypnosis therapy/self hypnosis for aspecific and episodic headache or migraine and other defined types of headaches in children and adolescents]  
[Klinische Hypnosetherapie/Selbsthypnose für unspezifische chronische und episodische Kopfschmerzen ohne Migräne und andere definierte Kopfweharten bei Kindern und Jugendlichen]  
Schweiz Med Wochenschr Suppl 1994;62:64-6 (ISSN: 0250-5525)  
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As far as we know, this is the first controlled prospective study of hypnotherapy and teaching of self-hypnosis for children and adolescents with tension headache. It is designed to evaluate a simple method of teaching children and adolescents with psychosomatic complaints how they can help themselves.

[0287]

Enhanced hypnotizability by cerebrally applied magnetic fields depends upon the order of hemispheric presentation: an anisotropic effect  
Int J Neurosci 1994 Dec;79(3-4):157-63 (ISSN: 0020-7454)  
Tiller SG; Persinger MA  
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A significant alteration in the hypnotizability of normal subjects after brief (15 min) exposures to weak (1 microT) pulsed magnetic fields over the temporal lobes was determined by the serial order of hemispheric stimulation. Only subjects who received the right hemispheric stimulation first displayed significantly elevated hypnosis induction profile scores (effect size equivalent to a correlation of 0.41). Implications for a technology that can: a) modify hypnotizability, b) encourage the consolidation of quasiexperiences that are reconstructed as autobiographical memory, and c) change the sense of self, are discussed.

[0288]

Performance by gender in a stop-smoking program combining hypnosis and aversion  
Psychol Rep 1994 Oct;75(2):851-7 (ISSN: 0033-2941)  
Johnson DL; Karkut RT  
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Increased rates of smoking initiation and smoking-related illness among women have narrowed the gender gap in smoking behavior. Past studies of performance by gender in prevention and treatment programs have reported reduced success with women and have suggested a need for stronger interventions having greater effects on both genders' smoking cessation. A field study of 93 male and 93 female CMHC outpatients examined the facilitation of smoking cessation by combining hypnosis and aversion treatments. After the 2-wk. program, 92% or 86 of the men and 90% or 84 of the women reported abstinence, and at 3-mo. follow-up, 86% or 80 of the men and 87% or 81 of the women reported continued abstinence. Although this field study in a clinical setting lacked rigorous measurement and experimental controls, the program suggested greater efficacy of smoking cessation by both sexes for combined hypnosis and aversion techniques.



[0289]

Hypnotizability enhancement: clinical implications of empirical findings  
Am J Clin Hypn 1994 Oct;37(2):107-16 (ISSN: 0002-9157)  
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While some conceptualize hypnotizability as a stable attribute of the individual, there is a growing body of literature that indicates hypnotizability may be characterized as a constellation of potentially modifiable attitudes and skills that are strongly influenced by contextual factors. In this article I briefly review representative studies from the hypnotizability-enhancement literature and highlight several controversial issues that have emerged. Although the empirical debate regarding hypnotizability and its enhancement will continue, this literature review has produced findings that are of value to hypnotherapists who wish to facilitate optimal hypnotic responding and positive outcomes with their patients. Several of these findings and their implications for the clinical application of hypnosis are discussed.

[0290]

Autogenic training and cognitive self-hypnosis for the treatment of recurrent headaches in three different subject groups  
Pain 1994 Sep;58(3):331-40 (ISSN: 0304-3959)  
ter Kuile MM; Spinhoven P; Linssen AC; Zitman FG; Van Dyck R; Rooijmans HG  
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The aims of this study were to (a) investigate the efficacy of autogenic training (AT) and cognitive self-hypnosis training (CSH) for the treatment of chronic headaches in comparison with a waiting-list control (WLC) condition, (b) investigate the influence of subject recruitment on treatment outcome and (c) explore whether the level of hypnotizability is related to therapy outcome. Three different subjects groups (group 1, patients (n = 58) who were referred by a neurological outpatient clinic; group 2, members (n = 48) of the community who responded to an advertisement in a newspaper; and group 3, students (n = 40) who responded to an advertisement in a university newspaper) were allocated at random to a therapy or WLC condition. During treatment, there was a significant reduction in the Headache Index scores of the subjects in contrast with the controls. At post-treatment and follow-up almost no significant differences were observed between the 2 treatment conditions or the 3 referral sources regarding the Headache Index, psychological distress (SCL-90) scores and medication use. Follow-up measurements indicated that therapeutic improvement was maintained. In both treatment conditions, the high-hypnotizable subjects achieved a greater reduction in headache pain at post-treatment and follow-up than did the low-hypnotizable subjects. It is concluded that a relatively simple and highly structured relaxation technique for the treatment of chronic headache subjects may be preferable to more complex cognitive hypnotherapeutic procedures, irrespective of the source of recruitment. The level of hypnotic susceptibility seems to be a subject characteristic which is associated with a more favourable outcome in subjects treated with AT or CSH.

[0291]

Hypnotic underestimation of time: the busy beaver hypothesis  
J Abnorm Psychol 1994 Aug;103(3):565-9 (ISSN: 0021-843X)  
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Two experiments tested the hypothesis that the hypnotic underestimation of time is mediated by attentional processing. In Experiment 1, variations in the demands placed on attentional resources produced substantial differences in the subjective estimates of identical length intervals occurring within a hypnotic context. In Experiment 2, attentional manipulation was assessed in both hypnotic and waking contexts. Time judgments were again found to vary with attentional demands but not with hypnotic context. The results are consistent with a busy beaver hypothesis, which holds that hypnotic, as well as nonhypnotic, time estimates are a by-product of the attentional processing demands of the task.

[0292]

Hypnotizability, dissociation, and bulimia nervosa  
J Abnorm Psychol 1994 Aug;103(3):455-9 (ISSN: 0021-843X)  
Covino NA; Jimerson DC; Wolfe BE; Franko DL; Frankel FH  
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This study examined the levels of hypnotizability and dissociation in an outpatient sample of 17 normal-weight bulimic women and 20 healthy controls. Bulimic patients were significantly more hypnotizable than controls (p < .003) and scored higher on a self-report scale of dissociative experiences (p < .02). The results of measures of hypnotizability and dissociation showed a significant positive correlation in the combined subject group. These results are consistent with previous reports on hospitalized patients and college students and suggest that psychological factors associated with hypnotizability might play a role in the etiology and treatment of bulimia nervosa.

[0293]

Effect of hypnotic suggestion on the delayed-type hypersensitivity response  
JAMA 1994 Jul 6;272(1):47-52 (ISSN: 0098-7484)  
Locke SE; Ransil BJ; Zachariae R; Molay F; Tollins K; Covino NA; Danforth D  
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OBJECTIVE--To determine whether individuals selected for good general health, high hypnotizability, and the ability to alter skin temperature under hypnotic suggestion can influence the delayed-type hypersensitivity (DTH) response to varicella-zoster (VZ) antigen under hypnotic suggestion. DESIGN--A blinded clinical trial using a repeated measures design with subjects serving as their own controls. Subjects were randomly assigned to undergo a predetermined sequence of four different experimental conditions, occurring at weekly intervals, with each condition including VZ skin testing: (1) hypnosis with suggestions to enhance the DTH response to VZ antigen; (2) hypnosis with suggestions to suppress the DTH response; (3) hypnosis with suggestions for relaxation only; and (4) skin testing without hypnosis. SETTING--A National Institutes of Health-supported clinical research center in a teaching hospital. SUBJECTS--A stratified sample of 24 ambulatory, healthy, highly hypnotizable, volunteer college students selected for their above-average ability to alter skin temperature after hypnotic suggestions and their positive baseline responses to VZ antigen. There were 11 males and 13 females with a mean +/- SD age of 22 +/- 6 years. The mean +/- SD hypnotizability score (Harvard Group Scale of Hypnotic Susceptibility) was 11 +/- 1. INTERVENTIONS--Intradermal skin testing with VZ antigen (Mantoux method) and hypnotic suggestion. MAIN OUTCOME MEASURES--Areas of induration of the DTH response measured at 24 and 48 hours after injection of

antigen. RESULTS--The area of the DTH response was not affected by the experimental interventions. The area of erythema was likewise unaffected. CONCLUSIONS--Our subjects were unable to alter their DTH responses using hypnotic suggestion.

[0294]

[Ambulatory short-term therapy of anxiety patients with autogenic training and hypnosis. Results of treatment and 3 months follow-up]  
[Ambulante Kurztherapie von Angstpatienten mit autogenem Training und Hypnose. Behandlungsergebnisse und 3-Monats-Katamnese]  
Psychother Psychosom Med Psychol 1994 Jul;44(7):226-34 (ISSN: 0937-2032)  
Stetter F; Walter G; Zimmermann A; Zahres S; Straube ER  
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The aim of the study was to examine the effects of a short-term outpatient treatment (6 sessions a 90 minutes) with autogenic training (Schultz 1932) or hypnosis (Erickson and Rossi 1979), concerning patients with anxiety- and panic disorders (according to DSM-III-R and ICD-10-criteria). 27 Outpatients were recruited by newspaper articles. Most of them had not been treated before. Both short-term treatments consisted of 6 weekly group sessions (4-6 patients). Psychological examinations were carried out before and after treatment and at a follow-up after 3 months. Trait anxiety (STAI-X2) and psychosomatic complaints (BfS/BL') decreased in both groups significantly after treatment. This therapeutic effect was stable during the following 3 months. The frequency of panic attacks decreased as well under treatment, and this effect was even more marked during the 3 month following treatment. The therapeutic success was influenced by the frequency of autosuggestive exercises carried out by the patients at home. This form of short-term treatment is not sufficient for all patients with anxiety disorders but the results of that study encourage to use short-term interventions with autogenic training and hypnosis as initial therapeutic approaches for such patients and to combine them with other therapeutic interventions.

[0295]

Early American mesmeric societies: a historical study  
Am J Clin Hypn 1994 Jul;37(1):41-8 (ISSN: 0002-9157)  
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Following an unsuccessful attempt by Mesmer to bring animal magnetism to the United States in 1784 through the Marquis de Lafayette, there was a period of little activity there for several decades. Then, concurrent with its revival in Europe and led by a few American practitioners who had been trained in France, several early societies of American magnetizers were founded beginning about 1815. These were initially organized in New York City and subsequently in New Orleans, Boston, Clinton, Cincinnati, Louisville, and Philadelphia. They played an important role in the development of hypnosis in America.

[0296]

Relationships of hypnotic susceptibility to paranormal beliefs and claimed experiences: implications for hypnotic absorption  
Am J Clin Hypn 1994 Jul;37(1):34-40 (ISSN: 0002-9157)  
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This study examined the relationships of hypnotic susceptibility level to belief in and claimed experience with paranormal phenomena. The Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A) and the Inventory of Paranormal Beliefs and Experiences were administered on consecutive days to 43 undergraduate students (14 men, 29 women) at a midwestern university. A significant multiple correlation was obtained ( $r = .55, p < .001$ ). A partial correlation between hypnotic susceptibility and belief in paranormal phenomena was also significant ( $r = .53, p < .001$ ), while hypnotic susceptibility was not found to be significantly related to claimed paranormal experiences. Implications of these relationships for the role of absorption in hypnosis are discussed.

[0297]

Psychological preparation for labor and delivery using hypnosis  
Am J Clin Hypn 1994 Jul;37(1):12-21 (ISSN: 0002-9157)  
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Hypnotic preparation for labor and delivery is enjoying renewed interest. This interest lies in the mother's psychological comfort and sense of involvement in the birth process. In this paper I present a model of psychological preparation, illustrated with case examples, that appears to be superior to Lamaze. This model offers the mother a sense of involvement in the process, control, awareness, and a level of anxiety relief and pain management superior to that provided by Lamaze. This method requires no more time than does Lamaze and uses the following elements: (1) a unique opportunity for the mother to participate in tailoring the protocol to address her needs along with the husband or "coach" participating in the training; (2) utilization of a "parts model" for the hypnotic induction, deepening, and imagery; (3) incorporation of "hypnotic rehearsal", dissociation, time distortion, and cognitive reframing; and (4) continued application of the hypnotic procedure after delivery and into the recovery period. Following the delivery, for which they had been specifically prepared, subjects reported they were also able to use their hypnosis skills in other situations, medical or dental, as needed.

[0298]

Hypnotherapeutic techniques in the treatment of hyperemesis gravidarum  
Am J Clin Hypn 1994 Jul;37(1):1-11 (ISSN: 0002-9157)  
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Hyperemesis gravidarum is not an uncommon condition in the first trimester of pregnancy. In some of these patients, the condition is so severe that it causes the development of dehydration and electrolyte imbalances. When that happens, the patient usually requires hospital treatment, which includes intravenous fluids and antiemetic medications. Obstetricians are very careful before prescribing any medications in the first trimester of pregnancy, making it necessary to consider methods of treatment that minimize the risk of medication side effects to both mother and baby. One such method is the use of hypnotherapy. In this paper, I describe five cases where hypnotherapy was successfully used with a variety of techniques to resolve the problem of hyperemesis. This is followed by a discussion regarding the most efficacious techniques and the type of patient that best responds to hypnotherapeutic interventions.

[0299]

Hypnosis and the dream hidden observer: primary process and demand characteristics  
J Abnorm Psychol 1994 May;103(2):316-27 (ISSN: 0021-843X)

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In Study 1, virtuoso (n = 13; passed more than 10 suggestions on the Harvard Group Scale of Hypnotic Susceptibility, Form A [HGSHS:A] and Stanford Hypnotic Susceptibility Scale, Form C), high hypnotizable (n = 14; passed more than 8 suggestions on the HGSHS:A), and medium hypnotizable (n = 17; passed 4-8 suggestions on the HGSHS:A) Ss were administered a hypnotic dream suggestion followed by a "dream hidden observer" suggestion (i.e., access hidden part; have new thoughts and images pertinent to dream). The majority of Ss reported dreams (81.8%) and hidden observers (80%), with hidden reports being characterized by more personal content, less primary processes, and poorer recall than dream reports. Study 2 replicated major findings. Although hypnotized (n = 18) and low hypnotizable simulating Ss (n = 17) responded comparably on most measures, hypnotizable Ss' dreams contained more primary process than did simulating Ss, providing support for M. R. Nash's (1991) psychoanalytic model.

[0300]

Is the hypnotized subject lying?

J Abnorm Psychol 1994 May;103(2):184-91 (ISSN: 0021-843X)

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Do the verbal reports of deeply hypnotized Ss truthfully reflect their subjective experiences of hypnotic suggestions? Experiment 1 established that the electrodermal skin conductance response (SCR) provides an effective method for detecting deception in the laboratory equally well in hypnotized and nonhypnotized Ss. In Experiment 2, deeply hypnotized and simulating Ss were administered a number of hypnotic suggestions in a typical hypnotic session, without mention of deception, and were questioned about their experiences while SCR measures were recorded concurrently. Results indicate that 89% of the hypnotized Ss' reports met the criterion for truthfulness, whereas only 35% of the simulators' reports met this criterion. Implications for the theory of hypnosis are discussed.

[0301]

Elicitation of "childhood memories" in hypnosis-like settings is associated with complex partial epileptic-like signs for women but not for men: implications for the false memory syndrome

Percept Mot Skills 1994 Apr;78(2):643-51 (ISSN: 0031-5125)

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20 male and 20 female undergraduate students were exposed singly for 20 min. to an exotic setting (partial sensory deprivation and weak, bilateral transtemporal pulsed magnetic fields) that enhances relaxation and exotic experiences. The numerical incidence of subjective experiences described as old memories, dreams, emotions, or vestibular sensations did not differ significantly between the sexes; however, women who reported a greater prevalence of preexperimental complex partial epileptic-like signs were more likely to report experiences of "old memories" (r = 0.61) while men who exhibited these signs were more likely to report dream-like (r = 0.49) experiences. Because complex partial epileptic-like signs are positively associated with suggestibility, the potential contribution of this differential gender effect to the etiology of the False Memory Syndrome requires further investigation.

[0302]

The effects of self-hypnosis for children with cystic fibrosis: a pilot study

Am J Clin Hypn 1994 Apr;36(4):282-92 (ISSN: 0002-9157)

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This pilot study assessed the effects of self-hypnosis on psychological and physiological functioning of children ages 7 to 18 with Cystic Fibrosis (N = 12). The study used a pre- and posttest design, repeated measures, and control group. Control and experimental groups were matched for age and clinical severity. The experimental group demonstrated significant changes in locus of control, health locus of control, and self-concept. State anxiety scores did not differ significantly, but changes in trait anxiety distinguished the experimental group from the control group. The experimental group also demonstrated significant increase in peak expiratory flow rates using an air flow meter immediately after self-hypnosis when compared to the control group. Generalizability of the results is discussed in terms of the small sample size. Recommendations are offered for future studies with larger samples and variations in procedure.

[0303]

Understanding change: five-year follow-up of brief hypnotic treatment of chronic bruxism

Am J Clin Hypn 1994 Apr;36(4):276-81 (ISSN: 0002-9157)

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In this paper I describe the treatment of a 63-year-old woman with a 60-year history of nocturnal bruxism. Treatment included assessment, two psychotherapy sessions, including a paradoxical behavior prescription to reduce daytime worrying, hypnotic suggestions for control of nocturnal grinding, and reinforcement of the patient's expectations for success. This case demonstrates how enduring change may occur rapidly in spite of the chronicity of a patient's complaint. Follow-up assessments at 2, 3, and 5 years revealed that she continued to be symptom-free with her self-reports corroborated by her spouse and family dentist. I discuss implications for understanding the role of hypnosis in therapeutic change.

[0304]

The (limited) possibilities of hypnotherapy in the treatment of obesity

Am J Clin Hypn 1994 Apr;36(4):248-57 (ISSN: 0002-9157)

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In this paper we review the possibilities and limitations of hypnotherapeutic techniques in the treatment of obesity. In spite of some promising reports, the findings and opinions about the effectiveness of hypnosis in the treatment of obesity vary greatly. We provide a brief overview of specific hypnotherapeutic techniques--such as teaching relaxation, increasing self-control, encouraging physical exercise, altering self-esteem and body image, strengthening motivation, and exploring ambivalence for change--that can be involved in a multidimensional approach to obesity. Case reports illustrate the use of these techniques.

[0305]

Interacting within metaphors  
Am J Clin Hypn 1994 Apr;36(4):241-7 (ISSN: 0002-9157)  
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Creating metaphorical settings in which a patient may therapeutically interact while hypnotized would appear to have many of the advantages of more traditional uses of metaphors and to possess advantages of its own. Although this type of guided imagery may be widely used in practice, it is underrepresented in the literature compared to other uses of metaphor. I describe the use of a castle setting as one example of this type of metaphorical setting that may be useful in working with trauma patients. I also describe some features useful for this interventions, using three case examples.

[0306]

"Cyberphysiologic" strategies for children: the clinical hypnosis/biofeedback interface  
Int J Clin Exp Hypn 1994 Apr;42(2):97-117 (ISSN: 0020-7144)  
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This article presents an in-depth discussion of the integrated use of self-hypnosis and biofeedback in the treatment of pediatric biobehavioral disorders. The rationale for integrating these techniques and their similarities and differences are discussed. The concepts of children's imaginative abilities, mastery, and self-regulation are examined as they pertain to these therapeutic strategies. Three case studies are presented that illustrate the integrated use of self-hypnosis and biofeedback in the treatment of children with psychophysiological disorders. The authors speculate on the specific aspects of these self-regulation or "cyberphysiologic" techniques that appear particularly relevant to positive therapeutic outcomes.

[0307]

Parallel application of the experiential analysis technique with subject and hypnotist: a new possibility for measuring interactional synchrony  
Int J Clin Exp Hypn 1994 Apr;42(2):130-9 (ISSN: 0020-7144)  
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The Parallel Experiential Analysis Technique (PEAT), a new method for gathering data on the subjective experiences of both the hypnotist and the subject, is described. The PEAT is an interactional modification of the Experiential Analysis Technique (EAT). Procedural details and methodological observations resulting from the modification of the EAT are discussed. Suggestions on how to characterize the phenomenology of the hypnotic interaction and to determine the degree of interactional synchrony on the subjective level between the hypnotist and subject are made.

[0308]

Hypnotic relaxation: a new sedative tool for colonoscopy?  
J Clin Gastroenterol 1994 Mar;18(2):127-9 (ISSN: 0192-0790)  
Cadranel JF; Benhamou Y; Zylberberg P; Novello P; Luciani F; Valla D; Opolon P  
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Sedation is often justified in patients requiring colonoscopy. We investigated the potential usefulness of hypnotic relaxation in 13 women and 11 men (median age, 43 years; range, 22-67) for whom other forms of anesthesia were not available. Hypnotic relaxation resulted in moderate or deep sedation in 12 patients (nine women;  $p < 0.05$ ). In the patients in whom hypnosis was successful, pain was less intense than in patients in whom hypnosis was unsuccessful ( $p < 0.001$ ). In addition, all colonoscopies were completed in the successful group, versus 50% in the unsuccessful group ( $p < 0.05$ ). The patients in the successful group all agreed to another examination under the same conditions, whereas only 2% in the unsuccessful group agreed ( $p < 0.001$ ). Our study suggests that, in a subgroup of hypnotizable patients, hypnotic relaxation may be a safe alternative to drug sedation and merits further study.

[0309]

[Enuresis as an individual symptom and systemic manifestation--considerations on using hypnotherapy in family dynamic interventions]  
[Bettnassen als individuelles Symptom und systemisches Ereignis--Überlegungen zur Verwendung hypnotherapeutischer Methoden unter familiendynamischen Aspekten]  
Prax Kinderpsychol Kinderpsychiatr 1994 Feb;43(2):54-60 (ISSN: 0032-7034)  
Martens M

Hypotherapeutic and family therapeutic technic of systemic therapy in treating enuresis nocturia and diuria will be discussed under diagnostic and therapeutic aspects. The integration and exclusion of family members in treatment is seen as a central issue. Questions of indication and contraindication are viewed from a family-dynamic perspective.

[0310]

Truth in memory: ramifications for psychotherapy and hypnotherapy  
Am J Clin Hypn 1994 Jan;36(3):194-208 (ISSN: 0002-9157)  
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In this article we address a number of issues relevant to the practice of psychotherapy and hypnotherapy: How reliable is memory? How are therapists' and clients' beliefs and expectancies related to pseudomemory formation? Are certain clients particularly vulnerable to pseudomemory creation? Does hypnosis pose special hazards for pseudomemory reports? What are the variables or factors that mediate hypnotic pseudomemories? In addition to reviewing the literature on these topics, we intend to sensitize the clinician to the potential pitfalls of critical reliance on the patient's memories, as well as uncritically accepted clinical beliefs and practices.

[0311]

Laser-induced pain-related brain potentials and sensory pain ratings in high and low hypnotizable subjects during hypnotic suggestions of relaxation, dissociated imagery, focused analgesia, and placebo  
Int J Clin Exp Hypn 1994 Jan;42(1):56-80 (ISSN: 0020-7144)

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Pain reports and amplitudes of painful argon laser-induced brain potentials were obtained for 10 high and 10 low hypnotizable volunteers following placebo and a randomized sequence of four hypnotically induced conditions of (a) neutral hypnosis, (b) deep relaxation, (c) pleasant dissociated "out of body" imagery, and (d) focused analgesia of the hand. Both high and low hypnotizable subjects exhibited significant reductions of reported pain during conditions of neutral hypnosis, relaxation, dissociated imagery, and focused analgesia. High hypnotizable subjects displayed significantly greater reductions than low hypnotizables in all conditions except placebo. Both high and low hypnotizables exhibited significant reductions of reported pain in all five conditions as well as in the posthypnotic condition, when amplitudes of evoked potentials were compared to the prehypnotic baseline. Only the high hypnotizable group showed significant reductions in amplitudes when the data were recalculated to reflect relative changes compared to the average amplitude of the pre- and postconditions to compensate for a possible habituation effect indicated by the significantly lowered amplitudes in the posthypnotic condition. The results are discussed in light of a number of hypotheses concerning mechanisms of hypnotic analgesia.

[0312]

Nonverbal signs of deception during posthypnotic amnesia: a brief communication  
Int J Clin Exp Hypn 1994 Jan;42(1):13-9 (ISSN: 0020-7144)  
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The question of hypnotic subjects complying with instructions, perhaps even purposely deceiving the hypnotist or deceiving themselves, has arisen from the state-nonstate (skeptical-credulous) theoretical controversy. However, experimental testing of competing hypotheses has been difficult. The current report offers methodological procedures that may prove useful. Subjects who were given posthypnotic amnesia instructions were tested on free recall and implicit recall of a 20-word list. To detect the possibility of deception, videotapes of real subjects and simulating subjects during and after posthypnotic amnesia were rated for nonverbal signs of deception, signs taken from the works of Ekman, Ekman and Friesen, and Zuckerman et al. Preliminary results were gathered on a small pilot sample, and recommendations for procedural improvements are proposed.

[0313]

A psychoanalyst looks at a hypnotist: a study of folie a deux  
Psychoanal Q 1994 Oct;63(4):641-79 (ISSN: 0033-2828)  
Mason AA

This paper traces my personal development from anesthetist to hypnotist, psychotherapist, and, finally, psychoanalyst. The change was precipitated by the successful treatment of a patient with congenital organic skin disease by hypnosis. Alongside my change of profession, I attempt to illustrate my change of ideas and the change of my relationship to patients which accompanies these other changes. I feel that my personal experience throws some light on the nature of suggestion and hypnosis and how they differ from each other and from psychoanalysis. I believe that observations support the idea that hypnosis is a folie a deux caused by mutual projective identification between two people and that in a less dramatic form this condition commonly occurs in normal development as well as in pathological psychological states. Several cases illustrate these ideas.

[0314]

Nonpharmacologic management of patient distress during mechanical ventilation  
Crit Care Clin 1994 Oct;10(4):695-708 (ISSN: 0749-0704)  
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Patients on mechanical ventilators experience distress related to the endotracheal tube, the critical care environment, and the critical illness. The strategies suggested here to limit distress--therapeutic relationship building and communication, cognitive-behavioral therapies, and contracted family visiting--all can be implemented by critical care providers. A growing research base documents the success of these interventions in intubated patients.

[0315]

The hidden observer, hypnotic dreams, and age regression: clinical implications  
Am J Clin Hypn 1994 Oct;37(2):130-42 (ISSN: 0002-9157)  
Lynn SJ; Mare C; Kvaal S; Segal D; Sivec H  
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This article summarizes data from three studies (Mare, Lynn, Kvaal, Segal, & Sivec, in press; Lynn, Mare, Kvaal, Segal, & Sivec, 1993) designed to extend research on the "hidden observer" to two phenomena of clinical relevance: hypnotic dreams and suggested age regression. Subjects received suggestions for a hypnotic dream or age regression and then received suggestions for a "hidden observer" (i.e., the subject possesses a part of the self that is aware of images and ideas that the conscious mind is unaware of) with respect to the dream or age-regression experience. Hidden reports contained more personally relevant information than the target suggestions (i.e., dream, age regression). Subjects were also less likely to recall hidden reports. The high rate of hidden-observer responding (> 80%) was also evident in nonhypnotized simulating and relaxed subjects, although they did not exhibit as much primary process thinking in their dream reports as hypnotized subjects. Case studies of a trauma client and a forensic client are used to illustrate the clinical potential of hidden-observer suggestions.

[0316]

Memory distortion and sexual trauma: the problem of false negatives and false positives  
Int J Clin Exp Hypn 1994 Oct;42(4):346-62 (ISSN: 0020-7144)  
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Logically, two broad types of mnemonic errors are possible when adult psychotherapy or hypnosis patients reflect on whether they were sexually abused or not as a child. They may believe that they were not abused when in fact they were (false negative error), or they may believe they were abused when in fact they were not (false positive error). The author briefly reviews the empirical evidence for the occurrence of each of these types of errors, and illustrates each with a clinical case. Further, in considering the incidence, importance,

and clinical implications of these errors, the author contends that clinical efficacy in no way assures that a false negative or a false positive has been avoided. A plea is made for theorists and researchers to acknowledge that both categories of errors can occur and to conduct future clinical and laboratory research accordingly.

[0317]

Seizure suggestibility may not be an exclusive differential indicator between psychogenic and partial complex seizures: the presence of a third factor

Seizure 1994 Sep;3(3):215-9 (ISSN: 1059-1311)

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Differential diagnosis between psychogenic or ('hysterical') pseudoseizures and clinical partial complex seizures has often employed an index or inference of suggestibility. However, recent research indicates a moderate association between complex partial epileptic-like signs and hypnotic capacity in the normal population as well as for complex partial epileptic patients. Consequently, the precipitation of overt, non-stereotyped seizures by instruction may not be a reliable diagnostic method when an insidious process is slowly elevating temporal/limbic lobe lability. Implications for treatment and contra-indication of antipsychotic (D2 antagonist) drugs are discussed.

[0318]

[Charcot and hysteria]

[Charcot et l'hysterie]

Rev Neurol (Paris) 1994 Aug-Sep;150(8-9):490-7 (ISSN: 0035-3787)

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Charcot's work on hysteria has always been controversial. All his attitudes, whether on the theory of the ovary, the hysteroepileptic seizure or the use of hypnosis, have always been caricatured, misunderstood and separated from the wider context of his overall approach. Rereading Charcot's works shows that he developed his approach progressively over a period of more than 20 years before coming to his psychological model of hysteria. This model explains the formation of the symptom and the hysterical conversion via a mechanism of being ignorant of the motor representation. This concept has never been disproven and remains the only theory explaining the formation of the hysteria symptom. Based on Charcot's fundamental contribution, Freud and Janet further developed their work on the psychopathology of hysteria.

[0319]

Effects of hypnotic suggestions on ultraviolet B radiation-induced erythema and skin blood flow

Photodermatol Photoimmunol Photomed 1994 Aug;10(4):154-60 (ISSN: 0905-4383)

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Results from both animal and human studies have indicated that inflammatory skin reactions such as the flare response to histamine prick test involve a neurogenic regulatory component. It is still unknown to which degree inflammation induced by ultraviolet (UV) radiation may be mediated by the central nervous system. To investigate this, the effect of hypnotic suggestions to increase and decrease the response to UVB radiation on erythema and cutaneous blood flow was investigated in 10 highly hypnotizable subjects. The results showed a significant effect of hypnotic suggestions on cutaneous blood flow compared with the responses of a control group. For erythema no conclusive evidence was found. The results indicate the possibility of separate regulatory mechanisms behind central nervous system influence on UVB-induced erythema and skin blood flow respectively, and further investigations are needed.

[0320]

Psychophysiological and clinical implications of the coincidence of high hypnotic ability and high neuroticism during threat perception in somatization disorders

Am J Clin Hypn 1994 Jul;37(1):22-33 (ISSN: 0002-9157)

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The electrodermal response to cognitive threat of un hypnotized female patients with somatic symptoms and high on both hypnotic ability and neuroticism (H-H) was found to be significantly higher ( $p < .01$ ) than that of a matched group of female patients moderate on hypnotic ability and low on neuroticism (M-L). On verbal report the H-H and the M-L groups did not differ, but they were significantly different on a measure of self-deception (L scale) or repression. The above findings are consistent with predictions from the High Risk Model of Threat Perception (HRMTP), which states that people in the H-H group are both chronically and acutely more reactive to threat than the people in the M-L group. This finding may have important theoretical, clinical, and financial implications for the diagnosis, therapy, and prevention of somatization disorders seen in primary medical care.

[0321]

Multiple identity enactments and multiple personality disorder: a sociocognitive perspective

Psychol Bull 1994 Jul;116(1):143-65 (ISSN: 0033-2909)

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People who enact multiple identities behave as if they possess 2 or more selves, each with its own characteristic moods, memories, and behavioral repertoire. Under different names, this phenomenon occurs in many cultures; in North American culture, it is frequently labeled multiple personality disorder (MPD). This article reviews experimental, cross-cultural, historical, and clinical findings concerning multiplicity and examines the implications of these findings for an understanding of MPD. Multiplicity is viewed from a sociocognitive perspective, and it is concluded that MPD, like other forms of multiplicity, is socially constructed. It is context bounded, goal-directed, social behavior geared to the expectations of significant others, and its characteristics have changed over time to meet changing expectations.

[0322]

Retrieval inhibition in directed forgetting and posthypnotic amnesia

Int J Clin Exp Hypn 1994 Jul;42(3):184-203 (ISSN: 0020-7144)

Basden BH; Basden DR; Coe WC; Decker S; Crutcher K

In Experiment 1, subjects received either by word or by list directed forgetting or posthypnotic amnesia instructions. Recall and recognition performance of subjects who received directed forgetting instructions was consistent with previous findings reported by Basden, Basden, and Gargano (1993), with subjects who received by word instructions showing both recall and recognition deficits for to-be-forgotten items. By contrast, subjects who were given by list instructions showed recall but no recognition deficits, which suggests that although differential encoding underlies word method directed forgetting, retrieval inhibition underlies list method directed forgetting. Subjects who received posthypnotic amnesia instructions (irrespective of method of delivery used) showed recall deficits but no recognition deficits, which suggests that retrieval inhibition underlies posthypnotic amnesia. In Experiment 2, recognition scores were lower with public (oral) tests than with private (written) tests, and recovery was equivalent for to-be-forgotten and to-be-remembered items. The results are interpreted as inconsistent with the differential tagging mechanisms proposed by Huesmann, Gruder, and Dorst (1987).

[0323]

Apnea in postsurgical hypnotherapy of an esophageal cancer patient: a brief communication  
Int J Clin Exp Hypn 1994 Jul;42(3):179-83 (ISSN: 0020-7144)  
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Use of clinical hypnosis in the postsurgical psychotherapy of an esophageal cancer patient who could not swallow involved reenactment of the successful surgery and producing hallucinations of taste and smell, as well as working through emotions relations to the surgery and her disease. An apnea that occurred in a late phase of the treatment was addressed with the familiar arm pumping technique that had been used as a deepening technique, resulting in the patient's resuming normal breathing. The experience reminds the practitioner of the possible unexpected professional demands when working in a medical environment. It also provides clues as to the underlying psychological mechanisms and their role in successful symptom removal. A 6-year follow-up confirmed the lasting effect of this brief psychotherapy.

[0324]

A controlled investigation of right hemispheric processing enhancement after restricted environmental stimulation (REST) with floatation  
Psychol Med 1994 May;24(2):457-62 (ISSN: 0033-2917)  
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Two groups of 16 subjects, 8 of each gender, were examined on two occasions, one group before and after restricted environmental stimulation with floatation, and the other group without floatation was the control group. They were examined with a tactile object discrimination task carried out with each hand separately while blindfolded, and with a recognition memory test for words and unfamiliar faces, a test validated on neurological patients with left and right hemispheric lesions respectively. Consistent with both tasks the floatation group showed a significantly greater enhancement of right hemispheric processing after floatation than was found when retesting the controls. The results were distinguished from previous research on hypnosis where the same relative state of hemispheric imbalance was achieved with the same tasks, but largely through inhibitory influences on the left hemisphere.

[0325]

Pseudomemory in hypnotized and simulating subjects  
Int J Clin Exp Hypn 1994 Apr;42(2):118-29 (ISSN: 0020-7144)  
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High hypnotizable (n = 23) and low hypnotizable simulating (n = 13) subjects received pseudomemory suggestions. High hypnotizable and low hypnotizable simulating subjects were equally likely to pass the target noise suggestion during hypnosis and were also equally likely (high hypnotizables, 47.83%; low hypnotizable simulators, 64.29%) to report pseudomemories when tested for pseudomemory after instructions to awaken. As in previous research with task-motivated subjects, pseudomemory rate (high hypnotizables, 47.48%; low hypnotizable simulators, 46.15%) was not reduced by informing subjects that they could distinguish fantasy and reality in a nonhypnotic state of deep concentration. At final inquiry, after deep concentration, high hypnotizable and low hypnotizable simulating subjects' pseudomemories remained comparable (43.48% and 38.46%, respectively). Unlike previous research, high hypnotizable subjects did not report more unsuggested noises and more pseudomemories of novel sounds than did awake low hypnotizable simulating subjects. Pseudomemory reports were generally consistent with subjects' ratings of whether the hypnotist expected them to believe the sounds were real or imagined.

[0326]

Dissociative tendencies and dissociative disorders  
J Abnorm Psychol 1994 Feb;103(1):117-24 (ISSN: 0021-843X)  
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Although dissociative disorders are relatively rare, dissociative experiences are rather common in everyday life. Dissociative tendencies appear to be modestly related to other dimensions of personality, such as hypnotizability, absorption, fantasy proneness, and some facets of openness to experience. These dispositional variables may constitute diathesis, or risk factors, for dissociative psychopathology, but more complex models relating personality to psychopathology may be more appropriate. The dissociative disorders raise fundamental questions about the nature of self and identity and the role of consciousness and autobiographical memory in the continuity of personality.

[0327]

Cognitive-behavioral interventions for children's distress during bone marrow aspirations and lumbar punctures: a critical review  
J Pain Symptom Manage 1994 Feb;9(2):96-108 (ISSN: 0885-3924)  
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Children with cancer often have difficulty coping with the invasive medical procedures that are part of diagnosis and treatment. Bone marrow aspirations and lumbar punctures are painful and cause some children severe anxiety and distress. The increased risk and

expense of general anesthesia and the relative ineffectiveness of sedatives and anxiolytics has prompted clinicians to examine nonpharmacologic methods for controlling pain and distress. This report critically examines intervention studies that focus on cognitive-behavioral strategies such as distraction, imagery, or hypnosis for reducing procedural distress in children with cancer.

[0328]

Psychological preparation for pediatric oncology patients undergoing painful procedures: a methodological critique of the research  
Child Health Care 1994 Winter;23(1):51-67 (ISSN: 0273-9615)  
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Hypnosis and cognitive-behavioral packages are effective in preparing pediatric oncology patients for bone marrow aspiration and lumbar puncture. However, the relative efficacy of different preparations has not been determined, and potent components of preparation packages have yet to be identified. Further, factors hypothesized to moderate effectiveness of preparation (e.g., cognitive development) have not been investigated. Finally, due to a failure to employ process measures, the extent to which hypothesized mediators of behavior change (e.g., self-efficacy) are modified by preparation is unclear. Following an overview of empirical investigations, we make recommendations for addressing these limitations in future research.

[0329]

Archetypal healing  
Am J Hosp Palliat Care 1994 Jan-Feb;11(1):26-33 (ISSN: 1049-9091)  
Jones D; Churchill JE

With emphasis on healing versus curing, the authors draw from a wide assortment of treatment methods for psychospiritual relief of pain in the terminally ill. These archetypal methods include: life-review therapy; ministry of presence; clinical hypnosis; myths, symbols, rituals, and community; creative therapies. In life-review therapy, the ill person shares his/her life story with the provider much like the healing rituals of the ancient storyteller did in his community. In the ministry of presence, the caregiver focuses on sharing his vulnerability, not his professional skills. Clinical hypnosis emphasizes the naturalness and simplicity of accessing the unconscious along with problem areas of the hypnotherapist. Myths, symbols, rituals, and community serve as nurturing agents in the intervention of pain, while creative therapies such as music, drama, crafts, and art continue to be powerful healing instruments. Archetypal healing produces relief of pain in the caregiver, as well as the ill, with emphasis on healing versus curing.

[0330]

Event-related potentials during hypnotic hallucination  
Int J Clin Exp Hypn 1994 Jan;42(1):39-55 (ISSN: 0020-7144)  
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Event-related potentials were elicited by visual stimulation and recorded at frontal, central, and posterior scalp sites so as to study the psychophysiological process associated with hypnotic hallucination. Subjects were screened using two measures of hypnotic susceptibility (Harvard Group Scale of Hypnotic Susceptibility, Form A and the Stanford Hypnotic Susceptibility Scale, Form C). Seven high and 9 low hypnotizable right-handed females participated in the experiment. Eight intermediate hypnotizable right-handed females served as controls. Peak amplitudes and latencies of P1, N1, P2, N2, and P3 components were compared in two hypnotic conditions (obtained by means of hypnotic suggestions): stimulus enhancement and stimulus elimination. High hypnotizable subjects displayed a significant attenuation of the P1 and N1 amplitudes of the evoked response while experiencing stimulus elimination. The effect for the P1 component was greatest at the posterior sites compared to that found at the anterior and central sites. A similar trend across condition was also observed for P3 peak amplitude, even though the Group x Condition interaction was only marginally significant ( $p < .07$ ). During negative hallucination, P3 peak latency for high hypnotizables was shorter than that obtained during stimulus enhancement. This effect was more pronounced across the right hemisphere. These results are discussed in light of previous findings.

[0331]

Hypnotic susceptibility, imaging ability, and the detection of embedded words within letters  
Int J Clin Exp Hypn 1994 Jan;42(1):20-38 (ISSN: 0020-7144)  
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Two experiments were conducted to determine the role of hypnotic susceptibility level (high or low) and imaging ability (vivid or poor) in the performance of a visual search for words embedded within matrices of letters. In Experiment 1, subjects searched for target words from a list; however, distractor words were also embedded in the matrices. Results indicated that subjects judged both high in hypnotic susceptibility and vivid in imaging ability demonstrated the fastest search speed with a greater percentage of target words found. These subjects also made fewer false alarm errors (locating distractor words not on the target list). The poorest performance was exhibited by subjects judged both low in hypnotic susceptibility and poor in imaging ability. The amount of variance accounted for by hypnotic susceptibility and imaging ability was approximately equal for each dependent measure. In Experiment 2, when subjects searched for target words from a list without distractor words embedded in matrices, similar results to those reported for Experiment 1 were produced, except that the percentage of words found was equivalent across groups. This was attributed to the elimination of potential false alarm errors. The results are explained in terms of the use of either a holistic or a detail strategy in the performance of a visual search.

[0332]

Psychiatric aspects of hyperemesis gravidarum  
Psychother Psychosom 1994;61(3-4):143-9 (ISSN: 0033-3190)  
Iancu I; Kotler M; Spivak B; Radwan M; Weizman A  
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Hyperemesis gravidarum is a potentially dangerous disorder of pregnancy characterized by severe and protracted vomiting. It is suggested that psychosocial factors may have a role in determining whether the pregnant woman experiences a transient spell of mild vomiting or progresses towards the much rarer but more significant pernicious vomiting. Psychotherapy, hypnotherapy and behavior therapy have been reported to contribute to the treatment of patients with hyperemesis gravidarum. A review of the etiological factors as well as of the therapeutic approaches is presented.



[0333]

Changes in cellular immune function after immune specific guided imagery and relaxation in high and low hypnotizable healthy subjects  
Psychother Psychosom 1994;61(1-2):74-92 (ISSN: 0033-3190)  
Zachariae R; Hansen JB; Andersen M; Jinquan T; Petersen KS; Simonsen C; Zachariae C; Thestrup-Pedersen K  
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This article presents the results of two investigations, each measuring cellular immune function on 3 investigation days 1 week apart in 15 high and 15 low hypnotizable healthy subjects randomly selected for three groups: (1) a guided imagery group receiving instructions to enhance cellular immune function: (2) a relaxation group which did not receive instructions regarding the immune system, and (3) a control group. Study 1 investigated changes in monocyte chemotaxis (MC) and lymphocyte proliferative response (LPR) to three mitogens, while natural killer cell activity (NKCA) was measured in study 2. The results show similar patterns of brief decreases in LPR and NKCA immediately after intervention on all investigation days in both the imagery and relaxation groups. Increases in MC were found in both intervention groups on day 1. On a follow-up investigation day in study 2, a brief stress task yielded a slight increase in NKCA. In study 2, the control group showed decreases in NKCA similar to those observed in the two intervention groups. In general there were no significant changes in preintervention immune function throughout the investigation period. When comparing the effects in high and low hypnotizable subjects, we found that high hypnotizables showed greater decreases in LPR and NKCA than low hypnotizables. There are several inconsistencies between the results of the limited number of investigations studying the effects of guided imagery and relaxation on immune function. These differences may in part be explained by differences in methodology, time intervals between blood sampling, and subject characteristics such as age, health status and hypnotizability. The inconsistent results make it premature to make inferences about possible benefits of the application of these techniques in the treatment of immune related diseases, and further investigations are needed.

[0334]

Non-pharmacological approaches to the treatment of narcolepsy  
Sleep 1994 Dec;17(8 Suppl):S97-102 (ISSN: 0161-8105)  
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A way of evaluating the part played by non-drug treatments is to study cases of patients who discontinued stimulant medications but still came back for follow-up visits. Out of 40 patients with narcolepsy-cataplexy, three refused medication because their work was compatible with a regimen of naps (follow-up 1 year), and 10 stopped taking drugs when they could adapt nap therapy to a new life-style (follow-up 6.9 +/- 5 years). Three interrelated levels of non-pharmacological treatments of narcolepsy were examined: 1) Behavioral management, which includes: (A) structured sleep schedules: literature shows that a single long afternoon nap proffered greatest performance benefits in reaction time, significantly increased over a no-nap control condition, with no evidence of sleep inertia. The placement of this nap might yield better results if scheduled 1 hour before that of a normal subject. (B) Dietary factors: little is known about the effects of diet in narcoleptics; however, avoiding simple sugars will improve alertness in some patients. 2) Medical and psychiatric aspects of care. 3) Social factors as an interface between the patients and their environment.

[0335]

A cognitive-behavioral approach to temporomandibular dysfunction treatment failures: a controlled comparison  
J Orofac Pain 1994 Fall;8(4):397-401 (ISSN: 1064-6655)  
Oakley ME; McCreary CP; Clark GT; Holston S; Glover D; Kashima K  
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The effects of cognitive-behavioral treatment for patients with temporomandibular disorders were studied by comparing active treatment to a wait-list control condition. Patients were predominantly women and had been referred to the study after having poor response to dental/physical medicine care. Patients' conditions were evaluated pretreatment and posttreatment based on self-report measures of pain, distress, and jaw function problems. They were examined by a dentist who assessed pain-free opening, muscle palpation pain, and tenderness of the temporomandibular joints. The 5-week cognitive-behavioral treatment included relaxation training, self-monitoring of stressors, and cognitive coping strategies. Treatment had its greatest impact on improving mood, especially anxiety; however, there were some effects on the patients' experiences of pain.

[0336]

The brain tryptophan hydroxylase activity in the sleep-like states in frog  
Pharmacol Biochem Behav 1994 Oct;49(2):277-9 (ISSN: 0091-3057)  
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The activity of the rate-limiting enzyme of serotonin biosynthesis, tryptophan hydroxylase, was determined in the brain stem in active awake frogs, and frogs in three sleep-like states: with plastic muscle tone (SLS-1), with rigid muscle tone (SLS-2), and with relaxed muscle tone (SLS-3). Significant decrease in the enzyme activity has been found in frogs in SLS-1 and SLS-2 compared to awake animals. The development in frogs a cataleptic-like immobility after treating the animals with rhythmic lighting was accompanied with a decrease in the brain tryptophan hydroxylase activity. These results provide strong evidence for the involvement of the brain serotonin in frogs in the control of evolutionary ancient sleep-like states, probably by the regulation of muscle tone.

[0337]

Dissociated or fabricated? Psychiatric aspects of repressed memory in criminal and civil cases  
Int J Clin Exp Hypn 1994 Oct;42(4):411-32 (ISSN: 0020-7144)  
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During the last decade, clinicians, courts, and researchers have been faced with exceedingly difficult questions involving the crossroads where memory, traumatic memory, dissociation, repression, childhood sexual abuse, and suggestion all meet. In one criminal case, repressed memories served as the basis for a conviction of murder. In approximately 50 civil cases, courts have ruled on the issue of whether repressed memory for childhood sexual abuse may form the basis of a suit against the alleged perpetrators. Rulings that have upheld such use underscore the importance of the reliability of memory retrieval techniques. Hypnosis and other methodologies employed in psychotherapy may be beneficial in working through memories of trauma, but they may also distort memories or alter a subject's evaluation of their veracity. Because of the reconstructive nature of memory, caution must be taken to treat each case on its own merits and avoid global statements essentially proclaiming either that repressed memory is always right or that it is always wrong.

[0338]

Recovered-memory therapy and robust repression: influence and pseudomemories  
Int J Clin Exp Hypn 1994 Oct;42(4):391-410 (ISSN: 0020-7144)  
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A subset of the psychotherapists practicing trauma-focused therapy predicate their treatment on the existence of a newly claimed, powerful form of repression that differs from repression as used in the psychoanalytic tradition and from amnesia in any of its recognized forms. Recovered-memory specialists assist patients to supposedly retrieve vast quantities of information (e.g., utterly new dramatic life histories) that were allegedly unavailable to consciousness for years or decades. We refer to the hypothesized mental mechanism as "robust repression" and call attention to the absence of evidence documenting its validity and to the differences between it and other mental mechanisms and memory features. No recovered-memory practitioner has ever published a full specification of the attributes of this mechanism. That is, the properties it would have to have for the narratives developed during therapy to be historically accurate to any significant degree. This article reports a specification of the properties of the robust repression mechanism based on interviews with current and former patients, practitioners' writings, and reports to researchers and clinicians. The spread of reliance on the robust repression mechanism over the past 20 years through portions of the clinical community is traced. While involved in therapy, patients of recovered-memory practitioners come to believe that they have either instantly repressed large numbers of discrete events or simultaneously repressed all information about abuse they may have endured for as long as a decade. (ABSTRACT TRUNCATED AT 250 WORDS).

[0339]

Satanism, ritual abuse, and multiple personality disorder: a sociohistorical perspective  
Int J Clin Exp Hypn 1994 Oct;42(4):265-88 (ISSN: 0020-7144)  
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During the past decade in North America, a growing number of mental health professionals have reported that between 25% and 50% of their patients in treatment for multiple personality disorder (MPD) have recovered early childhood traumatic memories of ritual torture, incestuous rape, sexual debauchery, sacrificial murder, infanticide, and cannibalism perpetrated by members of clandestine satanic cults. Although hundreds of local and federal police investigations have failed to corroborate patients' therapeutically constructed accounts, because the satanic etiology of MPD is logically coherent with the neodissociative, traumatic theory of psychopathology, conspiracy theory has emerged as the nucleus of a consistent pattern of contemporary clinical interpretation. Resolutely logical and thoroughly operational, ultrascientific psychodemonology remains paradoxically oblivious to its own irrational premises. When the hermetic logic of conspiracy theory is stripped away by historical and socio/psychological analysis, however, the hypothetical perpetrators of satanic ritual abuse simply disappear, leaving in their wake the very real human suffering of all those who have been caught up in the social delusion.

[0340]

Toward an intellectual history of transference. 1888-1900  
Psychiatr Clin North Am 1994 Sep;17(3):559-70 (ISSN: 0193-953X)  
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Freud's concept of transference was not the discovery of a solitary genius, but was an inspired, creative synthesis deeply rooted in the prevailing discourses of his time. In the nineteenth century, transference started out as a neurologic term; Freud used that concept of displaceable energies in his neurologic writings as early as 1888. Then in *Studies in Hysteria*, Freud explicated the basis by which ideas dissociated and made for a mesalliance with the physician. False connections such as transference were conceptualized along lines drawn by Charcot's school, and the concept of auto-suggestion that they used to explain the inherent suggestibility of a hysteric. In developing this 1895 model of transference, Freud strove to tame disquieting concerns about the epistemologic status of hysteria and hypnosis. It is the epistemologic anxiety created by accusations of iatrogenic suggestion as much as the sexual anxiety Szasz pointed to that prodded Freud to focus exclusively on the intrapsychic. It also may be the legacy of this epistemologic anxiety that accounts for the fact that until recently, psychoanalytic theoreticians have been hesitant to explore the effect that the real person of the analyst might have on the manifestations of transference. In the last years of the nineteenth century, Freud modified his theory of transference and built a place for it in his topographic model of mind. In the *Interpretation of Dreams*, Freud integrated the biologic and psychological possibilities inherent in prior usages of *ubertragung*. By 1900, transference could theoretically refer to both a hypothesized displacement of quantifiable neuronal energies as well as the psychological phenomena Freud observed occurring between him and his patients. Perceptual theories of illusion like Helmholtz's provided Freud with a model that by analogy helped re-define transference as a central facet of irrational inner life. Transference in 1900 accounted for a patient's possible distortion of the person of the physician, but it also postulated a more general subjectification of consciousness and perception. In transference, a conscious perception could be as distorted by unconscious wishes as a day residue was in dreams. When Ida Bauer (a.k.a "Dora") stalked out of Freud's office, this newly empowered theory was in the metapsychological wings waiting to make meaning of her failed treatment. No longer was transference an unimportant mishap, a nuisance, or a theoretical aside. By 1900, transference was ready to stand, as it does today, at the core of psychoanalytic theory.

[0341]

Psychological components of effort sense  
Med Sci Sports Exerc 1994 Sep;26(9):1071-7 (ISSN: 0195-9131)  
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The perception of effort is multidimensional and it is governed by many physiological, psychological, and experiential factors. This paper deals with a discussion of selected psychological states and traits that are known to be correlated with the expression of effort sense. It has been shown that anxiety, somatic perception, depression, and neuroticism are associated with perceived exertion. Extroversion has been found to be inversely correlated with perceived exertion, and positively correlated with preferred exercise intensity. These empirical findings are congruent with theoretical expectations in each case. It has also been found that perception of effort can be increased and decreased in a systematic manner with various psychological interventions such as hypnotic suggestion, dissociative cognitive strategies, and imagery. Changes in effort sense can also be systematically modified by titrating exercise volume (e.g., overtraining, tapering), and this exercise-induced alteration in perception covaries with affective changes. The research reviewed in this

paper supports the conclusion that effort sense is best conceptualized as a complex psychobiological construct as originally proposed by Borg three decades ago.

[0342]

Alternative medicine complements standard. Various forms focus on holistic concepts  
Health Prog 1994 Sep;75(7):52-7 (ISSN: 0882-1577)  
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Western or conventional medical practices are founded on the principle of Newtonian physics; the body is viewed as a large clock whose broken parts are fixed or replaced. The placebo effect, hypnosis, psychoneuroimmunology, and spontaneous remission have recently inspired researchers to look beyond this mechanistic model toward a new paradigm of greater understanding regarding the entity we call "human beings." The premise of alternative medicine, based on the paradigm of whole systems, suggests that human beings are more than physical bodies with fixable and replaceable parts; they are a complicated network of pulsating energy frequencies often described in terms of a human aura. Western researchers now call this "the human energy field." Homeopathy, acupuncture, polarity healing, and the healing power of touch are only a few of the more common branches of holistic medicine that unite body, mind, and spirit for optimal health. The U.S. Congress has appropriated more than \$2 million to the National Institutes of Health to research the validity of alternative or complementary medicines. In light of proposed changes in the healthcare system, alternative medicine may eventually be incorporated into the American structure of healthcare delivery. Proponents of holistic medicine agree that various forms of alternative medicine should be used to complement, rather than compete, with, the current accepted standard of healthcare.

[0343]

[Psychosomatic aspects of focal dystonia: two case reports]  
[Psychosomatische Aspekte fokaler Dystonien: Zwei Fallbeispiele]  
Psychother Psychosom Med Psychol 1994 Jul;44(7):247-50 (ISSN: 0937-2032)  
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Dystonic movements and other dyskinesias often cause diagnostic difficulties due to their complex symptomatology. Namely focal dystonias are frequently misdiagnosed as conversion reactions. Idiopathic dystonias are generally considered a nonstructural (neurobiochemical) disorder of the basal ganglia. Many case reports, however, have dealt with patients presenting with "atypical" dystonia whose symptoms were relieved by psychotherapy or hypnosis. We present the histories of two young women exhibiting focal dystonia emerging for the first time under circumstances of profound emotional trouble. We discuss the general difficulties in the diagnosis of dystonic movement disorders and review the criteria for the diagnosis of "psychogenic dystonia". The basal ganglia integrate limbic, proprioceptive and sensorimotor inputs to create emotionally and functionally appropriate voluntary movements. Therefore, the traditional dichotomy "psychogenic-somatogenic" appears to be inappropriate when applied to extrapyramidal movement disorders. In a psychosomatic understanding, the assumption of a psychogenic "trigger" for a somatic movement disorder does not mean a contradiction.

[0344]

Anodyne imagery: an alternative to i.v. sedation in interventional radiology  
AJR Am J Roentgenol 1994 May;162(5):1221-6 (ISSN: 0361-803X)  
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**OBJECTIVE.** Pain and anxiety are to be expected in patients undergoing interventional procedures, and they are usually treated by IV conscious sedation. Insufficient treatment of pain and anxiety can cause cardiovascular strain and restlessness, which may jeopardize the success of the procedure. On the other hand, pharmacologic oversedation can provoke respiratory and cardiovascular depression, thereby increasing the procedural risks and delaying the patient's recovery. We therefore evaluated a nonpharmacologic method, which we call anodyne imagery (anodyne: able to soothe or relieve pain; soothing the feelings; relaxing), as an alternative to the use of drugs in interventional radiology. **SUBJECTS AND METHODS.** Anodyne imagery technique consists of conditioned relaxation, induction of a trance state, and guided processing of the patient's internal imagery. An intrapatient comparison of drug use was made in five patients who had equivalent procedures with and without anodyne imagery and an intergroup comparison was made between a group of 16 other patients undergoing anodyne imagery and a group of 16 control patients matched for factors affecting use of drugs and recruited from 100 interventional cases analyzed for patterns of drug use. For statistical analysis, drug unit scores (weighting: 1 mg of midazolam = 1 unit and 50 micrograms of fentanyl = 1 unit) were compared within patients by paired t-test and between groups of patients by analysis of variance in two-sided tests, with p less than .05 considered to be significant. **RESULTS.** The 100 patients who did not have anodyne imagery received 0-6 mg of midazolam (median, 1.4 mg), 0-500 micrograms of fentanyl (median, 80 micrograms), and 0.5-9 drug units (median, 2.5). Drug administration was insignificantly affected by the physician conducting the procedure, the type of procedure, or the patient's age, but significantly increased with longer table times. Ten of the 21 patients undergoing anodyne imagery associated fear-provoking images with their interventional procedure that were generally intense, vivid, and dramatic. Intrapatient comparison showed significantly lower median drug use with anodyne imagery than without (0.1 vs 5.3 drug units, p = .01). Intergroup comparison also yielded significantly lower median drug use during procedures with anodyne imagery than without (0.2 vs 2.6 drug units, p = .0001). **CONCLUSION.** Patients having interventional radiologic procedures frequently experience intense and frightening imagery related to the procedure. Our initial experience with anodyne imagery suggests that this alternative method of analgesia can mitigate patients' anxiety and fears and reduce the amount of drugs used during interventional radiologic procedures, and thereby has the potential to improve procedural safety and increase the speed of recovery.

[0345]

Current concepts in the management of the irritable bowel syndrome  
Rev Gastroenterol Mex 1994 Apr-Jun;59(2):127-32 (ISSN: 0375-0906)  
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In the irritable bowel syndrome gastrointestinal tract motility is disturbed from the esophagus to the colon, causing pain and altered function. When colonic motility is abnormal, the patient can experience either constipation or diarrhea in addition to abdominal pain and bloating. In constipated patients the postprandial colonic motility can increase normally after eating or the colon can remain motionless. Generally propagating contractions are absent in patients with constipation predominant irritable bowel syndrome. Propagating

contractions are increased in frequency in patients with diarrhea, although the phasic contractions are decreased. Questionnaires discriminate between patients with structural disease such as ulcerative colitis and patients with functional disease, however they cannot differentiate between the different subgroups of patients with constipation predominant irritable bowel syndrome. Treatment strategies are beginning to focus on the underlying pathophysiologic abnormality.

[0346]

The variability of type I hypersensitivity reactions: the importance of mood  
J Psychosom Res 1994 Jan;38(1):51-61 (ISSN: 0022-3999)  
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Immediate (Type I) hypersensitivity skin reactions to allergens or antigens have been used as immune measures that may be subject to intentional modulation. In preliminary experiments using hypnosis we encountered unacceptably large, uncontrollable variability. A method was subsequently devised in which serial, five-fold dilutions of allergen or histamine were administered to the subject's forearm and reactions were recorded photographically on slide film. Areas were determined by computer-assisted image analysis. Seven healthy volunteers were tested for eight sessions (testing included mood scales, blood pressure, pulse and skin temperature). Mean wheal size and titration gradient data from allergen reactions correlated strongly with the psychological factor of liveliness but not stress, although no manipulation of mood was involved. A stepwise regression analysis accounted for 61% of the variance of the allergen mean wheal data, and 31% was from the liveliness factor alone. Thus, the more lively the subject felt, the smaller was the allergic response.

[0347]

Pain and symptom control in paediatric palliative care  
Cancer Surv 1994;21:211-31 (ISSN: 0261-2429)  
Stevens MM; Dalla Pozza L; Cavalletto B; Cooper MG; Kilham HA  
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Important differences become evident in a comparison of cancer pain between children and adults. Management of pain in children is commonly multidisciplinary, is less dependent on invasive measures and relies more on systemic therapy. Children are not little adults: their immaturity, developing cognition and dependence all influence their experience and interpretation of pain. Much progress has been made in altering practices such as under-prescribing and underdosing that have adversely affected adequate control of pain in children. The challenge for paediatric health care providers in the mid 1990s is not only to be informed of current practices in pain and symptom control in paediatric palliative care, but also to remember to establish those practices in day to day management. Even though pain and its effects in children are now better understood, it is often still not managed optimally. Good management of pain in children depends on accurate assessment. In the past 10 years, assessment of pain in children has advanced considerably. However, assessment of pain in the preverbal child is still inadequate and in need of attention. Sedation, tolerance and involuntary movements may occur as side effects of opioids in children and may cause significant problems in management of the dying child. Psychostimulants can diminish sedation to some extent, but there is little information as yet on the value of these drugs in children. Tolerance to opioids may develop quickly, leading to poor control of pain and distress for the child. Strategies to improve management of tolerance include use of regional anaesthetic techniques such as the epidural/intrathecal route for opioid administration. Involuntary movements induced by opioids are uncommon but have the potential to cause significant distress. The mechanisms underlying these side effects of opioids need to be established. Strategies are needed for the effective treatment and prevention of these side effects. Neuropathic pain can be severe, distressing and difficult to treat. Experience of its treatment in terminally ill children is limited. Effective use of tricyclic antidepressants and systemically administered local anaesthetics is still to be determined. Regional anaesthetic techniques may be of great benefit when neuropathic pain cannot be controlled with systemic therapy. Procedural pain is more common than pain related to disease in the management of paediatric cancer. Further research is needed to identify the best approach to its management. We have found nitrous oxide to be of great benefit in management of procedural pain in children. Non-pharmacological methods of treatment of pain in children, such as transcutaneous electrical nerve stimulation or acupuncture, may also be useful and should receive continuing evaluation. There are significant and current issues in paediatric palliative care besides management of pain. There are difficulties in the provision of home nursing care for children with cancer in the terminal phase of their illness, including lack of community nursing services at night and on weekends and lack of adequate home help for parents. Attitudes of staff involved in the care of the child and family and their commitment to working as a multidisciplinary team strongly influence the quality and success of care given. Pain control and palliative medicine are evaluable by measures of quality assurance or outcome, and adoption of such evaluations should improve standards of care. Euthanasia in children is even more difficult as an ethical dilemma than in adults. Optimum symptom control with current techniques should almost always obviate its consideration. We are opposed to euthanasia. Psychosocial and cultural issues all influence the family's experience of palliative care. Further research is necessary in all of these areas.(ABSTRACT TRUNCATED).

[0348]

Dissociative identity disorder: adaptive deception of self and others  
Bull Am Acad Psychiatry Law 1994;22(2):223-37 (ISSN: 0091-634X)  
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Dissociative identity disorder (multiple personality) is increasingly diagnosed, often follows childhood trauma, and is characterized by rigidification of phenomena that resemble hypnosis. To interpret dissociated aspects of selfhood as autonomous entities is a useful heuristic; but when taken too literally, it leads to three kinds of anomaly: (1) legal: dissociators remain culpable for misdeeds carried out beyond apparent awareness or control; (2) clinical: legitimization sometimes leads not to relief, but to escalating cycles of regressive dependency; and (3) scientific: the form of dissociated entities varies with how they are defined, in ways that are intrinsically motivated and clinically manipulable. These anomalies yield to an evolutionary perspective that views dissociative identity disorder as an evolved strategy of adaptive deception of self and others; e.g., a beaten subordinate avoids further retribution by "pleading illness." Such a deceit best avoids detection when fully experienced; through its intensity and persistence, it becomes real at a new level. One's basic competencies remain intact, however, and are the source of the anomalies described. They can be clinically accessed and empowered, providing the key to therapeutic change when dissociative processes are problematic. Overall, despite clear impairment in subjective awareness and volition, dissociative-disordered individuals are best held fully accountable for the consequences of their actions.

[0349]

Visual field asymmetry in facial affect perception: moderating effects of hypnosis, hypnotic susceptibility level, absorption, and sustained attentional abilities  
Int J Neurosci 1995 May;82(1-2):11-23 (ISSN: 0020-7454)  
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Effects of hypnotic level, affect valence and cerebral asymmetry on reaction time (RT) in the discrimination of Ekman and Friesen's (1978) stimuli of angry and happy faces were studied in counterbalanced conditions of waking and hypnosis. Assessed previously on two hypnotic susceptibility scales [Harvard Group Scale of Hypnotic Susceptibility; Stanford Hypnotic Susceptibility Scale, Form C (SHSSC)], non-depressed subjects were 16 low (0-4 SHSSC) and 17 highly (10-12 SHSSC) hypnotizable, right-handed college students. Subjects were required to identify affects of faces, presented tachistoscopically to left (LVF) or right (RVF) visual fields, by using a forced-choice RT paradigm. Highs were significantly faster than lows in angry and happy affect recognition. Hypnosis had no significant effects. For highs only, angry emotional valence was identified faster when presented to the right hemisphere (LVF), but there were no significant hemispheric effects for happy emotional valence. For lows there were no hemispheric differences. Gender was a nonsignificant factor. Significant correlations showed that faster reaction times to angry and happy stimuli, in both LVF and RVF in waking and hypnosis, were obtained by subjects who reported more deeply absorbed and extremely focused and sustained attention on the Tellegen (1982) Absorption Scale and a subscale of the Differential Attentional Processes Inventory (Grumbles & Crawford, 1981). Vividness of Visual Imagery Questionnaire (Marks, 1973) and Affect Intensity Measure (Larsen, 1985), in general, did not correlate with RTs. The potential role of the fronto-limbic attentional system in the recognition of external visual sensory affect is discussed.

[0350]

Clinical hypnosis  
Aust Fam Physician 1995 May;24(5):778-81, 783 (ISSN: 0300-8495)  
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Clinical hypnosis is now an available tool for general practitioners. Hypnotists do not possess any magical powers. It is the patient who possess the magic; the hypnotist merely unlocks this power.

[0351]

Hypnosis as an adjunct to cognitive-behavioral psychotherapy: a meta-analysis  
J Consult Clin Psychol 1995 Apr;63(2):214-20 (ISSN: 0022-006X)  
Kirsch I; Montgomery G; Sapirstein G  
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A meta-analysis was performed on 18 studies in which a cognitive-behavioral therapy was compared with the same therapy supplemented by hypnosis. The results indicated that the addition of hypnosis substantially enhanced treatment outcome, so that the average client receiving cognitive-behavioral hypnotherapy showed greater improvement than at least 70% of clients receiving nonhypnotic treatment. Effects seemed particularly pronounced for treatments of obesity, especially at long-term follow-up, indicating that unlike those in nonhypnotic treatment, clients to whom hypnotic inductions had been administered continued to lose weight after treatment ended. These results were particularly striking because of the few procedural differences between the hypnotic and nonhypnotic treatments.

[0352]

The use of hypnosis in helping cancer patients control anxiety, pain, and emesis: a review of recent empirical studies  
Am J Clin Hypn 1995 Apr;37(4):316-25 (ISSN: 0002-9157)  
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This is a review of the systematic studies conducted since 1980 in the area of hypnotic interventions for anxiety, pain, and emesis control in child and adolescent cancer patients. The focus of the present paper is on how the problems encountered in studying the use of hypnosis with this population influence the results. The review is divided between studies focused on controlling anxiety and pain and those focused on controlling nausea and vomiting. Consistent findings are identified, and suggestions for future research are made.

[0353]

Attribution of meaning: an ecosystemic perspective on hypnotherapy  
Am J Clin Hypn 1995 Apr;37(4):300-15 (ISSN: 0002-9157)  
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Although the concept of attribution of meaning has been used previously in theorizing about hypnosis, it was in the development of an ecosystemic conceptualization of hypnosis that it came to the fore as of major practical importance. The way clients and families think about themselves, about their problems, and about hypnosis has particular implications for hypnotherapy. In this paper a theoretical rationale for the development of the concept of attribution of meaning is provided. It is also shown, by means of case examples, how emphasis on the attributions made by clients can influence the manner in which particular hypnotherapeutic strategies are employed.

[0354]

Doctoral dissertations on hypnosis: 1980-1989  
Am J Clin Hypn 1995 Apr;37(4):267-70 (ISSN: 0002-9157)  
Barton DA; Strauss B; Reilley RR  
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This article extends Clark, Hungerford, and Reilley's (1984) review of dissertations accepted by American universities from 1923 to 1980 by examining dissertations of the 1980s. A table shows which areas of research received the most attention in each of the last 3 decades. There was an increase in the percentage of psychology and educational psychology researchers using hypnosis in dissertations.

[0355]

Incest memories recalled in hypnosis--a case study: a brief communication  
Int J Clin Exp Hypn 1995 Apr;43(2):118-26 (ISSN: 0020-7144)  
Nagy TF  
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Accuracy of repressed memories recovered in hypnosis cannot be reliably determined with any greater certainty than non-hypnotically recalled events. Therefore, the practice of therapists' accepting hypnotically enhanced memories as veridical, absent corroborating evidence, is not advocated. A 52-year-old woman with a 27-year history of panic attacks and sleep disorder inadvertently recovered incest memories in hypnosis. Photographs and remembered events by other family members were thought by the patient to provide general support although they did not constitute actual proof of abuse. Implications are discussed.

[0356]

[Hypnosis in dentistry. I. Comparative evaluation of 45 cases of hypnosis]  
[Hipnozis a fogaszatban. I. 45 fogaszati hipnozis összehasonlító értekezése]  
Fogorv Sz 1995 Mar;88(3):111-5 (ISSN: 0015-5314)  
Fabian TK  
Semmelweis Orvostudományi Egyetem, Oralbiológiai Tanszék, Budapest

The use of meditative state for hypnotic induction in the dental practice was investigated in 45 cases. In 38 cases (84.4%) the hypnosis was found as a useful additional method. It was especially useful to reduce anxiety, and in some psychosomatic diseases.

[0357]

Hypnosis as adjunct therapy in conscious sedation for plastic surgery  
Reg Anesth 1995 Mar-Apr;20(2):145-51 (ISSN: 0146-521X)  
Faymonville ME; Fissette J; Mambourg PH; Roediger L; Joris J; Lamy M  
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**BACKGROUND AND OBJECTIVES.** Sedation is often requested during local and regional anesthesia. However, some surgical procedures, such as plastic surgery, require conscious sedation, which may be difficult to achieve. Hypnosis, used routinely to provide conscious sedation in the authors' Department of Plastic Surgery, results in high patient and surgeon satisfaction. The authors conducted a retrospective study to investigate the benefits of hypnosis in supplementing local anesthesia. **METHODS.** The study included 337 patients undergoing minor and major plastic surgical procedures under local anesthesia and conscious intravenous sedation. Patients were divided into three groups depending on the sedation technique: intravenous sedation (n = 137) using only midazolam and alfentanil; hypnosis (n = 172), during which patients achieved a hypnotic trance level with age regression; and relaxation (n = 28), comprising patients in whom hypnosis was induced without attaining a trance level. In all three groups, midazolam and alfentanil were titrated to achieve patient immobility, in response to patient complaints, and to maintain hemodynamic stability. Midazolam and alfentanil requirements; intra- and postoperative pain scores; as well as pre-, intra-, and postoperative anxiety score, reported on a 10-cm visual analog scale, were recorded and compared in the three groups. **RESULTS.** Intraoperative anxiety reported by patients in the hypnosis group (0.7 +/- 0.11) and in the relaxation group (2.08 +/- 0.4) was significantly (P < .001) less than in the intravenous sedation group (5.6 +/- 1.6). Pain scores during surgery were significantly greater in the intravenous sedation group (4.9 +/- 0.6) than in the hypnosis group (1.36 +/- 0.12; P < .001) and the relaxation group (1.82 +/- 0.6; P < .01). Furthermore, midazolam requirements were significantly lower in the hypnosis group (P < .001) and in the relaxation group (P < .01) as compared with the intravenous sedation group: respectively, 0.04 +/- 0.002, 0.07 +/- 0.005, and 0.11 +/- 0.01 mg/kg/h. Alfentanil requirements were significantly decreased in the hypnosis group, as compared with the intravenous sedation group: 10.2 +/- 0.6 microgram/kg/h versus 15.5 +/- 2.07 micrograms/kg/h; P < .002. In the relaxation group, alfentanil requirements were 14.3 +/- 1.5 micrograms/kg/h (ns). Postoperative nausea and vomiting were reported by 1.2% of patients in the hypnosis group, 12.8% in the relaxation group and 26.7% in the intravenous sedation group. Greater patient satisfaction with the anesthetic procedure and greater surgical comfort were also reported in the hypnosis group. **CONCLUSIONS.** Successful hypnosis as an adjunct sedation procedure to conscious intravenous sedation provided better pain and anxiety relief than conventional intravenous sedation and allowed for a significant reduction in midazolam and alfentanil requirements. Patient satisfaction was significantly improved.

[0358]

Hypnosis in reproductive health care: a review and case reports  
Birth 1995 Mar;22(1):37-42 (ISSN: 0730-7659)  
Baram DA

Hypnosis has many applications in the field of reproductive health care. This paper describes its use in the treatment of sexual dysfunction, urinary incontinence, chronic pelvic pain, hyperemesis gravidarum, and pain relief in labor and delivery. Four case reports are used for illustration. Misconceptions about the risks and benefits of hypnosis are discussed. Information about training for clinicians in hypnosis is described.

[0359]

[Effect of hypnosis and autogenic training on acral circulation and coping with the illness in patients with progressive scleroderma]  
[Zum Einfluss der Hypnose und des Autogenen Trainings auf die akrale Durchblutung und die Krankheitsverarbeitung bei Patienten mit progressiver Sklerodermie (PS)]  
Hautarzt 1995 Feb;46(2):94-101 (ISSN: 0017-8470)  
Seikowski K; Weber B; Hausteil UF  
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In 12 patients with systemic sclerosis the influence of hypnosis and autogenic training on the acral blood circulation and the coping with the disease was investigated in a pilot study. In the first step significant increases in the skin temperature of the finger (mean +/- SD: 3.9 +/- 1.2 degrees C) could be found after relaxation hypnosis. In the second step six patients (study group) gained experience with autogenic training. The other six patients served as control group. In the study group, the skin temperature of the fingers (short-term effect) was significantly higher than in the control group (1.9 +/- 1.0 degrees C). Long-term effects of the autogenic training (mean acral rewarming time, duration and course of the Raynaud attacks, acral lesions of the hands, psychosomatic status of complaints, type of relation to the disease as precondition for coping with the disease) were not found within the relatively short follow-up period of 4 months. Two patients, however, reported that they could shorten the duration of Raynaud attacks by autogenic training. In our patients heterogeneity and an increased score of multiple psychosomatic complaints were registered at the outset. As far as the type of relation to the disease is concerned, the patients could be assessed as almost adapted. Hypnosis and autogenic training can be recommended as complementary therapy in systemic sclerosis.

[0360]

Hypnotic sex change: creating and challenging a delusion in the laboratory

J Abnorm Psychol 1995 Feb;104(1):69-74 (ISSN: 0021-843X)  
Noble J; McConkey KM  
Department of Psychology, Macquarie University, Sydney, Australia

The authors suggested a change of sex to virtuoso, high-hypnotizable, and low-hypnotizable simulating participants in an application of the real-simulating paradigm of hypnosis. The experiences of sex change that participants reported during hypnosis were challenged through procedures of contradiction and confrontation. Behavioral and self-report data indicated that virtuosos experienced a transient delusion about their sex that was compelling and resistant to challenge. Implications are discussed for investigations of delusion through the use of hypnosis in the laboratory and for understanding delusion in the clinical setting.

[0361]

[The effect of "animal hypnosis" on the motor polarization dominant in rabbits]  
[Vliianie "zhivotnogo gipnoza" na dvigatelnuiu polarizatsionnuiu dominantu u krolikov]  
Zh Vyssh Nerv Deiat Im I P Pavlova 1995 Jan-Feb;45(1):132-9 (ISSN: 0044-4677)  
Rusinova EV

Influence of "animal hypnosis" on the process of development of motor polarization dominant created by the action of DC anode on the cortical sensorimotor area was studied in rabbits. It was shown that "animal hypnosis" induced at the dominant optimum elicited long-term (up to 2-4 days) inhibition of motor reaction of the "dominant" limb to sensory test stimuli. Motor polarization dominant was inhibited rather than eliminated by the "animal hypnosis", since after extinction of trace processes of "animal hypnosis" the motor "dominant" reaction could be recovered solely by the test stimuli without repeated DC application.

[0362]

The validity of repressed memories and the accuracy of their recall through hypnosis: a case study from the courtroom  
Am J Clin Hypn 1995 Jan;37(3):25-31 (ISSN: 0002-9157)  
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For 100 years, repressed memories have remained an enigma and a defining point of conflict between various psychological disciplines. Since repressed memories are not readily available for conscious recall, the scientific proof of their existence remains elusive. At the present time, the only way to authenticate the existence of repressed memories is by a case report that documents the reality of the repressed event and then its recall after a period of amnesia. In the following case report, a subject on trial for murder had repressed the events surrounding the crime. Hypnosis was used to recover those memories. That information was then used to dramatically alter the outcome of the trial.

[0363]

Hypnosis modelling in neural networks  
Bull Math Biol 1995 Jan;57(1):1-20 (ISSN: 0092-8240)  
Kuzin IA  
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In the framework of the neural network theory effects similar to hypnotic displays are constructed. They are based on the associative paradigm involving non-linear interaction of excitatory and inhibitory channels with synaptic memory. The non-linearity of long-term memorizing processes may cause effects exhibited by blind spots, which are interpreted as the first stage of hypnosis. More complicated phenomena are discussed in terms of a two-layer network.

[0364]

[Assessment of experimentally-induced pain effects and their elimination by hypnosis using pupillometry studies]  
[Erfassung von experimentell induzierter Schmerzwirkung und ihre Ausschaltung durch Hypnose mit Hilfe pupillometrischer Untersuchungen]  
Wien Med Wochenschr 1995;145(23):646-50 (ISSN: 0043-5341)  
Grunberger J; Linzmayer L; Walter H; Hofer C; Gutierrez-Lobos K; Stohr H  
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Hypnotherapeutical technique were often used for control of pain. However, an objective examination of this phenomenon was seldom carried out. The aim of the study was the psychophysiological objectivation of the effect of experimental induced pain and the elimination of pain by means of hypnosis. 22 healthy volunteers (11 female and 11 male) aged between 22 and 35 years participated in the study. In the 1st phase of the experiment static pupillometry was carried out before randomized presentation of a light stimulus (143 lux, 0.3 sec) and of a pain stimulus (coldness-spray, -50 degrees C, 0.5 sec) respectively. Afterwards the dynamic pupillary measurement was done. Additionally the Fourier analyses of pupillary oscillations reflecting central nervous activation during the static measurement (25,6 sec) was calculated. In the 2nd phase the subjects were investigated by means of the same techniques during hypnosis with specific suggestions for elimination of pain. Under light condition as well as after induction of pain an autonomic deactivation could be observed during hypnosis. Furthermore under pain condition a central deactivation could also be found, reflecting the depth of the hypnosis and the reduced perception of pain.

[0365]

Pseudo-epileptic seizures: hypnosis as a diagnostic tool  
Seizure 1995 Jun;4(2):123-8 (ISSN: 1059-1311)  
Kuyk J; Jacobs LD; Aldenkamp AP; Meinardi H; Spinhoven P; van Dyck R  
Instituut voor Epilepsiebestrijding, Heemstede, The Netherlands

In this pilot study hypnosis was used in an attempt to provide evidence of a psychogenic component of pseudo-epileptic seizures. The criterion for psychogenesis was the reversal of the amnesia, which is often present in epileptic- and pseudo-epileptic seizures. The technique has been validated by a semi-blind referral of cases for analysis after the clinician had been able to make a firm diagnosis based on electro-encephalic corroboration of the nature of the seizure. In eight out of nine patients (of the original 13 patients, three patients dropped out and one patient was not evaluable), the experimental diagnosis corresponded with the clinical diagnosis. As pseudo-epileptic seizures can be characterized by their dissociative nature, a reasonable hypothesis is that patients with pseudo-epileptic seizures are more responsive to hypnosis than patients with epileptic seizures. Measurements of hypnotizability among seven patients with epileptic seizures and six patients with pseudo-epileptic seizures supported this supposition.

[0366]

[An EEG coherence analysis during the interaction of a motor polarization dominant and "animal hypnosis" in rabbits]  
[Kogerentnyij analiz EEG pri vzaimodejstvii dvigatel'noj poliarizatsionnoj dominanty i "zhivotnogo gipnoza" u krolikov]  
Zh Vyssh Nerv Deiat Im I P Pavlova 1995 May-Jun;45(3):521-9 (ISSN: 0044-4677)  
Rusinova EV; Davydov VI

Intercentral relations of electrical activity of sensorimotor and premotor cortical areas of the right and left hemispheres were studied by means of coherence analysis during interaction of "animal hypnosis" and motor polarization dominant created by the action of DC anode on the area of the left hemisphere in rabbits. It was shown that the session of the "animal hypnosis" performed on the background of the optimum of polarization dominant elicited disappearance of asymmetry of coherence in the delta-range frequency of electrical activity of the examined cortical areas. After the end of hypnotic state and appearance of the motor reaction of the "non-dominant" right limb to the test stimulus, right-left asymmetry was again observed in coherence spectra of electrical activity of sensorimotor and premotor cortical areas. This phenomenon was characteristic for the optimum of polarization dominant.

[0367]

Hypnotherapy as a treatment for atopic dermatitis in adults and children  
Br J Dermatol 1995 May;132(5):778-83 (ISSN: 0007-0963)  
Stewart AC; Thomas SE  
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Eighteen adults with extensive atopic dermatitis, resistant to conventional treatment, were treated by hypnotherapy, with statistically significant benefit ( $P < 0.01$ ) measured both subjectively and objectively, which was maintained at up to 2 years where results were available. Twenty children with severe, resistant atopic dermatitis were treated by hypnosis. All but one showed immediate improvement, which was maintained at the following two clinic appointments. In 12 children, replies to a questionnaire at up to 18 months after treatment, showed that 10 had maintained improvement in itching and scratching, nine in sleep disturbance, and seven maintained improvement in itching and scratching, nine in sleep disturbance, and seven maintained improvement in mood.

[0368]

First admission (1846) of hypnotic testimony in court  
Am J Clin Hypn 1995 Apr;37(4):326-30 (ISSN: 0002-9157)  
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The record of an 1846 trial for murder in New York state was reviewed. This was the first case in which testimony based on hypnosis (mesmerism) was admitted without objection in an American court of law. The allegations against the defendant were not supported by the evidence offered, and a verdict of not guilty was rendered.

[0369]

Client-centered hypnotherapy for tinnitus: who is likely to benefit?  
Am J Clin Hypn 1995 Apr;37(4):294-9 (ISSN: 0002-9157)  
Mason J; Rogerson D  
Derbyshire Royal Infirmary, United Kingdom

In this study we prospectively analyzed 41 patients, 15 females and 26 males with a mean age of 54, who underwent three sessions of client-centered hypnotherapy for their tinnitus. Of these patients, 28 (68%) showed some benefit for their tinnitus 3 months after completing their hypnosis, and 13 (32%) showed no evidence of improvement for their tinnitus. Hearing loss was associated with a nonbeneficial outcome for tinnitus treated with hypnotherapy. Of the nonbeneficial group, 46% had a hearing loss of 30 db or more in their better-hearing ear compared to less than 15% in the beneficial group, a significant difference ( $X^2 = 6.34$ ,  $df = 1$ ,  $p < 0.02$ ). Client-centered hypnotherapy can be offered to anyone who wants to have therapy for their tinnitus; in those with significant hearing loss the benefit may be less.

[0370]

The use of the Crasilneck Bombardment Technique in problems of intractable organic pain  
Am J Clin Hypn 1995 Apr;37(4):255-66 (ISSN: 0002-9157)  
Crasilneck HB  
University of Texas Southwestern Medical Center, USA

The Crasilneck Bombardment Technique consists of six diversified methods of hypnotic inductions used consecutively within one hour; it has been used with a series of recalcitrant pain patients. The six sequential systems, used 7 to 10 minutes each, include (1) relaxation, (2) displacement, (3) age regression, (4) glove anesthesia, (5) hypnoanesthesia, and (6) self-hypnosis. The 12 consecutive patients, all of whom manifested severe organic pain problems, had not responded to any form of treatment, including standard hypnosis techniques. Ten of the twelve patients responded positively to the Bombardment Method. One year posttreatment, patient estimates of pain control ranged from 80% for minimal relief to 90% for maximum relief most of the time. The types of intractable pain treated were six headaches, three backaches, one arthritic pain, one postherpetic neuralgia pain problem, and one temporomandibular joint pain.

[0371]

The admissibility of hypnotic evidence in U.S. Courts.  
Int J Clin Exp Hypn 1995 Apr;43(2):212-33 (ISSN: 0020-7144)  
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For the past two decades, the American judiciary has confronted the admissibility of hypnotic evidence in criminal prosecutions. These courts have uniformly rejected the admissibility of out-of-court statements made while an individual is in hypnosis. In contrast, the courts divided sharply over the admissibility of hypnotically refreshed testimony. Some courts adopted a per se rule of exclusion; these courts, however, also carved out exceptions for testimony based on prehypnotic memory and testimony of the accused. Courts admitting hypnotically refreshed testimony adopted three different positions: (a) a "credibility" approach, which left the reliability issue to the jury; (b) a "discretionary admission" approach, which left the reliability issue to the trial judge; and (c) a "procedural safeguards" approach. In



addition, constitutional concerns played an influential role in some of these cases. This diversity in the case law often resulted from a judicial failure to understand the scientific research on hypnosis. Courts have also considered the use of hypnosis as a basis for expert testimony about an accused's mental state. Unless the advantages of hypnotically refreshed testimony are significant, why add more problems?

[0372]

The illusion of familiarity: an alternative to the report-criterion account of hypnotic recall  
Int J Clin Exp Hypn 1995 Apr;43(2):194-211 (ISSN: 0020-7144)  
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Hypnosis increases the likelihood that participants will report incorrect material at higher levels of confidence. One interpretation of such data is that hypnosis induces individuals to lower the criterion they use to make memory reports. A lowered report criterion could account for the increase in items that participants are willing to report as memories but not for the increase in confidence that typically accompanies hypnotic retrieval. Although some participants may indeed lower their report criterion, this alone should not result in the highly confident confabulation so often observed. An alternative perspective is that for some participants, hypnosis alters the experience of retrieval such that items generated during retrieval attempts are more likely to have the qualities (e.g., perceptual fluency, vividness) usually associated with remembering. This illusion of familiarity would account for the higher levels of confidence that are so frequently observed in hypnotic recall, and adopting this perspective should lead to even greater caution in the use of hypnosis as an aid to retrieval.

[0373]

Hypnosis, childhood trauma, and dissociative identity disorder: toward an integrative theory  
Int J Clin Exp Hypn 1995 Apr;43(2):127-44 (ISSN: 0020-7144)  
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It is contended that prevailing exogenous trauma theory provides in most cases neither a sufficient nor a necessary explanation for the current large number of diagnosed cases of dissociative identity disorder (multiple personality disorder) and related dissociative syndromes purported to have arisen as a response to severe early childhood physical and sexual abuse. Relevant aspects of instinctual drive theory, ego psychology, object relations theory, self psychology, social psychological theory, sociocultural influences, and experimental hypnosis findings are drawn on to demonstrate the importance of adopting a more integrative theoretical perspective in the diagnosis and treatment of severe dissociative syndromes. Further cooperative experimental and clinical research on the etiology, prevalence, and clinical manifestations of the group of dissociative disorders is strongly encouraged.

[0374]

Imagination training: a tool with many uses  
Contemp Pediatr 1995 Feb;12(2):22-6, 29-30, 32 passim (ISSN: 8750-0507)  
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Guided imagery, self-hypnosis, and related strategies can help improve patient comfort during medical procedures. Use them to relieve pain and nausea, control heightened anxiety and phobias, and generally make the office visit easier for everyone.

[0375]

EEG concomitants of hypnosis and hypnotic susceptibility  
J Abnorm Psychol 1995 Feb;104(1):123-31 (ISSN: 0021-843X)  
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Electroencephalograph (EEG) measures described high- and low-hypnotizable participants in terms of 3 conditions: an initial baseline period; baselines preceding and following a standard hypnotic induction; and during the induction. The following results were obtained. 1. High and low-hypnotic susceptible participants displayed a differential pattern of EEG activity during the baseline period, characterized by greater theta power in the more frontal areas of the cortex for the high-susceptible participants. 2. In the period preceding and following a standardized hypnotic induction, low-susceptible participant displayed an increase in theta activity, whereas high-susceptible participants displayed a decrease. 3. During the actual hypnotic induction itself, theta power significantly increased for both groups in the more posterior areas of the cortex, whereas alpha activity increased across all sites. Implications of these data include the possibility of psychophysiological measures offering a stable marker for hypnotizability, and anterior/posterior cortical differences being more important than hemispheric foci for understanding hypnotic processes.

[0376]

The effects of light, temperature, trance length, and time of day on hypnotic depth  
Am J Clin Hypn 1995 Jan;37(3):43-53 (ISSN: 0002-9157)  
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We evaluated predictions derived from the ultradian theory of hypnosis regarding the effects of temperature, light, trance length, and time of day on reported trance depth in 95 college undergraduates. Temperature and light showed no relation to trance depth. However, as predicted by ultradian theory, subjects who were kept in trance for 15 minutes reported greater trance depth than those who experienced a 5-minute trance. Time of day interacted with subjects' self-reported time of peak alertness in the following way: Subjects who reported greatest alertness in the morning achieved greater trance depth in the morning than in the evening, whereas those subjects who reported greater evening alertness reported deeper trance in the evening than in the morning. This latter finding was inconsistent with ultradian theory and prior research. Alternative explanations for this finding are discussed. Overall, the results from the present study do not provide strong support for Rossi's ultradian theory of hypnosis.

[0377]

Modifying hypnotizability: a new component analysis  
Int J Clin Exp Hypn 1995 Jan;43(1):70-89 (ISSN: 0020-7144)  
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The effects of the Carleton Skills Training Program (CSTP) on hypnotizability were compared to those of a modified training program in which instructions for physical enactment of the response were omitted. After training, subjects in the original CSTP reported an increase in the extent to which they intentionally enacted suggested behaviors. In contrast, subjects in the modified training program reported increased fantasy without voluntary physical enactment. Nevertheless, both training programs increased behavioral and subjective responsiveness to suggestion, and there were no significant differences in response enhancement between the two programs. Across conditions, increases in behavioral and subjective responses to suggestion were correlated with increased use of fantasy. In contrast, increases in enactment were correlated only with compliance. The modified training program is recommended as a means of enhancing suggestibility with less likelihood than the original CSTP of engendering compliance.

[0378]

Emotional self-regulation therapy for smoking reduction: description and initial empirical data

Int J Clin Exp Hypn 1995 Jan;43(1):7-19 (ISSN: 0020-7144)

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Self-regulation therapy (Amigo, 1992) is a set of procedures derived from cognitive skill training programs for increasing hypnotizability. First, experiences are generated by actual stimuli. Clients are then asked to associate those experiences with various cues. They are then requested to generate the experiences in response to the cues, but without the actual stimuli. When they are able to do so quickly and easily, therapeutic suggestions are given. Studies of self-regulation therapy indicate that it can be used successfully to treat smoking.

[0379]

Hypnotizability and mental imagery

Int J Clin Exp Hypn 1995 Jan;43(1):34-54 (ISSN: 0020-7144)

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Two studies investigated the relationship between mental imagery and hypnotizability, with the imagery measures administered in a hypnotic context. The correlation of hypnotizability with vividness of imagery was significant in one study, but not in the other; both correlations were significantly lower than that obtained between hypnotizability and absorption, assessed in the same samples. The correlations with control of visual imagery, and with various measures of the vividness of motor imagery, were even lower and rarely significant. Except for an aggregate index of motor imagery, a search for significant nonlinear relationships with hypnotizability yielded nothing that was consistent across studies. Future studies of imagery and hypnotizability should make use of better measures of vividness of mental imagery and consider the relevance of aspects of imagery other than vividness.

[0380]

[Use of hypnosis in multimodal treatment of children with urologic diseases]

[Primenenie gipnoza v kompleksnom lechenii detej s urologicheskimi zabolevaniiami]

Khirurgiia (Mosk) 1995;(4):30-1 (ISSN: 0023-1207)

Shul'man SA

Experience in the use of hypnosis in complex treatment of 75 children with urological diseases at an in-patient hospital is generalized. In patients with total epispadias, exstrophy and trauma of the urinary bladder postoperative hypnotherapy helped in training and restoration of micturition as a result of which a second operative intervention was not needed. After removal of a drain which had been inserted for a long time for urethral stricture suggestions made during hypnosis allayed fear and pain during micturition and thus significantly contributed to the restoration of this act. In children with neurogenous urinary bladder and valve of the posterior urethra hypnotherapy was successfully applied after dissection or cauterization of the valve to remove the syndrome of day and night urinary incontinence. Thus, the function of micturition may be restored most fully only by an effect exerted on all links of the pathological process.

[0381]

Non-pharmacological aspects of acute pain management

Complement Ther Nurs Midwifery 1995 Jun;1(3):77-84 (ISSN: 1353-6117)

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In this paper, non-pharmacological aspects of acute pain management were explored. Much of the research to date with regard to pain management, has been done, addressing the needs of chronic rather than acute pain. It is thought that misconceptions are still held by some health care professionals regarding the adequacy of pharmacology to deal totally with the problems of acute pain management, and it is of more importance to concentrate on issues associated with chronic pain. This is borne out by the relative attention paid to acute and chronic pain in the current body of research. Some aspects of non-pharmacological methods of pain management have been well researched over the last 20 to 30 years, whilst others are more recent innovations. Non-pharmacological aspects of acute pain management were examined under two headings: 1. Psychological approaches: including preoperative information giving, cognitive methods, relaxation training, distraction, guided imagery, humour, hypnosis, music and biofeedback. 2. Complementary therapies and other techniques: including both hands on and other physical therapies using equipment: massage, aromatherapy, reflex zone therapy, acupuncture, shiatsu, therapeutic touch and TENS. There is a sound body of knowledge to support the use of many of the established nonpharmacological methods in the management of acute pain. These include: appropriate preoperative information giving, preoperative relaxation, guided imagery and breathing training, cognitive reframing, distraction in both visual and auditory (music) forms, massage, acupuncture, TENS. Other methods which may be of assistance in acute pain management but are inconclusive in their effect from the current body of available research and may require further examination include: hypnosis, humour therapy, biofeedback techniques, aromatherapy, reflex zone therapy, shiatsu, Therapeutic Touch.

[0382]

Two cases of premenstrual sleep terrors and injurious sleep-walking

J Psychosom Obstet Gynaecol 1995 Jun;16(2):79-84 (ISSN: 0167-482X)

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There are currently three recognized menstrual-related sleep disorders: premenstrual insomnia, menopausal insomnia and premenstrual hypersomnia. Another category, premenstrual parasomnia (sleep behavior disorder), is now suggested. Case 1, a 17-year-old female, presented with a 6-year history of exclusively premenstrual sleep terrors and injurious sleep-walking that began 1 year after menarche. During the four nights preceding each menses, she would scream and run from her bed. There was no history of premenstrual syndrome. Neurological evaluations had been unrevealing, apart from mild mental retardation and attention deficit disorder; there was no psychiatric history. Polysomnography 3 days before the onset of menses confirmed the diagnosis of sleep-walking. Pharmacotherapies were not satisfactory, but self-hypnosis at bedtime was rapidly effective with benefit sustained at 2.5-year follow-up. Case 2, a 46-year-old woman without psychiatric disorder, presented with a 5-year history of sleep terrors and injurious sleep-walking that initially was not menstrually related, but beginning 8 months prior to referral, she developed an exclusively premenstrual parasomnia that, after polysomnography, was partially controlled with bedtime self-hypnosis and clonazepam, 0.25 mg.

[0383]

Psychophysical pain control during tooth extraction  
Gen Dent 1995 May-Jun;43(3):267-9 (ISSN: 0363-6771)  
Herod EL

A case of a patient with multiple allergies to local anesthesia and who required extraction of a maxillary canine is reported. The patient used her psychophysical capabilities to control the pain and anxiety associated with the surgery. A discussion of psychophysical pain control is presented.

[0384]

Hypnotizability and dissociativity in sexually abused girls  
Child Abuse Negl 1995 May;19(5):645-55 (ISSN: 0145-2134)  
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Research on the relation between hypnotizability and clinical dissociation has led to contradictory findings. Measures of hypnotizability and dissociation are only weakly correlated in general population samples, but studies of posttraumatic stress and dissociative disorders patients have found elevated levels of clinical dissociation and hypnotizability respectively. This study assesses the relationships among hypnotizability, clinical dissociation and traumatic antecedents in 54 sexually abused girls, ages 6-15 years, and 51 matched controls. Hypnotizability was assessed on initial evaluation and again in matched subsamples at one year using the Stanford Hypnotic Clinical Scale for Children. Clinical dissociation was assessed using the Child Dissociative Checklist. Abuse variables were extracted from Child Protective Services reports. There were no significant differences in hypnotizability between abuse and control subjects. There were significant differences in clinical dissociation initially and on 1-year retest. Hypnotizability and clinical dissociation were only weakly correlated ( $r(105) = .118, p = NS$ ). However, in the abuse group, highly hypnotizable subjects were significantly more dissociative. Higher levels of clinical dissociation were associated with abuse by multiple perpetrators and co-presence of physical abuse independent of the sexual abuse. A small subgroup of "double dissociative" subjects, high in both hypnotizability and dissociativity, was identified. Double dissociation was associated with multiple perpetrators and earlier onset of sexual abuse.

[0385]

Non-opioid-based approaches to burn pain  
J Burn Care Rehabil 1995 May-Jun;16(3 Pt 2):372-6 (ISSN: 0273-8481)  
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Burn pain is almost always acute, and treatment strategies are often on the opposite end of the spectrum from chronic pain. However, many of the techniques developed for chronic pain can be useful for burn pain, particularly when the problem involves characteristics of both. The cognitive styles that patients bring to burn care and the manner in which they interpret nociception provide a rich source of intervention strategies. Learning theory can be extremely useful in pain control, particularly if such principles are structured into the overall manner in which care is provided (e.g., medication schedules and therapy approaches). Because patients in the burn unit often undergo significant distress, less conventional approaches such as hypnosis may assume a legitimate role. Finally, the needs of children have been neglected in the burn pain literature, and efforts on adjunctive techniques should also consider this population.

[0386]

Sexuality and the psyche  
Aust Fam Physician 1995 May;24(5):785-9 (ISSN: 0300-8495)  
Johnson D  
Australian Society of Hypnosis

A lack of knowledge of human sexuality, on completing medical school, was the prompt to explore this area more fully. However, as more experience is gained in an area, more questions are raised, emphasizing that the black and white approach taken in medical school is often inappropriate in human health.

[0387]

[Sleep and dreams in pictures]  
[Schlaf und Traum im Bild]  
Schweiz Rundsch Med Prax 1995 Apr 11;84(15):432-9 (ISSN: 1013-2058)  
Stoll RT

Human life is divided into two thirds wakefulness and one third sleep. A newborn child sleeps to strengthen, the adult for regeneration. At the end of life man sinks down into the sleep of death: Hypnos and Thanatos are twin sons of the Queen of Night. Myths from different cultures are influenced by the experience of sleep and its inner world of pictures, the dreams. Artists, painters and sculptors let their visions float steadily into new pictures, and creatures of sleep formed out of diverse materials. Devine sleep, sleep for new life, sleep of health, creative sleep, prophetic sleep, sleep for revelation and for decisions.

[0388]

Strategies for autoregulation of peripheral skin temperature  
Percept Mot Skills 1995 Apr;80(2):675-86 (ISSN: 0031-5125)  
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The present study examined different mental strategies for effective and rapid regulation of skin temperature in adjacent areas. In the main study, subjects (N = 10) were asked to achieve mentally a maximal temperature difference between the right index and the right little fingers within 25 minutes. In a control group (N = 10), possible effects of a temperature-influencing device (cold and warm water bags on the left hand) on the right index and little fingers were examined. Because results were impressive, a series of similar studies was conducted. The results demonstrate the efficacy of mental strategies for a differential thermoregulation of adjacent skin areas (between 1 and 3 cm). Possible explanations and implications are discussed.

[0389]

Reducing smoking at the workplace: implementing a smoking ban and hypnotherapy  
J Occup Environ Med 1995 Apr;37(4):453-60 (ISSN: 1076-2752)  
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Smoking cessation programs may be an important component in the implementation of worksite smoking policies. This study examines the impact of a smoke-free policy and the effectiveness of an accompanying hypnotherapy smoking cessation program. Participants in the 90-minute smoking cessation seminar were surveyed 12 months after the program was implemented (n = 2642; response rate = 76%). Seventy-one percent of the smokers participated in the hypnotherapy program. Fifteen percent of survey respondents quit and remained continuously abstinent. A survey to assess attitudes toward the policy was conducted 1 year after policy implementation (n = 1256; response rate = 64%). Satisfaction was especially high among those reporting high compliance with the policy. These results suggest that hypnotherapy may be an attractive alternative smoking cessation method, particularly when used in conjunction with a smoke-free worksite policy that offers added incentive for smokers to think about quitting.

[0390]

Effects of a behavioral stress-management program on anxiety, mood, self-esteem, and T-cell count in HIV positive men  
Psychol Rep 1995 Apr;76(2):451-7 (ISSN: 0033-2941)  
Taylor DN

This study evaluated the effects of a behavioral stress-management program on anxiety, mood, self-esteem, and T-cell count in a group of HIV-positive men who were asymptomatic except for T-cell counts below 400. The program consisted of 20 biweekly sessions of progressive muscle relaxation and electromyograph biofeedback-assisted relaxation training, meditation, and hypnosis. Ten subjects were randomly assigned to either a treatment group or a no-treatment control group, and the 2 groups were compared on pre- to posttreatment changes in the dependent measures. Analysis showed that, compared with the no-treatment group, the treatment group showed significant improvement on all the dependent measures, which was maintained at a 1-mo. follow-up. Since stress is known to compromise the immune system, these results suggest that stress management to reduce arousal of the nervous system and anxiety would be an appropriate component of a treatment regimen for HIV infection.

[0391]

Hypnotically recalling dreams during analysis  
Psychoanal Rev 1995 Apr;82(2):207-27 (ISSN: 0033-2836)  
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This study described the procedure, the theoretical rationale, and clinical material relating to the hypnotic recalling of dreams during periods of protracted "dreamless" analyses. Two clinical examples were used to demonstrate the efficacy of using a special hypnotic procedure close to the analytic free-association method for the remembering or recalling the dreams. Discussion of the clinical material found: 1. the main factors contributing to a "dreamless" analysis were to be found in the transference-countertransference resistances of the analysis; 2. the justification for introducing the special hypnotic procedure as a parameter in the analysis was discussed and confirmed; 3. the remembering-recalling of the first dream—following the hypnotic intervention—lead to the recovery of a critical childhood memory; and 4. the parameter of using hypnosis as a method of breaking the intractable resistance of a "dreamless" analysis did not become an alien force which intervened whenever strong resistances appeared. On the contrary, it seemed to serve as a temporary therapeutic mechanism for allowing an energy shift to occur in the all-or-none defensive state of a "dreamless" analysis.

[0392]

A short unobtrusive hypnotic induction for assessing hypnotizability: II. Clinical case reports  
Am J Clin Hypn 1995 Apr;37(4):284-93 (ISSN: 0002-9157)  
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Three clinical cases illustrating the use of a brief hypnotic-assessment procedure (HAP) utilizing the Phenomenology of Consciousness Inventory (PCI) (Pekala, 1982, 1991c) are presented. The PCI-HAP consists of a 20-minute induction procedure, a short debriefing interview, and completion of the PCI by the client after the session. The procedure allows for the assessment of a client's hypnotizability level in a manner that is relatively unobtrusive and that generates phenomenological data to begin to help tailor a hypnotic intervention to the client. The use of the PCI-HAP for the three cases reviewed suggests that it can provide useful information about a client's hypnotizability level that I find helpful in treating the client in a private-practice setting.

[0393]

A short, unobtrusive hypnotic-assessment procedure for assessing hypnotizability level: I. Development and research  
Am J Clin Hypn 1995 Apr;37(4):271-83 (ISSN: 0002-9157)  
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In the present study we assessed a short-form hypnotic-induction procedure for determining hypnotic susceptibility. Eighty-four subjects completed a short hypnotic-induction procedure and afterwards completed two self-report phenomenological state instruments (the Phenomenology of Consciousness Inventory, PCI, Pekala, 1982, 1991c and the Phenomenology of Consciousness Inventory: Short Form, PCI:SF, Pekala, 1988) in reference to a sitting-quietly period embedded within the hypnotic-induction procedure. A week later the same subjects completed the Harvard Group Scale of Hypnotic Susceptibility (Shor & Orne, 1962) and the PCI in reference to a short, sitting-quietly interval embedded in the Harvard. Using a regression equation obtained from prior research (Pekala & Kumar,

1987), a Pearson *r* correlation of .51 was obtained between a predicted Harvard Group Scale (pHGS) score from subjects' subjective experiences of the first hypnotic-induction procedure and subjects' actual performances on the Harvard Scale. These results suggest the usefulness of using a 20-minute hypnotic-assessment procedure with a self-report instrument like the PCI to measure a client's hypnotic susceptibility.

[0394]

Hypnotic analgesia reduces R-III nociceptive reflex: further evidence concerning the multifactorial nature of hypnotic analgesia  
Pain 1995 Jan;60(1):39-47 (ISSN: 0304-3959)  
Kiernan BD; Dane JR; Phillips LH; Price DD  
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Mechanisms of hypnotic analgesia were investigated by examining changes in the R-III, a nociceptive spinal reflex, during hypnotic reduction of pain sensation and unpleasantness. The R-III was measured in 15 healthy volunteers who gave VAS-sensory and VAS-affective ratings of an electrical stimulus during conditions of resting wakefulness, suggestions for hypnotic analgesia, and attempted suppression of the reflex during non-hypnotic conditions. The H-reflex was also measured to monitor and control for general changes in alpha-motoneuron excitability. Hypnotic sensory analgesia was related to reduction in the R-III after controlling for changes in the H-reflex ( $R^2 = 0.51$ ,  $P < 0.003$ ), suggesting that hypnotic sensory analgesia is at least in part mediated by descending antinociceptive mechanisms that exert control at spinal levels in response to hypnotic suggestion. The relationship between hypnotic affective analgesia and reduction in R-III approached significance ( $R^2 = 0.26$ ;  $P = 0.053$ ). Reduction in R-III was 67% as great and accounted for 51% of the variance in reduction of pain sensation. In turn, reduction in pain sensation was 75% as great and accounted for 77% of the variance in reduction of unpleasantness. The results suggest that 3 general mechanisms may be involved in hypnotic analgesia. The first, implicated by reductions in R-III, is related to spinal cord antinociceptive mechanisms. The second, implicated by reductions in pain sensation over and beyond reductions in R-III, may be related to brain mechanisms that serve to prevent awareness of pain once nociception has reached higher centers, as suggested by Hilgard. (ABSTRACT TRUNCATED AT 250 WORDS).

[0395]

Biofeedback-aided hypnotherapy for intractable phobic anxiety  
Am J Clin Hypn 1995 Jan;37(3):54-64 (ISSN: 0002-9157)  
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Phobically avoidant people need treatments that enable them to cope effectively with their task threats. Field-mastery techniques that emphasize the importance of cognitively and behaviorally active roles to be taken by both therapist and patient have been shown to be superior to the clinic-based exposure and encouragement approaches. This paper describes a treatment model used with patients who were refractory to any performance-based treatment because of various reasons, primarily intense fear of even the initial guided exposure. Biofeedback-aided hypnotherapy (BAH) was the integrated new treatment employed. It offered the simultaneous safety of the clinic, enhanced vivification of the feared situation, combined with continuous convincing feedback about the growing mastery. BAH may ease the fear associated with the binary leap from in-vitro treatment to actual exposure. This treatment offers an alternative to phobic patients who are too fearful to engage in any other effective treatment modality.

[0396]

Taped therapeutic suggestions and taped music as adjuncts in the care of coronary-artery-bypass patients  
Am J Clin Hypn 1995 Jan;37(3):32-42 (ISSN: 0002-9157)  
Blankfield RP; Zyzanski SJ; Flocke SA; Alemagno S; Scheurman K  
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A randomized, single-blinded, placebo-controlled trial examined the benefits of taped therapeutic suggestions and taped music in coronary-artery-bypass patients. Sixty-six patients listened to either suggestion tapes or music tapes, intraoperatively and postoperatively; 29 patients listened to blank tapes intraoperatively and listened to no tapes postoperatively. Half the patients who listened to a tape found it helpful. There were no significant differences between groups in length of SICU or postoperative hospital stay, narcotic usage, nurse ratings of anxiety and progress, depression, activities of daily living, or cardiac symptoms. There were no significant differences in these same outcomes between the patients who were helped by the tapes and the patients not helped. These results suggest that if taped therapeutic suggestions have a measurable effect upon cardiac surgery patients, demonstrating this effect will require more detailed patient evaluations to identify subgroups of patients responsive to this type of intervention.

[0397]

Pseudomemories: the standard of science and the standard of care in trauma treatment  
Am J Clin Hypn 1995 Jan;37(3):1-24 (ISSN: 0002-9157)  
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The pseudomemory (PM) debate has focused on individuals who do not remember sexual abuse and later recover these memories, often in therapy. This paper critically reviews experimental research on stress and memory and on suggestibility and memory in terms of its applicability to PM production in therapy. Three different kinds of suggestibility are identified—hypnotizability, postevent misinformation suggestibility, and interrogatory suggestibility. It is hypothesized that interrogatory suggestibility alone or the interaction of all three pose significant risk for PM production. It is argued that a better standard of science is needed before claims can be made about PM production in therapy, since no experimental studies have been conducted on memory performance or suggestibility effects in therapy. However, the findings derived from memory research on other populations, nevertheless, are useful to inform the standard of care in treating recovered memory patients.

[0398]

Hypnotic analgesia, expectancy effects, and choice of design: a reexamination  
Int J Clin Exp Hypn 1995 Jan;43(1):55-69 (ISSN: 0020-7144)  
Jacobs AL; Kurtz RM; Strube MJ  
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Previous research by Stam and Spanos suggests that if waking analgesia is followed by hypnotic analgesia, subjects refrain from maximally responding during the waking trial so they report less pain under hypnosis (i.e., a "holdback effect"). This hypothesis was re-examined using more stringent controls. Thirty-six highly susceptible subjects chosen by a combination of the Harvard Group Scale of

Hypnotic Susceptibility, Form A and the Stanford Hypnotic Susceptibility Scale, Form C were randomly assigned to one of three treatment groups (waking analgesia followed by hypnotic analgesia, waking analgesia followed by waking analgesia, or hypnotic analgesia followed by waking analgesia). Each group received three 60-second immersions of cold pressor pain stimulation (baseline, Immersion 1, Immersion 2) and rated pain using a magnitude estimation and a category rating scale. The obtained results failed to support the hypotheses of a holdback effect or a "reverse-order holdback effect." Properties of within-subjects and between-subjects designs were considered in explaining the superiority of hypnotic analgesia over waking analgesia typically found in within-subjects models.

[0399]

Fluctuations in hypnotic susceptibility and imaging ability over a 16-hour period

Int J Clin Exp Hypn 1995 Jan;43(1):20-33 (ISSN: 0020-7144)

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Within-subject variability for hypnotic susceptibility as measured by the Harvard Group Scale of Hypnotic Susceptibility, Form A and for imaging ability as measured by the Vividness of Visual Imagery Questionnaire was determined over a 16-hour period. Half of the subjects were day persons, those most alert during daytime hours (as determined by the Alertness Questionnaire); the remaining subjects were night persons. For day persons, hypnotic susceptibility was greatest at 10:00 a.m. and 2:00 p.m.; for night persons, susceptibility was greatest at 1:00 p.m. and between 6:00 p.m. and 9:00 p.m. Imaging ability also varied as a function of time of administration. However, these peak periods occurred before and after hypnotic susceptibility peaks. Such a pattern was interpreted as indicating the possible existence of an ultradian cycle for imaging ability.

[0400]

Somatization. Concepts, data, and predictions from the high risk model of threat perception

J Nerv Ment Dis 1995 Jan;183(1):15-23 (ISSN: 0022-3018)

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Eighty-three consecutive patients with chronic somatic complaints seen prior to therapy were tested on the eight factors of the High Risk Model of Threat Perception. Thirty-two percent were high and 28% were low on hypnotic ability, which is more highs and lows than would be expected in a normal population. In the high and low hypnotic ability somatizers, the distribution of somatic and psychological symptoms is significantly different from the moderate group. Counterintuitively, hypnotic ability and major life change were orthogonal to all of the other risk factors. These findings are consistent with eight of nine predictions from the High Risk Model of Threat Perception.

[0401]

Augmenting sedation with hypnosis in drug-dependent patients

Anesth Prog 1995;42(3-4):139-43 (ISSN: 0003-3006)

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The successful use of conscious sedation in patients physically dependent on centrally acting drugs is problematic for the dental anesthesiologist because of the concomitant development of tolerance to standard sedative agents. Dosage requirements necessary to adequately sedate these patients are often higher than recommended and carry an increased risk of drug overdose. The following report summarizes our experience with 18 drug-dependent patients in whom hypnosis was employed in conjunction with a standard sedation regimen. Attempts to complete various dental procedures while employing sedation alone on these patients had previously failed. All patients exhibited highly fearful or phobic behavior toward dental treatment as assessed by the Corah Dental Anxiety Scale. If an intravenous sedative regimen (midazolam or diazepam plus methohexital) was employed, hypnotic induction preceded the administration of the sedative drugs. If an intramuscular sedative regimen was employed (meperidine plus promethazine), the hypnotic induction took place after drug administration. With the combined hypno-sedative approach, treatment outcomes were judged to be good or excellent in 11 of 18 patients. Interestingly, in five of seven patients for whom the treatment outcome was rated poor or fair, the possibility of tolerance or cross-tolerance existed between a drug being abused and the sedative regimen. In contrast, this possibility existed in only 1 of 11 patients with good or excellent treatment outcomes. We conclude that hypnosis can augment the effects of sedation in this patient population. However, it is also important to choose a sedative regimen where tolerance is unlikely to exist.

[0402]

[Medical students and alternative medicine--a survey]

[Medizinstudenten und unkonventionelle Heilweisen--eine Befragung]

Gesundheitswesen 1995 Jun;57(6):345-8 (ISSN: 0941-3790)

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In the last decade, the growing interest and use of alternative healing methods among practitioners and patients has been documented in many empirical studies. The present inquiry of  $n = 140$  undergraduate medical students at the University of Düsseldorf reveals a continually increasing knowledge of methods, self-experience as patients or lay persons, and an interest in learning one or more techniques. The highest interest in acquiring a working knowledge of a method is for acupuncture (55.7%), homoeopathy (42.1%), autogenous training (24.9%), and reflex-zone therapies (11.4%). On a five-point-rating scale (3 = no effect) for estimated effectiveness, acupuncture, music therapy, autogenous training, massage, chiropractics (each 1.7) and homoeopathy (1.9) ranked high, whereas esoteric methods like laying-on-of-hands (3.3), hypnosis (2.5) and ozone and oxygen therapies (2.9) were low. The average score of 2.1 for all alternative methods indicates that they are generally considered more effective than not. A shift from a bio-medical "paradigm" towards psychosomatic and biopsychosocial thinking can be hypothesized, since (body-) psychotherapies (2.0) and body therapies (1.7) are rated highly effective.

[0403]

Psychotherapy and the recovery of memories of childhood sexual abuse: U.S. and British practitioners' opinions, practices, and experiences

J Consult Clin Psychol 1995 Jun;63(3):426-37 (ISSN: 0022-006X)

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Licensed U.S. doctoral-level psychotherapists randomly sampled from the National Register of Health Service Providers in Psychology (Surveys 1 and 2, n = 145; Council for the National Register of Health Service Providers in Psychology, 1992) and British psychologists sampled from the Register of Chartered Clinical Psychologists (Survey 2, n = 57; British Psychological Society, 1993) were surveyed regarding clients' memories of childhood sexual abuse (CSA). The 3 samples were highly similar on the vast majority of measures. Respondents listed a wide variety of behavioral symptoms as potential indicators of CSA, and 71% indicated that they had used various techniques (e.g., hypnosis, interpretation of dreams) to help clients recover suspected memories of CSA. Across samples, 25% of the respondents reported a constellation of beliefs and practices suggestive of a focus on memory recovery, and these psychologists reported relatively high rates of memory recovery in their clients.

[0404]

Alternative medicine and general practitioners. Opinions and behaviour  
Can Fam Physician 1995 Jun;41:1005-11 (ISSN: 0008-350X)  
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OBJECTIVE: To describe general practitioners' opinions and behaviour regarding alternative medicine. DESIGN: Cross-sectional survey of a random sample of Ontario and Alberta general practitioners. SETTING: General practices in Ontario and Alberta. PARTICIPANTS: A questionnaire was mailed to 400 general practitioners. Of the 384 eligible physicians, 200 completed the questionnaire. MAIN OUTCOME MEASURES: Reported beliefs and practices concerning alternative medicine. RESULTS: Acupuncture, chiropractic, and hypnosis were considered most useful and reflexology, naturopathy, and homeopathy least useful. Results showed 56% of general practitioners believed that alternative medicine has ideas and methods from which conventional medicine could benefit, 54% referred to alternative practitioners, and 16% practised some form of alternative medicine. Province of practice, place of graduation, training in alternative approaches, number of alternative approaches perceived useful, and attitude toward alternative medicine were clearly related to referring to alternative practitioners. Sex, age, type of practice, training in alternative medicine, referring to alternative practitioners, number of alternative approaches perceived useful, and attitude toward alternative medicine were related to practicing alternative medicine. CONCLUSION: Although acceptance and integration of alternative medicine extend only to certain approaches, alternative medicine cannot be discounted in general practice. A study encompassing all Canadian provinces could help in planning medical education and developing policies to guide physician behaviour.

[0405]

Psychorehabilitation aspects in older age groups  
Exp Gerontol 1995 May-Aug;30(3-4):423-30 (ISSN: 0531-5565)  
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Throughout medical history, suggestion is the oldest and most common method of relieving human distress and treating physical disease. One of the oldest Egyptian documents, the Ebers Papyrus (1552 BC) states, "Lay your hands upon him to quiet the pain in the arms and say that the pain will disappear." The psychogenic and therapeutic potency of Native American trance dances are also well documented. In a North American tribe practicing ancient traditions, such dances were found to produce an altered feeling for time, loss of conscious control, drastic emotional outbreaks, illusions, hypersuggestibility, and a deep feeling of restored youthfulness (Jilek, 1982). These and other historical documents show the deep historical connection between somatic and mental processes. From the viewpoint of a neurologist or a psychiatrist, a combination of somatic illness, depressive syndromes, organic psychosyndromes, and multimorbidity is frequent in elderly patients (Kortus, 1992). Thus, integrated psychotherapy in geriatric rehabilitation is necessary and useful. Practical psychotherapeutic methods are discussed in this manuscript.

[0406]

On the belief that one body may be host to two or more personalities  
Int J Clin Exp Hypn 1995 Apr;43(2):163-83 (ISSN: 0020-7144)  
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The belief in the validity of the multiple personality concept is discussed in this article. Two scaffolding constructions are analyzed: dissociation and repression. As generally employed, these constructions grant no agency to the multiple personality patient. The claim is made that the conduct of interest arises in discourse, usually with the therapist as the discourse partner. In reviewing the history of multiple personality and the writings of current advocates, it becomes clear that contemporary users of the multiple personality disorder diagnosis participate in a subculture with its own set of myths, one of which is the autonomous actions of mental faculties. Of special significance is the readiness to transfigure imaginings into rememberings of child abuse, leading ultimately to the manufacture of persons. The implications for both therapy and theory of regarding the patient as agent in place of the belief that the contranormative conduct is under the control of mentalistic faculties are discussed.

[0407]

The North Carolina Dissociation Index: a measure of dissociation using items from the MMPI-2  
J Pers Assess 1995 Apr;64(2):349-59 (ISSN: 0022-3891)  
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The development of a new measure of dissociation using items from the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) is described. In Experiment 1, 525 college students were administered a measure of hypnotic susceptibility and completed several specialized measures of dissociation or dissociation-like experiences. The new measure, the North Carolina Dissociation Index (NCDI) demonstrated adequate internal consistency and good convergent validity. In Experiment 2, the NCDI demonstrated adequate internal consistency and test-retest reliability with a different sample of college students. Moreover, NCDI scores showed a relatively strong correlation with an interview-based measure of dissociative symptoms. In addition, a small sample of students with dissociative disorders had significantly higher NCDI scores than students with anxiety disorders and normal control subjects. In Experiment 3, 19 gang combat veterans were administered a semistructured diagnostic interview and the MMPI-2. Subjects who were diagnosed with Posttraumatic Stress Disorder (PTSD) scored significantly higher on the NCDI than subjects who did not have PTSD. The NCDI is intended primarily as a tool in settings where the MMPI-2 is routinely administered.

[0408]

Treatment of nicotine dependence  
Am J Health Syst Pharm 1995 Feb 1;52(3):265-81; quiz 314-5 (ISSN: 1079-2082)  
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Drug and nondrug interventions used in treating nicotine dependence are reviewed. Tobacco use is the leading preventable cause of death in the United States. Risks of smoking-related disease and death decline sharply when smokers quit, but 26% of Americans continue to smoke. Most smokers find it extremely difficult to quit smoking because of their nicotine addiction. Nonpharmacologic interventions used to promote smoking cessation include behavioral therapy, setting a specific date for quitting, receiving advice to quit from a health care professional, follow-up visits to review progress, self-help approaches, group counseling, filtration devices, hypnosis, and acupuncture. The efficacy of these approaches ranges from substantial to almost nil. The only pharmacologic agent with FDA-approved labeling for use in smoking-cessation therapy is nicotine. When used in conjunction with appropriate nonpharmacologic interventions, nicotine-replacement therapy roughly doubles the rate of quitting obtained with placebo. Nicotine-replacement therapies consist of nicotine transdermal (patch) systems and nicotine chewing gum. The nicotine patch is the first-line replacement therapy because it is effective when accompanied by only minimal (as opposed to more intensive) nonpharmacologic interventions and because it is easier to use and comply with than gum. Clonidine, antidepressants, and bupropion require further study to determine what role, if any, they should play in the treatment of nicotine dependence. The stages of smoking cessation are precontemplation, contemplation, action, and maintenance; interventions are selected on the basis of the stage the smoker is in. Nicotine dependence is difficult to treat, but there are aids that boost a smoker's chances of quitting. Nicotine patches and chewing gum offer the most effective pharmacologic options, especially when combined with behavioral interventions and counseling.

[0409]

Introducing alternative/complementary healing to allopathic medical students  
J Altern Complement Med 1995 Jan;1(1):93-8 (ISSN: 1075-5535)  
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We have designed a senior elective, Introduction to Alternative Medicine, to prepare our students better to practice in multicultural environments, and to expand their views of health and healing. We combined didactic lecture, films, first-hand experience with some methods, and observation of alternative practitioners in their offices/clinics. Students explored hypnosis, chiropractic, therapeutic touch, meditation, biofeedback, acupuncture, homeopathy, naturopathy, and massage therapy. Discussions of scientific efficacy, legal and ethical considerations, and the role of spirituality in health and healing focused on limitations of science-based approaches and reasons why alternative/complementary methods are popular with patients and allopathic physicians. We conclude that allopathic medical schools have an important role in reducing the isolation of their students from alternative health beliefs, practices, and systems of care that are common in our communities.

[0410]

Can children with spastic cerebral palsy use self-hypnosis to reduce muscle tone? A preliminary study  
2000 Mar 21;2(2):93-96 (ISSN: 1096-2190)  
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A few scattered reports suggest self-hypnosis may be helpful in reducing muscle tone in children with spastic cerebral palsy (CP). These reports are largely anecdotal and offer little objective evidence. This study used the Biocomp 2000 biofeedback electromyogram device to measure the degree of muscle tension in two muscle groups before, during, and after hypnosis in four children with spastic quadriplegic CP. Three of the four children were able to show a very significant decrease in muscle tension while under "trance" and were able to use self-relaxation techniques when confronted with stressful situations. Two of the children also had athetoid or involuntary movements and each was able to better control those movements with the aid of hypnosis. All four children demonstrated improved functional abilities.

[0411]

The power of a musical instrument: Franklin, the Mozarts, Mesmer, and the glass armonica  
Hist Psychol 2000 Nov;3(4):326-43 (ISSN: 1093-4510)  
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In 1761 Benjamin Franklin invented the armonica (often referred to as the glass harmonica), an instrument designed to simplify the playing of the musical glasses. The instrument immediately became popular and inspired compositions by Wolfgang Mozart, who had the opportunity to hear and play one at the house of Franz Anton Mesmer. Armonica music was used by Mesmer in his seances, because he felt it could promote healing by propagating a mystical fluid that he called animal magnetism through the body. After Mesmer's theories were debunked by a highly respected panel of scientists, the armonica fell out of vogue. Because Franklin was on the panel that examined the discredited mesmerism, he indirectly contributed to his own invention's demise.

[0412]

Cardiovascular reactivity during hypnosis and hypnotic susceptibility: three studies of heart rate variability  
Int J Clin Exp Hypn 2000 Jan;48(1):22-31 (ISSN: 0020-7144)  
Ray WJ; Sabsevitz D; De Pascalis V; Quigley K; Aikins D; Tubbs M  
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This paper was designed to examine the relationship between hypnotic susceptibility and cardiovascular measures, especially parasympathetic activity, in 3 separate studies. In these studies, neither heart rate nor heart rate variability differed between the high and low hypnotically susceptible individuals at the initial baseline. Furthermore, in the first study, experimental tasks designed to elicit differential sympathetic and parasympathetic cardiac responses demonstrated no interaction with hypnotic susceptibility. Overall, these 3 studies suggest that hypnotic susceptibility in itself is not associated with parasympathetic aspects of either basal cardiac states or cardiac responses. In addition, a hypnotic induction itself did not differentially influence parasympathetic activity for the high versus low susceptible individuals.

[0413]

Functional anatomy of hypnotic analgesia: a PET study of patients with fibromyalgia



Eur J Pain 1999 Mar;3(1):7-12 (ISSN: 1090-3801)  
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Hypnosis is a powerful tool in pain therapy. Attempting to elucidate cerebral mechanisms behind hypnotic analgesia, we measured regional cerebral blood flow with positron emission tomography in patients with fibromyalgia, during hypnotically-induced analgesia and resting wakefulness. The patients experienced less pain during hypnosis than at rest. The cerebral blood-flow was bilaterally increased in the orbitofrontal and subcallosal cingulate cortices, the right thalamus, and the left inferior parietal cortex, and was decreased bilaterally in the cingulate cortex. The observed blood-flow pattern supports notions of a multifactorial nature of hypnotic analgesia, with an interplay between cortical and subcortical brain dynamics. Copyright 1999 European Federation of Chapters of the International Association for the Study of Pain.

[0414]  
The complex 'whole': exploring homoeopathic and spiritual considerations  
Aust J Holist Nurs 2000 Apr;7(1):31-5 (ISSN: 1322-8803)  
Bell F

Unlike the biomedical model, holistic health care takes a much broader view of what constitutes health and the responsibility for helping restore an individual's health. Homoeopathy addresses the physical, mental and emotional aspects of the whole individual, while alternative practices such as yoga, hypnotherapy and meditation can be described as 'functional' spiritual practices which demonstrate the taking of personal responsibility for health care to the individual.

[0415]  
Hypnotherapy for crohn's disease. A promising complementary/alternative therapy  
2000 Mar 21;2(2):127-131 (ISSN: 1096-2190)  
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Crohn's disease is a nonspecific chronic syndrome of unknown origin for which, to date, no conventional (i.e., medical or surgical) cure exists. However, recent clinical case studies and anecdotal reports have shown that the use of different forms of hypnotherapy for the treatment of Crohn's have actually resulted in cures. This report reviews and compares the effectiveness of hypnotherapy in the treatment of Crohn's disease vis-a-vis current medical and surgical therapies, in addition to reviewing evidence of the modulation of immune function parameters by hypnosis, while providing support for current etiological hypotheses of Crohn's disease as an autoimmune disorder.

[0416]  
Current Issues in Dissociative Identity Disorder  
J Psych Pract 1999 Jan;5(1):3-19 (ISSN: 1076-5417)  
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Dissociative identity disorder (DID) is among the most challenging of mental disorders to diagnose and treat. It has also been the subject of many controversies in the field. The author first discusses how the disorder is defined and reviews the DSM-IV criteria for DID as well as concepts of identities, personalities, and personality states. A number of controversial areas are then discussed, including the epidemiology and etiology of DID, dealing with allegations of abuse, and whether to assess for DID and to deal with alters and trauma history in treatment. A variety of diagnostic approaches is described, including clinical interviews, mental status examinations, and screening and diagnostic instruments such as the Dissociative Experiences Scale (DES). The differential diagnosis of DID is reviewed. The disorders that it is most important to consider in the differential diagnosis of DID are other dissociative disorders, psychotic disorders, affective disorders, borderline personality disorder, partial complex seizures, factitious disorders, and malingering. The second half of the article deals with treatment issues. The author reviews the various stances toward the treatment of DID (e.g., strategical integrationalist, tactical integrationalist) and then discusses the stages of DID treatment as described by a variety of authors. Treatment issues related to different subgroups of DID patients are described. The author also presents a method for monitoring the flow of DID treatment. The article concludes with special discussions of selected topics such as working with alters, trauma and abreaction, hypnosis, and the use of medication. [Copyright Information: Copyright (c)1997 by Williams & Wilkins]

[0417]  
Meditation as a Voluntary Hypometabolic State of Biological Estivation  
News Physiol Sci 1998 Jun;13:149-153 (ISSN: 0886-1714)  
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Meditation, a wakeful hypometabolic state of parasympathetic dominance, is compared with other hypometabolic conditions, such as sleep, hypnosis, and the torpor of hibernation. We conclude that there are many analogies between the physiology of long-term meditators and hibernators across the phylogenetic scale. These analogies further reinforce the idea that plasticity of consciousness remains a key factor in successful biological adaptation.

[0418]  
Treating CAD with Cardiac Surgery Combined with Complementary Therapy  
Medscape Womens Health 1996 Oct;1(10):7 (ISSN: 1521-2076)  
Oz MC; Lemole EJ; Oz LL; Whitworth GC; Lemole GM  
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Coronary artery bypass graft (CABG) surgery to bypass blocks in the vascular pipeline can correct an acute problem, but it doesn't treat the underlying disease. This cardiac surgical team from a leading medical center explains why and how music therapy, aromatherapy, hypnosis, diet, and other modalities can be used to complement and extend the effect of the surgical repair.

[0419]  
Treatment of pain in severe burns

Am J Clin Dermatol 2000 Nov-Dec;1(6):329-35 (ISSN: 1175-0561)

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Burn pain can cause psychological and functional difficulties, and is difficult to predict from wound depth. The initial painful stimulation of nerve endings by the burn with continued painful stimuli result in peripheral and central mechanisms causing amplification of painful stimuli, and the development of chronic pain syndromes that can be difficult to treat. In order to assess the effect of analgesic interventions it is essential to measure the patient's pain in a simple and reproducible manner. A number of tools exist for this measurement, ranging from longer and more detailed techniques such as the McGill pain questionnaire most suited to relatively stable pain, to visual analogue scores and picture-based scores for children. Pain management begins with the acute injury, with initial measures such as cooling of the burn and use of inhalational agents such as oxygen/nitrous oxide mixtures. On arrival in hospital, for any but trivial burns, intravenous opioids are appropriate and should be administered as small intravenous boluses titrated against effect. Following the initial resuscitation, pain may be divided into background pain and that associated with procedures. These often require different analgesic interventions. Background pain may be treated with potent intravenous opioids by infusion or patient controlled analgesia and then on to oral, less potent opioids, followed by other oral analgesics. Often drug combinations work best. More severe procedural pain may be treated with a variety of interventions from a slight increase in therapy for the background pain to more potent drugs, local blocks, or general anaesthesia. In addition to drug-based methods of managing burn pain, a number of nonpharmacologic approaches have been successfully employed including hypnosis, auricular electrical stimulation, massage, and a number of cognitive and behavioural techniques.

[0420]

Nonepileptic Seizures

Curr Treat Options Neurol 2000 Nov;2(6):559-570 (ISSN: 1092-8480)

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The primary goal of treatment in nonepileptic seizures (NES) is to improve the patient's quality of life by terminating seizure production or reducing seizure frequency. Initial treatment consists of explaining the diagnosis and its psychological nature to patients without judging them or giving the NES excessive attention. Next, help patients identify stresses and refer them for mental health treatment. Neurologists should continue to see patients intermittently to wean anticonvulsants, and encourage compliance with mental health care. Psychiatric treatment of NES has the following three aims: 1) Help patients identify and eliminate contributing stresses. 2) Teach better coping mechanisms and increased expression of suppressed feelings that are being communicated somatically. 3) Diagnose and treat comorbid psychiatric conditions such as depression, anxiety, dissociation, or post-traumatic symptoms. The mainstay of psychiatric treatment for NES is some kind of individual or family psychotherapy or hypnosis. Selective serotonin reuptake inhibitor antidepressant medications (first-line drugs) or tricyclic antidepressants (second-line drugs) may be needed to treat comorbid depression, panic, or post-traumatic stress disorder (PTSD), but medications should nearly always be combined with psychotherapeutic approaches. Benzodiazepines should be used only with psychotherapy to teach better coping. Families or caregivers may need to learn behavior modification to minimize covert environmental rewards for NES. With proper diagnosis and treatment, about 45% of patients will become seizure-free, and another one third of patients will show reduced seizure frequency.

[0421]

Empirically supported treatments in pediatric psychology: nocturnal enuresis

J Pediatr Psychol 2000 Jun;25(4):193-214; discussion 215-8, 219-24 (ISSN: 0146-8693)

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**OBJECTIVE:** To review the medical and psychological literature concerning enuresis treatments in light of the Chambless criteria for empirically supported treatment. **METHOD:** A systematic search of the medical and psychological literature was performed using Medline and Psychlit. **RESULTS:** Several review studies and numerous well-controlled experiments have clearly documented the importance of the basic urine alarm alone as a necessary component in the treatment of enuresis or combined with the "Dry-Bed Training" intervention, establishing them as "effective treatments." Other multicomponent behavioral interventions that also include the urine alarm such as "Full Spectrum Home Training" have further improved the outcome for bed-wetters, but are classified as "probably efficacious" at this time because independent researchers have not replicated them. Less rigorously examined approaches that focus on improving compliance with treatment or include a "cognitive" focus (i.e., hypnosis) warrant further study. **CONCLUSIONS:** We recommend a "biobehavioral" perspective in the assessment and treatment of bed-wetting and suggest that combining the urine alarm with desmopressin offers the most promise and could well push the already high success rates of conditioning approaches closer to 100%. Much important work is yet to be completed that elucidates the mechanism of action for the success of the urine alarm and in educating society about its effectiveness so that its availability is improved.

[0422]

Irritable Bowel Syndrome

Curr Treat Options Gastroenterol 1999 Feb;2(1):13-19 (ISSN: 1092-8472)

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I believe there are four essential elements in the management of patients with irritable bowel syndrome (IBS): to establish a good physician-patient relationship; to educate patients about their condition; to emphasize the excellent prognosis and benign nature of the illness; and to employ therapeutic interventions centering on dietary modifications, pharmacotherapy, and behavioral strategies tailored to the individual. Initially, I establish the diagnosis, exclude organic causes, educate patients about the disease, establish realistic expectations and consistent limits, and involve patients in disease management. I find it critical to determine why the patient is seeking assistance (eg, cancer phobia, disability, interpersonal distress, or exacerbation of symptoms). Most patients can be treated by their primary care physician. However, specialty consultations may be needed to reinforce management strategies, perform additional diagnostic tests, or institute specialized treatment. Psychological co-morbidities do not cause symptoms but do affect how patients respond to them and influence health care-seeking behavior. I find that these issues are best explored over a series of visits when the physician-patient relationship has been established. It can be helpful to have patients fill out a self-administered test to identify psychological co-morbidities. I often use these tests as a basis for extended inquiries into this area, resulting in the initiation of appropriate therapies. I encourage patients to keep a 2-week diary of food intake and gastrointestinal symptoms. In this way, patients become actively involved in management of their disease, and I may be able to obtain information from the diary that will be valuable in

making treatment decisions. I do not believe that diagnostic studies for food intolerances are cost-effective or particularly helpful; however, exclusion diets may be beneficial. I introduce fiber supplements gradually and monitor them for tolerance and palatability. Synthetic fiber is often better-tolerated than natural fiber, but must be individualized. In my experience, excessive fiber supplementation often is counterproductive, as abdominal cramps and bloating may worsen. Antidiarrheal agents are very effective when used correctly, preferably in divided doses. I use them in patients in anticipation of diarrhea and especially in those who fear symptoms when engaged in activities outside the home. I encourage patients to make decisions as to when and how much to use. However, almost always, a morning dose before breakfast is used (loperamide, 2 to 6 mg) and, perhaps again later in the day when symptoms of diarrhea are prominent. I prefer antispasmodics to be used intermittently in response to periods of increased abdominal pain, cramps, and urgency. For patients with daily symptoms, especially after meals, agents such as dicyclomine before meals are useful. For patients with infrequent but severe episodes of unpredictable pain, sublingual hyoscyamine often produces rapid relief and instills confidence. In general, I recommend that oral antispasmodics be used for a limited period of time rather than indefinitely, and generally for periods of time when symptoms are prominent. For chronic visceral pain syndromes, I recommend small doses of tricyclic antidepressants. These agents are especially effective in diarrhea-predominant patients with disturbed sleep patterns but may be unacceptable to patients with constipation. I educate patients that side effects occur early and benefits may not be apparent for 3 to 4 weeks. I consider using SSRIs in low doses in patients with constipation-predominant IBS; cisapride, 10 to 20 mg three times per day, also may be beneficial. When taken with drugs that inhibit cytochrome P450, cisapride has been associated with serious cardiac arrhythmias caused by QT prolongation, including ventricular arrhythmias and torsades de pointes. These drugs include theazole fungicides; erythromycin, clarithromycin, and troleandomycin; some antidepressants; HIV protease inhibitors; and others. In patients with IBS with mild to moderate co-morbid depression, I have found that the use of SSRIs such as paroxetine, fluoxetine, or sertraline may be beneficial. It is important to tell patients that anxiety and disturbed sleep may occur during the first 10 days and benefits may not occur for 3 to 4 weeks. I prescribe a small amount of a short-acting benzodiazepine such as alprazolam, 0.5 mg two times per day, to control these symptoms. For generalized anxiety without depression, buspirone or clonazepam may be useful. I have found that patients who also have associated panic disorder may benefit from a benzodiazepine, tricyclic antidepressant, or an SSRI. However, these patients are best managed in conjunction with a psychiatrist or psychologist. I consider the use of alternative therapies in patients who fail to respond to conventional measures and who are receptive to alternative strategies. These include general relaxation techniques such as biofeedback and hypnosis therapies.

[0423]

Effects of an opioid antagonist on pain intensity and withdrawal reflexes during induction of hypnotic analgesia in high- and low-hypnotizable volunteers

Eur J Pain 1998 Mar;2(1):25-34 (ISSN: 1090-3801)

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The aim of this investigation was to study the effect of suggestions of hypnotic analgesia on spinal pain transmission and processing. Pain intensity and amplitude of nociceptive withdrawal reflexes to electrical stimuli were measured in 10 high- and 10 low-hypnotizable subjects during two sessions taking place at least 24 h apart under five conditions of: (1) pre-hypnosis; (2) neutral hypnotic relaxation; (3) suggestions of hypnotic analgesia; (4) suggestions of hypnotic analgesia after injections of either naloxone (1 ml, 1 mg/ml) or saline (1 ml) under double-blinded conditions; and (5) post-hypnosis. The conditions of naloxone or saline were allocated at random to either Day 1 or Day 2 in a double-blinded fashion. Results showed significant reductions of pain intensity during hypnotic analgesia, and a significant reduction in nociceptive reflexes during hypnotic analgesia on Day 1 in the highly hypnotizable group. No differences were found for low-hypnotizable subjects. The results support previous findings that pain intensity as well as the nociceptive reflex can be modulated by suggestions of hypnotic analgesia. While no effect of naloxone on pain intensity was found during hypnotic analgesia, naloxone significantly reversed the suppressive effect of suggestions of hypnotic analgesia on reflexes in high-hypnotizable subjects. Subsequent analysis showed that the effect of naloxone was associated with the intensity of the stimulus needed to elicit a reflex, and was unrelated to hypnotic susceptibility when controlling for stimulus intensity. These results suggest that the effect of naloxone was related to the greater stimulus intensities needed to elicit a reflex in the high-hypnotizable group, rather than to hypnosis or hypnotic susceptibility in itself. It is unclear why greater stimulus intensities were needed in high-hypnotizable subjects and further studies are needed. Copyright 1998 European Federation of Chapters of the International Association for the Study of Pain.

[0424]

Seven-Year Experience with Office Microlaparoscopy and Hysteroscopy

J Am Assoc Gynecol Laparosc 1996 Aug;3(4, Supplement):S16-7 (ISSN: 1074-3804)

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Since 1989 more than 1200 office-based endoscopies have been performed at our facility. Visualization was initially achieved with 1.6-mm optical catheters, but recently, we have used larger-diameter fiber and glass rod endoscopes. Ancillary instruments progressed from 5- to 2-mm diameters, although occasionally we used up to 20-mm cannula punctures. Anesthesia remained consistent, with local infiltration followed by conscious sedation given by an on-site anesthesiologist. Lately, alternative methods of anesthesia including hypnosis and acupuncture have had some initial success. To date, we have performed 156 tubal ligations, 293 diagnostic laparoscopies, 151 treatments of endometriosis, 43 ovarian cyst aspirations, 29 adhesiolyses, 263 second-look procedures, 21 ectopic pregnancy removals, 198 diagnostic hysteroscopies, 64 endometrial biopsies, 20 fibroid resections, and 39 endometrial ablations. Patient response has been rewarding, thanks to decreased time off work, decreased cost of procedures to health insurance carriers, and immediate satisfaction from the diagnosis and treatment of their conditions.

[0425]

Blepharoplasty under hypnosis: a personal experience

Plast Surg Nurs 2001 Fall;21(3):143-5, 160 (ISSN: 0741-5206)

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This paper is a first-hand account of my experience undergoing upper and lower blepharoplasty surgery in which hypnosis was used as the primary sedative agent. It describes the basics of hypnosis. It also includes a description of how I prepared myself for surgery as well as how I helped the surgical team prepare for this surgery. Recommendations are offered for nurses who would like to incorporate hypnotherapy into the operating room.

[0426]

Being "the other therapist": the varieties of adjunctive experience with hypnosis

Int J Clin Exp Hypn 2001 Oct;49(4):339-51 (ISSN: 0020-7144)  
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Clinicians who utilize hypnosis in their practices are frequently approached with requests to participate in the care of patients who are currently in treatment with a primary therapist. Surprisingly, a review of the literature indicated that no research has been done on this common practice. This article provides a discussion of some of the important issues as well as the variables to consider in deciding whether to enter into this arrangement. It will serve as a starting point in generating further research on this crucial topic.

[0427]

Frontal lobe contributions to hypnotic susceptibility: a neuropsychological screening of executive functioning  
Int J Clin Exp Hypn 2001 Oct;49(4):320-9 (ISSN: 0020-7144)  
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Current theory on the cognitive mechanisms of hypnotic experience suggests that hypnosis is mediated by a dissociation between contention-scheduling mechanisms and a supervisory attention system. This theory is based on neuropsychological research with frontal lobe dysfunction patients, who show performance deficits similar in executive functioning to hypnotized individuals. To test an extension of this theory, high hypnotically susceptible (n = 9) and low hypnotically susceptible (n = 7) participants were given four tests of executive functioning. In a baseline condition, high susceptible individuals performed significantly better on one of the four tests (the Wisconsin Card Sorting Test). The role of increased cognitive flexibility in hypnotic susceptibility is considered as a possible component of the dissociated control model of hypnosis.

[0428]

Posthypnotic amnesia for material learned before or during hypnosis: explicit and implicit memory effects  
Int J Clin Exp Hypn 2001 Oct;49(4):286-304 (ISSN: 0020-7144)  
Barnier AJ; Bryant RA; Briscoe S  
University of New South Wales, Australia

This article focuses on dissociations between explicit and implicit expressions of memory during posthypnotic amnesia (PHA). Despite evidence of such dissociations, experimental design in this area has not always been consistent with contemporary memory research. Within a paradigm that aimed for conceptual and methodological clarity, we presented 40 high and 38 low hypnotizable individuals with a word list either before or during hypnosis, gave them a PHA suggestion for the word list, and tested them on explicit and implicit memory tasks. In the absence of conscious recollection, highs showed equivalent levels of priming (perceptual and semantic) to lows. However, when analysis focused only on those highs who remained amnesic after the implicit memory tasks, we confirmed perceptual, but not semantic, priming. These findings highlight the impact of methodological choices on theoretical interpretations of memory performance following a suggestion for PHA.

[0429]

Hypnosis in treating symptoms and risk factors of major depression  
Am J Clin Hypn 2001 Oct;44(2):97-108 (ISSN: 0002-9157)  
Yapko M

This article summarizes aspects of effective psychotherapy for major depression and describes how hypnosis can further enhance therapeutic effectiveness. Hypnosis is helpful in reducing common symptoms of major depression such as agitation and rumination and thereby may decrease a client's sense of helplessness and hopelessness. Hypnosis is also effective in facilitating the learning of new skills, a core component of all empirically supported treatments for major depression. The acquisition of such skills has also been shown to not only reduce depression, but also the likelihood of relapses, thus simultaneously addressing issues of risk factors and prevention.

[0430]

Acupuncture and clinical hypnosis for facial and head and neck pain: a single crossover comparison  
Am J Clin Hypn 2001 Oct;44(2):141-8 (ISSN: 0002-9157)  
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Despite their long histories, acupuncture and hypnosis have only recently been acknowledged as valuable by the medical establishment in the U.S. Few studies have used rigorous prospective measurement to evaluate the individual or relative merits of hypnosis and acupuncture in specific clinical settings. In this study, 25 patients with various head and neck pain were studied. Each had an initial assessment of their pain, as well as of their attitudes and expectations. All patients received acupuncture, followed by a reassessment of their pain. After a washout period they received another assessment of pain before and after hypnosis therapy. Preferences for therapy were sought following the hypnotic intervention. Both acupuncture and hypnosis were effective at relieving pain under these conditions. The average relief in pain reported was 4.2 units on a ten point scale, with hypnosis reducing pain by a mean of 4.8 units, compared to 3.7 for acupuncture (p = 0.26). Patient characteristics appeared to impact the effectiveness of treatment: patients with acute pain benefited most from acupuncture treatment, whereas patients with psychogenic pain were more likely to benefit from hypnosis. Patients with chronic pain had more variation in their results. Patients who received healing suggestions from a tape during a hypnotic trance benefited more than those who received no such suggestion, and acupuncture patients who were needle phobic benefited less than those who were not fearful of needles. This study demonstrates the benefits of well designed studies of the effectiveness of these alternative modalities. More work is needed to help practitioners identify which patients are most likely to benefit from these complementary therapies.

[0431]

Cellular and humoral immunity, mood and exam stress: the influences of self-hypnosis and personality predictors  
Int J Psychophysiol 2001 Aug;42(1):55-71 (ISSN: 0167-8760)  
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The effects of self-hypnosis training on immune function and mood were examined in medical students at exam time. Hypnosis involved relaxation and imagery directed at improved immune function and increased energy, alertness and concentration. Hypotheses were made about activated and withdrawn personality differences. Eight high and eight low hypnotically susceptible participants were given

10 sessions of hypnosis, one live and nine tape-recorded, and were compared with control subjects (N=12). CD3, CD4, CD8, CD19 and CD56 NK cells and blood cortisol were assayed. Life-style, activated vs. withdrawn temperament, arousal and anxiety questionnaires were administered. Self-hypnosis buffered the decline found in controls in NK (P<0.002) and CD8 cells (P<0.07) and CD8/CD4% (P<0.06) (45-35% order of magnitude differences) while there was an increase in cortisol (P<0.05). The change in NK cell counts correlated positively with changes in both CD8 cells and cortisol. Results were independent of changes in life-style. Energy ratings were higher after hypnosis (P<0.01), and increased calmness with hypnosis correlated with an increase in CD4 counts (P<0.01). The activated temperament, notably the cognitive subscale (speaking and thinking quickly), was predictive of exam levels of T and B lymphocytes (P<0.08-P<0.02), and reaching  $r=0.72$  (P<0.001) in the non-intervention control group. The sizeable influences on cell-mediated immunity achieved by a relatively brief, low cost psychological intervention in the face of a compelling, but routine, stress in young, healthy adults have implications for illness prevention and for patients with compromised immunity.

[0432]

Posthypnotic responding: the relevance of suggestion and test congruence  
Int J Clin Exp Hypn 2001 Jul;49(3):207-19 (ISSN: 0020-7144)  
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Thirty real, hypnotized subjects and 34 simulating, unhypnotized subjects were given either a suggestion to respond when they heard a cue (general) or a suggestion to respond when they heard a cue after hypnosis (posthypnotic). Half the subjects were given the cue during hypnosis (hypnotic test) and half were given it after hypnosis (posthypnotic test). Those who were given the cue during hypnosis were also given it after hypnosis. Between- and within-group comparisons were made of subjects' behavioral responses, latencies to respond, and ratings of experiential compulsion. The findings indicated that subjects' behavior and experience were influenced by congruence between information conveyed by the suggestion and the test about when and how they should respond.

[0433]

Differentiation of hypnosis and relaxation by analysis of narrow band theta and alpha frequencies  
Int J Clin Exp Hypn 2001 Jul;49(3):185-206 (ISSN: 0020-7144)  
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Narrow band theta and alpha activity were recorded over anterior and posterior sites before, during, and after hypnosis in high and low hypnotically susceptible subjects (N = 16). In theta, high susceptibles had greater activity posthypnosis, otherwise there were no group differences. These findings common to low and high susceptibles suggest that theta is an index of relaxation that continues after hypnosis in highs. In alpha in high susceptibles, posterior power increased from the prehypnosis to hypnosis conditions and decreased posthypnosis. Exactly the converse effects were seen in lows. Furthermore, highs had greater alpha power than lows during both prehypnosis and hypnosis conditions, demonstrating an association of alpha with hypnotic susceptibility. The results indicate that, whereas theta indexes relaxation, alpha indexes the hypnotic experience and susceptibility.

[0434]

The history of the Nederlandse Vereniging voor Hypnose (Netherlands Society of Hypnosis)  
Int J Clin Exp Hypn 2001 Jul;49(3):180-4 (ISSN: 0020-7144)  
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The foundation and history of the Nederlandse Vereniging voor Hypnose (Netherlands Society of Hypnosis or Nvvh) is described. The year 2001 marks the 70th anniversary of the Nvvh's creation. The article describes the accomplishments, leadership, and philosophy of the Society across the decades. Current professional and training directions are discussed.

[0435]

The response set theory of hypnosis: expectancy and physiology  
Am J Clin Hypn 2001 Jul;44(1):69-73 (ISSN: 0002-9157)  
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A recent exposition of the response set theory of hypnosis (Kirsch, 2000) contained incorrect and misleading figures. The correct figures illustrated a complementary relation between mental and physiological phenomena. The figures as published erroneously suggested that the author espoused epiphenomenalism. As shown in this corrected version, Kirsch proposes that mind states and body states be considered as two ways of viewing a single psychophysiological phenomenon.

[0436]

Freud's relevance to hypnosis: a reevaluation  
Am J Clin Hypn 2001 Jul;44(1):37-50 (ISSN: 0002-9157)  
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In this paper we examine Freud's life and thinking, based on his collected works, and reevaluate some of his ideas in the light of various aspects of contemporary hypnosis research. Although Freud has often been blamed for simplistic thinking about hypnosis and for its eclipse during the opening decades of this century, his writings reveal a rich theory of hypnosis and a frank acknowledgement of the debt psychoanalytic theory and practice owe to it. Even though he abandoned hypnosis as a clinical tool, Freud maintained a theoretical interest in the subject and in many respects anticipated issues in current research. Whereas his emphasis on the hypnotist's skill may have been exaggerated, his insights concerning attention, social expectations, group dynamics, reality testing, and the relationship between hypnosis and sleep have been borne out by empirical investigations.

[0437]

Rapid self-hypnosis: a new self-hypnosis method and its comparison with the Hypnotic Induction Profile (HIP)  
Am J Clin Hypn 2001 Jul;44(1):3-11 (ISSN: 0002-9157)  
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Despite its clinical importance, there are few systematic studies on the application of self-hypnosis. Rapid Self-Hypnosis (RSH) was created to provide a new procedure that is easy, comfortable, fosters alertness, and can be done covertly in everyday life. We present it as an alternative to the self-hypnosis version of the Hypnosis Induction Profile (HIP). Using a crossover design, we found in an experimental session that the RSH and the HIP produced comparable objective and subjective scores in the Barber Suggestibility Scale (BSS). However, as compared with the HIP, participants rated RSH as significantly more coherent, pleasant, faster and easier to learn, more likely to be used in everyday life and go unnoticed by others, less bothersome to use, and more likely to be used in private. Additional research should clarify whether these differences are reliable and have clinical significance. Our results suggest that RSH will be a valuable addition to the clinician's arsenal.

[0438]

Automatic word processing: a new forum for hypnotic expression

Am J Clin Hypn 2001 Jul;44(1):27-36 (ISSN: 0002-9157)

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Automatic word processing, a form of dissociation utilizing hypnosis and computer technology, was developed to provide patients a forum for hypnotic expression with unique features. Using automatic word processing, the six patients in this report were able to express themselves extensively, edit their responses to queries, and even write poetry while doing hypnosis. Automatic word processing can be used with some patients to gain important insights and therapeutic successes that might not be achieved as easily by other means. Because this is a new technique, much of its potential remains to be defined.

[0439]

Autonomic profile under hypnosis as assessed by heart rate variability and spectral analysis

Pharmacopsychiatry 2001 May;34(3):111-3 (ISSN: 0176-3679)

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To test the hypothesis of a sympathovagal balance shift towards an enhanced vagal tone under the condition of a standardized hypnosis, we used the assessment of heart rate variability including spectral analysis in 10 healthy subjects (5 female, 5 male, age ranging from 27 to 42 years). We compared the subjects under baseline condition (resting) and under hypnosis, measured on a different day, for a measuring period of five minutes for each condition. The result was reduced total power in the low frequency band (0.01-0.05 Hz) reflecting sympathetic activity. Also, the ratio of low to high frequency power (LF/HF) was reduced when under hypnosis. This reduction was due to a reduced LF component, but only a slightly reduced mid frequency component. With considerable variability, we also found activated mid frequency bands (0.05-0.15Hz) under hypnosis, likely reflecting baroreceptor activity. We conclude that the autonomic status in hypnosis is associated with a change towards reduced low frequency activity, but not necessarily with enhanced high frequency activity.

[0440]

Self-hypnosis for the treatment of functional abdominal pain in childhood

Clin Pediatr (Phila) 2001 Aug;40(8):447-51 (ISSN: 0009-9228)

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Functional abdominal pain, defined as recurrent abdominal pain in the absence of an identifiable physiologic cause, can respond to psychological intervention in appropriate patients. In this patient series, functional abdominal pain of 4 of 5 pediatric patients resolved within 3 weeks after a single session of instruction in self-hypnosis. The potential impact of widespread application of such hypnotherapy may be large, because abdominal pain is thought to be the most common recurrent physical symptom attributable to psychological factors among children and adolescents.

[0441]

Perceptual reconstruction in the treatment of inordinate grief

Am J Clin Hypn 2001 Jul;44(1):51-5 (ISSN: 0002-9157)

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Troubled by continuing emotionally painful memories of her ill mother's face as she struggled to breathe during her terminal days in the hospital, an adult daughter requested hypnosis to "erase" those images from her memory. Since that is not feasible, the subject instead was provided in a single session with a hypnosis-based, imagery-focused strategy in which the disturbing images of her mother were replaced by hypnotically reconstructed positive memories as she had appeared in prior, happy times. This was successful: the restructured images were maintained and grew stronger over time as reported four months post-session. It was concluded that hypnotically restructured memories can be useful techniques in the management of inordinate grief.

[0442]

Hypnosis, behavioral theory, and smoking cessation

J Dent Educ 2001 Apr;65(4):340-7 (ISSN: 0022-0337)

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Although nicotine replacement and other pharmacological treatments head the list of popular interventions for smoking cessation, approaches based on psychology can also assist smokers. Hypnosis, suggestion, and behavior therapies have been offered to patients and studied experimentally for several decades. Although no single psychological approach has been found to be superior to others, psychological interventions contribute significantly to successful treatment outcome in smoking cessation. This article describes common hypnotic and behavioral approaches to smoking cessation and critically reviews some of the findings from clinical and experimental research studies. The authors also offer suggestions regarding treatment and future research.

[0443]

Anterior brain functions and hypnosis: a test of the frontal hypothesis  
Int J Clin Exp Hypn 2001 Apr;49(2):95-108 (ISSN: 0020-7144)  
Kallio S; Revonsuo A; Hamalainen H; Markela J; Gruzeliier J  
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Neuropsychological frontal lobe tests were used to compare individuals with high (n = 8) and low (n = 9) hypnotizability during both baseline and hypnosis conditions. Subjects were assessed on two hypnotic susceptibility scales and a test battery that included the Stroop test, word fluency to letter- and semantic-designated categories, tests of simple reaction time and choice reaction time, a vigilance task, and a questionnaire of 40 self-descriptive statements of focused attention. Effects for hypnotic susceptibility and hypnosis/control conditions were scant across the dependent variables. High hypnotizables scored higher on the questionnaire at baseline, and their performance on the word-fluency task during hypnosis was reduced to a greater extent than lows. Findings indicate that although the frontal area may play an important role regarding hypnotic response, the mechanisms seem to be much more complex than mere general inhibition.

[0444]

Contemporary psychoanalysis and hypnosis  
Int J Clin Exp Hypn 2001 Apr;49(2):146-65 (ISSN: 0020-7144)  
Peebles-Kleiger MJ

The relationship between psychoanalysis and hypnosis is presented in three parts: past, present, and future. First, the parallel developments in psychoanalysis and hypnosis over the past 100 years are summarized. Four major theoretical evolutions in psychoanalysis (drive theory, ego psychology, object relations theory, and self psychology) are described, with their corresponding influences on the practice of psychoanalytically informed hypnosis. Second, four contemporary movements in psychoanalysis are enumerated (postmodernism, spontaneity, pluralism, and integrationism), with commentary on these movements' likely impact on the current and future practice of hypnosis. Finally, the impact of shrinking mental health dollars on the practice of psychoanalysis and psychoanalytically informed treatments is presented. Hypnosis is offered as uniquely positioned, with its history of multitheoretically informed brief interventions, grounded in research and clinical practice, to provide psychoanalysis with a life raft into the next 100 years of practice.

[0445]

Indexing the experience of sex change in hypnosis and imagination  
Int J Clin Exp Hypn 2001 Apr;49(2):123-38 (ISSN: 0020-7144)  
McConkey KM; Szeps A; Barnier AJ  
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The authors suggested a change of sex to high hypnotizable participants in hypnosis and imagination conditions and indexed the subjects' experiences with a continuous, concurrent behavioral measure that involved them turning a dial to indicate changes in the strength of the suggested effect. In addition, the researchers indexed the participants' experiences through retrospective ratings of realness, involuntariness, and active thinking. The dial rating showed that the onset of the experience was more rapid for hypnotic than for imagination participants. Moreover, there were differences in the relationship between dial ratings and retrospective ratings across the conditions as well as across the suggestion, test, and cancellation phases of the item. The findings are discussed in terms of how the dial method provides a better understanding of suggested sex change as well as a better understanding of the private experience of hypnosis and imagination.

[0446]

Self-hypnosis for management of chronic dyspnea in pediatric patients  
Pediatrics 2001 Feb;107(2):E21 (ISSN: 1098-4275)  
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**INTRODUCTION:** Hypnotherapy can be useful in the management of anxiety, discomfort, and psychosomatic symptoms, all of which may contribute to a complaint of dyspnea. Therefore, instruction in self-hypnosis was offered to 17 children and adolescents with chronic dyspnea, which had not resolved despite medical therapy, and who were documented to have normal lung function at rest. This report documents the result of this intervention. **METHODS:** A retrospective chart review identified all patients followed by a single pediatric pulmonologist (R.D.A.), with a chief complaint of chronic dyspnea from April 1998 through December 1999. These patients had been evaluated and treated for medical diseases according to their history, physical examination, and laboratory investigations. The pulmonologist offered to teach self-hypnosis to all of these patients, who comprise the cohort in this report. Chronic dyspnea was defined as recurrent difficulty breathing or shortness of breath at rest or with exertion, which had existed for at least 1 month in patients who had not suffered within a month from an acute pulmonary illness. The pulmonologist was trained in hypnosis through his attendance at three 20-hour workshops. Hypnosis was taught to individual patients in 1 or two 15- to 45-minute sessions. Patients were taught hypnotic self-induction techniques and imagery to achieve relaxation. Additionally, imagery relating to dyspnea was developed by coaching patients to change their imagined lung appearance from a dyspneic to a healthy state. Patients were encouraged to practice self-hypnosis regularly and to use lung imagery to eliminate dyspnea if it occurred. **RESULTS:** Seventeen patients (13 males and 4 females) with chronic dyspnea were documented to have normal pulmonary function at rest. Their mean age was 13.4 years (range: 8-18 years). Twelve of the 17 previously were diagnosed with other conditions, such as allergies, asthma, and gastroesophageal reflux. Fifteen of the 17 manifested at least 1 other symptom associated with their dyspnea, including an anxious appearance (4 patients); chest tightness or pain (5); cough (4); wheeze (3); difficulty with inspiration (2); hyperventilation (1); inspiratory noise, such as stridor, gasping, rasping, or squeak (8); dizziness (1); feeling something is stuck in the throat (2); paresthesias (4); and tachycardia (3). Of the 17 patients, 2 complained of dyspnea at rest only, 13 complained of dyspnea with activity only, and 2 complained of dyspnea both at rest and with activity. Nine patients reported that they frequently needed to discontinue their physical activity because of dyspnea. The mean duration of their dyspnea before learning self-hypnosis was 2 years (range: 1 month to 5 years). The dyspnea was of <math>\leq 6</math> months duration for 4 of the patients. For 9 of the 17 patients a potential psychosocial association with their dyspnea was identified: 3 developed symptoms at school only; 2 with exercise during competitive races only; 3 after a major disagreement between their parents; and 1 developed symptoms each time his family moved to a new neighborhood. Before presentation, 7 of the 17 patients received chronic inhaled antiinflammatory therapy, and 3 were using inhaled albuterol, as needed. All 17 patients had normal physical examinations, with the exception of healed scars on the chest and abdomen of 1 patient, a repaired cleft palate in 1 patient, and rhinitis in another. Four of the 17 underwent pulmonary function testing before and after exercise, 6 had chest radiographs, and 3 had electrocardiograms. All of these tests were normal. A patient with a history of psychogenic cough declined to learn self-hypnosis. Thirteen of the remaining 16 patients were taught to use self-hypnosis in 1 session. A second session was provided to 3 patients within 2 months. Thirteen of the 16

patients reported their dyspnea and any associated symptoms had resolved within 1 month of their final hypnosis instruction session. Eleven believed that resolution of their dyspnea was attributable to hypnosis, because their symptoms cleared immediately after they received hypnosis instruction (5 patients) or with its regular use (6). Two did not attribute resolution of dyspnea to hypnosis because they did not use it at home. The remaining 3 reported that their dyspnea had improved. Patients were followed for a mean 9 months (range: 2-15 months) after their final hypnosis session. Ten of the 16 regularly used self-hypnosis at home for at least 1 month after the final hypnosis session. There was no recurrence of dyspnea, associated symptoms, or onset of new symptoms in patients in whom the dyspnea resolved. Under supervision of the pediatric pulmonologist, 2 of 7 patients discontinued their chronic antiinflammatory therapy when they became asymptomatic after hypnosis. Subsequently, their pulmonary function remained normal. DISCUSSION: (ABSTRACT TRUNCATED).

[0447]

EMDR and hypnosis in the treatment of phobias. Eye Movement Desensitization and Reprocessing  
Am J Clin Hypn 2001 Jan-Apr;43(3-4):263-74 (ISSN: 0002-9157)  
McNeal SA

Clinical hypnosis and EMDR have both been employed in the treatment of phobias. EMDR has been a controversial treatment method with the research showing mixed results concerning its efficacy. Many studies have shown the effectiveness of hypnosis in the treatment of phobias, but no studies have directly compared hypnosis to EMDR. This paper discusses each approach to treatment, with special emphasis on EMDR. Relevant research and current theories are reviewed along with questions raised and recommendations for future research.

[0448]

Potential contributions of hypnosis to ego-strengthening procedures in EMDR. Eye Movement Desensitization Reprocessing  
Am J Clin Hypn 2001 Jan-Apr;43(3-4):247-62 (ISSN: 0002-9157)  
Phillips M

This paper explores how hypnotic principles can be systematically incorporated into the standard EMDR protocol to enhance various ego strength capacities during EMDR treatment. Expanding these skill areas can widen the therapeutic window of possibility for clients with a variety of complex clinical issues, including posttraumatic, dissociative or personality disorders, anxiety symptoms, and depressive difficulties. Clinical case examples are used to illustrate ways of integrating hypnotic principles within a proposed EMDR protocol to promote ego strengthening and facilitate therapeutic change.

[0449]

Recommendations and illustrations for combining hypnosis and EMDR in the treatment of psychological trauma  
Am J Clin Hypn 2001 Jan-Apr;43(3-4):217-31 (ISSN: 0002-9157)  
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Three experienced therapists, trained in hypnosis and EMDR, distilled some tentative hypotheses about the use of hypnosis in EMDR from fifteen cases, two presented here. When a therapist uses hypnosis with EMDR, it seems that the client is having difficulty or the therapist anticipates that the client will have difficulty managing the experiences processed with EMDR. Hypnosis initiated either during the introduction to EMDR or within a therapy session prior to the initiation of EMDR seems to have served two functions. The first function is to activate inner work that prepares the client to use EMDR successfully, and the second function is to facilitate overtly the processing of the traumatic experience. Clients might have two kinds of difficulties in managing affect or distress: (1) they may have a long-standing, irrational and strongly held belief that interferes with managing affect or distress, and (2) they may never have developed the capacity to tolerate intense affect, distress or pain. Should a therapist use hypnosis during the closing down phase of a session without preparing the client with hypnosis during the introduction to EMDR, the therapist should seriously reconsider the pace and focus of EMDR and the client's resources to manage affect and distress.

[0450]

Accessing the power in the patient with hypnosis and EMDR. Eye Movement Desensitization and Reprocessing  
Am J Clin Hypn 2001 Jan-Apr;43(3-4):203-16 (ISSN: 0002-9157)  
Bjick S

Both Ernest Rossi's ideodynamic accessing model of hypnosis and EMDR are intended to access information stored in the mind-body system. In this paper the author is suggesting that treatment effectiveness can be enhanced by combining these particular models. The similarities and the uniqueness of each method, both theoretically and in terms of the different protocols, are compared to provide a rationale for combining them. Verbatim examples from clinical cases are presented to demonstrate exactly how these models can be usefully combined in clinical practice.

[0451]

ECEM (eye closure eye movements): integrating aspects of EMDR with hypnosis for treatment of trauma  
Am J Clin Hypn 2001 Jan-Apr;43(3-4):187-202 (ISSN: 0002-9157)  
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The paper addresses distinctions between hypnotic interventions and Eye Movement Desensitizing and Reprocessing (EMDR) and discusses their effect on persons who have symptoms of Posttraumatic Stress Disorder (PTSD). Eye movements in hypnosis and EMDR are considered in terms of the different ways they may affect responses in treatment. A treatment intervention within hypnosis called ECEM (Eye Closure, Eye Movements) is described. ECEM can be used for patients with histories of trauma who did not benefit adequately from either interventions in hypnosis or the EMDR treatment protocol used separately. In ECEM the eye movement variable of EMDR is integrated within a hypnosis protocol to enhance benefits of hypnosis and reduce certain risks of EMDR.

[0452]

Use of hypnosis in controlling lumbar puncture distress in an adult needle-phobic dementia patient  
Int J Clin Exp Hypn 2001 Jan;49(1):56-67 (ISSN: 0020-7144)  
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Lumbar punctures are often vital to the medical management of patients with suspected organic pathology, yet they are commonly met with such distress that medical risk is significantly increased, and patient rapport is significantly decreased, further compromising medical treatment. Although the use of hypnosis for lumbar punctures is well established in pediatric patients, no literature exists for adult patients. Similarly, there is no extant research regarding hypnosis for dementia patients, likely due to the limiting factors of impaired attention and concentration. With these factors in mind, a method for incorporating hypnosis into a lumbar puncture procedure is described for a needle-phobic adult patient suffering from dementia.

[0453]

Affective and metabolic responses to hypnosis, autogenic relaxation, and quiet rest in the supine and seated positions  
Int J Clin Exp Hypn 2001 Jan;49(1):5-18 (ISSN: 0020-7144)  
Garvin AW; Trine MR; Morgan WP  
University of Wisconsin-Madison, USA

This study examined the influence of hypnosis, autogenic relaxation, and quiet rest on selected affective states and metabolism. The influence of body position (seated vs. supine) on these same outcome measures was also investigated. Anxiety, tension, and overall mood were assessed before and 30 minutes after each treatment, and oxygen uptake was measured continuously. State anxiety, tension, and a general measure of mood were reduced significantly following each intervention, but oxygen uptake did not change with the exception of small, transient alterations during the physical challenges performed in the hypnosis condition. It is concluded that administration of a routine hypnosis induction to healthy individuals results in a reduction of state anxiety and an improvement of mood commensurate with effects achieved by autogenic training and quiet rest, and these effects occur in both the supine and seated position.

[0454]

Enhancing self-belief with EMDR: developing a sense of mastery in the early phase of treatment  
Am J Psychother 2001;55(4):531-42 (ISSN: 0002-9564)  
Shapiro S

Deep inside each of us is a seed that holds our vision of truth, peace, and happiness. Our early childhood attachments, societal influences, and innate capacity determine how well that seed is nurtured and the deepest inner vision is set free. This article is about the ways that vision becomes clouded by attachment deficits, trauma, and subsequent symptoms. The deep inner wish to heal allows for transformation, and approaches like Eye Movement Desensitization and Reprocessing, and hypnotherapy can assist in creating a more rapid acceleration of trauma resolution and transformation of self.

[0455]

Treatment of chronic fatigue with neurofeedback and self-hypnosis  
NeuroRehabilitation 2001;16(4):295-300 (ISSN: 1053-8135)  
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A 21 year old patient reported a relatively rapid onset of serious chronic fatigue syndrome (CFS), with her worst symptoms being cognitive impairments. Congruent with research on rapid onset CFS, she had no psychiatric history and specialized testing did not suggest that somatization was likely. Neuroimaging and EEG research has documented brain dysfunction in cases of CFS. Therefore, a quantitative EEG was done, comparing her to a normative data base. This revealed excessive left frontal theta brainwave activity in an area previously implicated in SPECT research. Therefore, a novel treatment approach was utilized consisting of a combination of EEG neurofeedback and self-hypnosis training, both of which seemed very beneficial. She experienced considerable improvement in fatigue, vigor, and confusion as measured pre-post with the Profile of Mood States and through collaborative interviews with both parents. Most of the changes were maintained at 5, 7, and 9 month follow-up testing.

[0456]

Psychological approaches during dressing changes of burned patients: a prospective randomised study comparing hypnosis against stress reducing strategy  
Burns 2001 Dec;27(8):793-9 (ISSN: 0305-4179)  
Frenay MC; Faymonville ME; Devlieger S; Albert A; Vanderkelen A  
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A prospective study was designed to compare two psychological support interventions in controlling peri-dressing change pain and anxiety in severely burned patients. Thirty patients with a total burned surface area of 10-25%, requiring a hospital stay of at least 14 days, were randomised to receive either hypnosis or stress reducing strategies (SRS) adjunctively to routine intramuscular pre-dressing change analgesia and anxiolytic drugs. Visual analogue scale (VAS) scores for anxiety, pain, pain control and satisfaction were recorded at 2-day intervals throughout the 14-day study period, before, during and after dressing changes. The psychological assistance was given on days 8 and 10 after hospital admission. The comparison of the two treatment groups indicated that VAS anxiety scores were significantly decreased before and during dressing changes when the hypnotic technique was used instead of SRS. No difference was observed for pain, pain control and satisfaction, although VAS scores were always better in the hypnosis group. The study also showed that, overall, psychological support interventions reduced pain and increased patient satisfaction. These results confirm the potential benefits of psychological assistance during dressing changes in burned patients.

[0457]

Matching hypnotic interventions to pathology types: a working model for expressive psychotherapies  
Int J Clin Exp Hypn 2001 Oct;49(4):352-60; discussion 361-3 (ISSN: 0020-7144)  
Boyer MF

This article identifies Kohut's typology of Guilty Man and Tragic Man as a clinically useful construct in outpatient psychotherapy. The author notes that an expressive approach focused on ambivalent conflict is indicated for the Guilty Man, and a restructuring expressive approach is indicated for the Tragic Man. A hypnosis technique is identified for use with each of these two approaches: the Door of Forgiveness technique (primarily for conflict-focused therapies) and the Conference Table Technique (for restructuring therapies).

[0458]

Hypnotic color blindness and performance on the Stroop test  
Int J Clin Exp Hypn 2001 Oct;49(4):330-8 (ISSN: 0020-7144)

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A suggestion for hypnotic color blindness was investigated by administering a reverse Stroop color-naming task. Prior to the suggestion for color blindness, participants learned associations between color names and shapes. Following the color blindness suggestion, participants were required to name the shapes when they appeared in colors that were either congruent or incongruent with the learned associations. The 18 high hypnotizable participants who passed the suggestion were slower to name (a) shapes in which the color name was incongruent with the color in which it was printed, (b) "unseen" rather than "seen" shapes, and (c) color-incongruent shapes that were printed in the color in which they were "color-blind." These patterns are discussed in terms of potential cognitive and social mechanisms that may mediate responses to hypnotic color blindness.

[0459]

The hypnotic dreams of healthy children and children with cancer: a quantitative and qualitative analysis

Int J Clin Exp Hypn 2001 Oct;49(4):305-19 (ISSN: 0020-7144)

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In this study, the Stanford Hypnotic Clinical Scale for Children was administered to 52 healthy children and 47 children and adolescents with cancer. Responses to the dream item of this scale were analyzed for the type and detail of imagery. The hypnotizability scores of both groups were similar. However, children with cancer reported more pleasant than unpleasant fantasy in their hypnotic dreams, and their dream reports tended to contain less fantasy and detail overall. Rescoring the dream item based on extent of fantasy and detail resulted in a lower pass rate for that item, especially for children with cancer. Regardless of health status, older children experienced more self-involvement in their hypnotic dreams compared to younger children.

[0460]

Hypnotic devices may be more than placebo

Am J Clin Hypn 2001 Oct;44(2):149-54 (ISSN: 0002-9157)

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The study attempted to assess the effectiveness of two devices in facilitating the induction of hypnosis in subjects preselected as low in hypnotizability. Undergraduates were exposed to no treatment (control) or one of four combinations of devices during the induction phase of being administered the Stanford Hypnotic Susceptibility Scale, Form B of Weitzenhoffer and Hilgard (1959). Analyses revealed only one of the conditions resulted in a significant difference in subjects' realness ratings of hypnotic items and an increase in hypnotizability score. If the effect is more than a chance significance of placebo, the underlying mechanisms remain unknown.

[0461]

EEG P300 event-related markers of hypnosis

Am J Clin Hypn 2001 Oct;44(2):127-39 (ISSN: 0002-9157)

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Barabasz, Barabasz, Jensen, Calvin, Trevisan, and Warner (1999) showed that, when subjects are stringently selected for hypnotizability and responses are time locked to events, robust markers of hypnotic responding emerge that reflect alterations in consciousness that correspond to subjects' subjective experiences of perceptual alteration. To further test the Barabasz et al. (1999) hypothesis, we obtained EEG visual P300 event-related potentials (ERPs) from 20 high- and low-hypnotizable subjects. The effects of positive obstructive and negative obliterating instructions were tested during waking and alert hypnotic conditions. High-hypnotizables showed greater ERP amplitudes in response to the negative hallucination condition and lower ERP amplitudes in response to the positive obstructive hallucination when compared to the low-hypnotizables. Contrary to socio-psychological or role play conceptualizations, the hypnotic induction resulted in specific psychophysiological responses which could not be produced by waking imagination or by the lows who were trying to mimic hypnotic responding.

[0462]

Hypnotic intervention for ambiguity as a depressive risk factor

Am J Clin Hypn 2001 Oct;44(2):109-17 (ISSN: 0002-9157)

Yapko M

In the face of ambiguous life events, depressed individuals are more likely to make negative and depressing interpretations than nondepressed individuals. Fundamental to the success of cognitive-behavioral treatments, one of the most empirically supported treatments for depression is teaching the client to recognize and self-correct so-called cognitive distortions. To facilitate that learning process, clients can learn to better recognize and tolerate ambiguity inherent in many situations, and thereby diminish the drive to form subjective interpretations (either negative or positive) when more objective evidence is unavailable. This article describes ambiguity as a risk factor for depression and details a strategy employing hypnosis for teaching the skills of both recognizing and tolerating ambiguity.

[0463]

Laser-evoked potentials to noxious stimulation during hypnotic analgesia and distraction of attention suggest different brain mechanisms of pain control

Psychophysiology 2001 Sep;38(5):768-76 (ISSN: 0048-5772)

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Psychological accounts of hypnosis have hypothesized that hypnosis and attention might share similar mechanisms and that hypnosis simply represents an extensive state of reduced attention. This assumption implies that reports of pain and electrocortical brain responses to painful stimulation should be similarly reduced when subjects are exposed to suggestions of hypnotic analgesia (HA) or requested to distract their attention from painful stimuli (distraction of attention: DA) as compared to a control condition (CC). To test this hypothesis, we recorded event-related electrical brain potentials to noxious laser-heat stimuli and pain reports during HA, DA, and CC from subjects highly susceptible to hypnotic suggestions. Pain reports were significantly reduced during HA and DA as compared to CC. The amplitudes of the late laser-evoked brain potential (LEP) components N200 and P320 were also significantly smaller during DA

than during CC. However, no significant difference of these late LEP amplitudes was obtained for HA as compared to CC. Results indicate that hypnotic analgesia and distraction of attention represent different mechanisms of pain control and involve different brain mechanisms.

[0464]

A study of bispectral analysis and auditory evoked potential indices during propofol-induced hypnosis in volunteers: the effect of an episode of wakefulness on explicit and implicit memory  
Anesthesia 2001 Sep;56(9):888-93 (ISSN: 0003-2409)  
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The bispectral index (BIS) and the auditory evoked potential (AEP) index as calculated by the new A-line monitor were measured during hypnosis with propofol, which included an episode of wakefulness. Both indices followed a similar pattern during sedation, with values decreasing with sedation and increasing when awake. Baseline AEP values varied between 60 and 98, and BIS values were between 96 and 98. The AEP-index value was at all times 10-20 points lower than the BIS-index. The transition to loss of response occurred at a mean AEP value of 46 and BIS value of 58. The transition to just responding following a period of unconsciousness occurred at a mean AEP value of 46 and BIS 65. Both monitoring techniques, however, displayed large interindividual variations making it impossible to discriminate in real time between subtle changes of clinical state. The new neurophysiological monitors A-line AEP and BIS are interesting tools for creating a better understanding of the anaesthetic effects of drugs; however, further refinements are required before their relative roles can be fully established in the clinical setting.

[0465]

Pain language of bone marrow transplantation patients  
Psychol Rep 2001 Aug;89(1):3-10 (ISSN: 0033-2941)  
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Previous studies have shown that hypnosis may be effective in reducing intensity of pain among bone marrow transplantation patients whereas cognitive behavioral intervention without imagery was not effective for this group of patients. Since hypnosis alters patients' perception of pain and cognitive behavioral intervention changes patients' beliefs and improves their coping with pain, we hypothesized that sensory pain is more important than affective pain in understanding the pain experience of patients undergoing bone marrow transplantation. To test this hypothesis we administered the McGill Pain Questionnaire longitudinally to 50 consecutive eligible recipients of bone marrow transplantation during hospitalization to assess the different dimensions of pain they experienced. Consistent with our hypothesis, sensory pain fluctuated with treatment stages, and the pattern was consistent with previous findings. Patients reported significantly higher sensory pain than affective pain at all assessment points. In contrast, affective pain remained low and stable throughout the treatment. Our results contribute to the understanding of the nature of pain in bone marrow transplantation and suggest pain management strategies that focus on sensory pain as in hypnosis are more useful for such patients.

[0466]

Modeling and closed-loop control of hypnosis by means of bispectral index (BIS) with isoflurane  
IEEE Trans Biomed Eng 2001 Aug;48(8):874-89 (ISSN: 0018-9294)  
Gentilini A; Rossoni-Gerosa M; Frei CW; Wymann R; Morari M; Zbinden AM; Schnider TW  
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A model-based closed-loop control system is presented to regulate hypnosis with the volatile anesthetic isoflurane. Hypnosis is assessed by means of the bispectral index (BIS), a processed parameter derived from the electroencephalogram. Isoflurane is administered through a closed-circuit respiratory system. The model for control was identified on a population of 20 healthy volunteers. It consists of three parts: a model for the respiratory system, a pharmacokinetic model and a pharmacodynamic model to predict BIS at the effect compartment. A cascaded internal model controller is employed. The master controller compares the actual BIS and the reference value set by the anesthesiologist and provides expired isoflurane concentration references to the slave controller. The slave controller maneuvers the fresh gas anesthetic concentration entering the respiratory system. The controller is designed to adapt to different respiratory conditions. Anti-windup measures protect against performance degradation in the event of saturation of the input signal. Fault detection schemes in the controller cope with BIS and expired concentration measurement artifacts. The results of clinical studies on humans are presented.

[0467]

Hypnosis as a modulator of cellular immune dysregulation during acute stress  
J Consult Clin Psychol 2001 Aug;69(4):674-82 (ISSN: 0022-006X)  
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To assess the influence of a hypnotic intervention on cellular immune function during a commonplace stressful event, the authors selected 33 medical and dental students on the basis of hypnotic susceptibility. Initial blood samples were obtained during a lower stress period, and a second sample was drawn 3 days before the first major exam of the term. Half of the participants were randomly assigned to hypnotic-relaxation training in the interval between samples. Participants in the hypnotic group were, on average, protected from the stress-related decrements that were observed in control participants' proliferative responses to 2 mitogens, percentages of CD3+ and CD4+ T-lymphocytes, and interleukin 1 production by peripheral blood leukocytes. More frequent hypnotic-relaxation practice was associated with higher percentages of CD3+ and CD4+ T-lymphocytes. These data provide encouraging evidence that interventions may reduce the immunological dysregulation associated with acute stressors.

[0468]

Being awake intermittently during propofol-induced hypnosis: a study of BIS, explicit and implicit memory  
Acta Anaesthesiol Scand 2001 Aug;45(7):834-8 (ISSN: 0001-5172)  
Barr G; Anderson RE; Owall A; Jakobsson JG  
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**BACKGROUND:** Being awake during anaesthesia is a serious complication. An anaesthetic depth monitor must discriminate in real time between wakefulness and unconsciousness. The present study created a period of wakefulness during propofol-induced hypnosis. Bispectral index (BIS), explicit and implicit memories of the awake period were investigated. **METHODS:** Ten volunteers were studied.

The calculated brain concentration of a target controlled infusion of propofol was increased until loss of response (LOR) to verbal command and then propofol was stopped. When fully awake, volunteers were presented with a picture, sound and smell. Propofol infusion was restarted until LOR and then ceased. BIS and the calculated brain concentration of propofol were recorded every minute. A structured interview was conducted for explicit memories after awakening and for explicit as well as implicit memories the day after. RESULTS: Median BIS-index for the transition between awake and asleep and vice versa differed significantly. It was not possible, however, to establish any threshold value or zone for discriminating between wakefulness and LOR due to the large inter-individual variations in BIS-index. No volunteer could explicitly recall any of the stimuli presented during the period of wakefulness. CONCLUSION: The BIS-index decreases with increasing sedation but because of the large individual variations, the real-time BIS-index for the individual subject cannot reliably discriminate wakefulness from unconsciousness during propofol infusion. Propofol causes such profound amnesia that lack of postoperative recall does not assure that episodes of awareness have not occurred during propofol-induced hypnosis.

[0469]

What makes recovered-memory testimony compelling to jurors?  
Law Hum Behav 2001 Aug;25(4):317-38 (ISSN: 0147-7307)  
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Little is known about how jurors arrive at verdicts in cases involving recovered memories of childhood sexual abuse. Study 1 investigated mock jurors' reactions to the recovered-memory testimony of an alleged victim when a therapist intervened with hypnosis, suggestion, or symptom management. When a therapist used hypnosis, jurors viewed the victim's recovered-memory testimony as particularly accurate and credible, and favored the victim in their verdicts. In Study 2, mock jurors were presented with a therapist who was sued for allegedly influencing a client's recall of false memories of abuse. In this case, however, jurors viewed therapists who used hypnosis or suggestion as more likely to have created false memories, more responsible for having caused harm, and less competent, and tended not to favor these therapists in their verdicts. We discuss these seemingly contradictory findings in terms of how culturally formed expectancies about hypnosis produce different causal explanations depending on the focus of a trial.

[0470]

Somatosensory event-related potential and autonomic activity to varying pain reduction cognitive strategies in hypnosis  
Clin Neurophysiol 2001 Aug;112(8):1475-85 (ISSN: 1388-2457)  
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OBJECTIVES: The issues of differential effects among cognitive strategies during hypnosis in the control of human pain are under active debate. This study, which employs measures of pain perception, electrocortical and autonomic responses, was aimed at determining these pain-related modulations. METHODS: Somatosensory event-related potentials (SERPs) to noxious stimuli under an odd-ball paradigm were recorded at the frontal, temporal and parietal regions in 10 high, 9 mid, and 10 low hypnotizable right-handed young women, at waking baseline, varying cognitive strategies (deep relaxation, dissociative imagery, focused analgesia) in hypnosis and placebo conditions. The phasic heart rate (HR) and skin conductance response were also recorded. The analysis was focused on the frequent standard trials of the odd-ball SERPs. Repeated measures analysis of variance was conducted to examine the experimental effects. RESULTS: Focused analgesia induced the largest reduction in pain rating, more in the high than low hypnotizable subjects. In high hypnotizable subjects, the N2 amplitude was greater over frontal and temporal scalp sites than over parietal and central sites, whereas in moderately and low hypnotizable subjects, N2 was greater over temporal sites than over frontal, parietal, and central sites. These subjects also displayed a larger N2 peak over temporal sites during focused analgesia than in the other conditions. The P3 amplitude was smaller under deep relaxation, dissociative imagery and focused analgesia in the high hypnotizable subjects. For these subjects, the smallest P3 peaks were obtained for dissociated imagery and focused analgesia over frontal and temporal sites. In contrast, for the P3 peak, low hypnotizable subjects failed to show significant condition effects. In all of the subjects, the skin conductance and HR were smaller during hypnotic suggestions than in the waking state. CONCLUSIONS: The effect of pain modulation is limited to high hypnotizable subjects rather than low hypnotizable ones. Higher frontal-temporal N2 and smaller posterior parietal P3 may indicate active inhibitory processes during cognitive strategies in hypnotic analgesia. These inhibitory processes also regulate the autonomic activities in pain perception.

[0471]

Cortical representation of the sensory dimension of pain  
J Neurophysiol 2001 Jul;86(1):402-11 (ISSN: 0022-3077)  
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It is well accepted that pain is a multidimensional experience, but little is known of how the brain represents these dimensions. We used positron emission tomography (PET) to indirectly measure pain-evoked cerebral activity before and after hypnotic suggestions were given to modulate the perceived intensity of a painful stimulus. These techniques were similar to those of a previous study in which we gave suggestions to modulate the perceived unpleasantness of a noxious stimulus. Ten volunteers were scanned while tonic warm and noxious heat stimuli were presented to the hand during four experimental conditions: alert control, hypnosis control, hypnotic suggestions for increased-pain intensity and hypnotic suggestions for decreased-pain intensity. As shown in previous brain imaging studies, noxious thermal stimuli presented during the alert and hypnosis-control conditions reliably activated contralateral structures, including primary somatosensory cortex (S1), secondary somatosensory cortex (S2), anterior cingulate cortex, and insular cortex. Hypnotic modulation of the intensity of the pain sensation led to significant changes in pain-evoked activity within S1 in contrast to our previous study in which specific modulation of pain unpleasantness (affect), independent of pain intensity, produced specific changes within the ACC. This double dissociation of cortical modulation indicates a relative specialization of the sensory and the classical limbic cortical areas in the processing of the sensory and affective dimensions of pain.

[0472]

Freedom from smoking: integrating hypnotic methods and rapid smoking to facilitate smoking cessation  
Int J Clin Exp Hypn 2001 Jul;49(3):257-66 (ISSN: 0020-7144)  
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Hypnotic intervention can be integrated with a Rapid Smoking treatment protocol for smoking cessation. Reported here is a

demonstration of such an integrated approach, including a detailed description of treatment rationale and procedures for such a short-term intervention. Of 43 consecutive patients undergoing this treatment protocol, 39 reported remaining abstinent at follow-up (6 months to 3 years posttreatment).

[0473]

Treating adolescent conversion disorders: are hypnotic techniques reusable?

Int J Clin Exp Hypn 2001 Jul;49(3):243-56 (ISSN: 0020-7144)

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When treating disabling conversion disorders in hospitalized adolescents, clinicians must act to restore function as rapidly as possible. After attempting to rule out physical causes for the symptoms and trying to find persuasive psychological reasons that the patient will accept and use to resolve the condition, the inpatient staff of a multidisciplinary therapeutic milieu must seek additional approaches to the care of these seriously ill individuals. This clinical forum reports the author's experience treating 2 young patients, a 12-year-old girl and a 15-year-old boy, with hypnosis. Therapists of every experience level find hypnotic techniques that work for them in a variety of patients, but are hypnotic techniques really reusable? The author reports what he learned once again.

[0474]

Information processing during hypnotically suggested sex change

Int J Clin Exp Hypn 2001 Jul;49(3):231-42 (ISSN: 0020-7144)

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During hypnotically suggested sex change, 36 real (12 virtuosos and 24 high hypnotizable) and 18 simulating (low hypnotizable) individuals listened to a story involving a male and a female character. They subsequently reported their experience and recall of the story. Virtuosos were less likely than highs and simulators to identify with the character consistent with their suggested sex. However, virtuosos recalled more information about the character consistent with their suggested sex than did highs and simulators. The authors discuss the findings in terms of attention and the selective processing of information during hypnosis. They conclude that character identification was not the major factor that influenced the recall of virtuosos and suggest that virtuosos may have processed aspects of the information in a more self-referential way and thus encoded and recalled it more effectively.

[0475]

Hypnotically induced emotional numbing

Int J Clin Exp Hypn 2001 Jul;49(3):220-30 (ISSN: 0020-7144)

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This study investigated the utility of a hypnotic suggestion to inhibit emotional response. High and low hypnotizable participants (N = 53) were administered a hypnotic induction, and half the participants were then administered a suggestion for emotional numbing. Participants were then presented with slides depicting neutral or disfigured faces. Participants who received the emotional numbing suggestion reported less responsivity to the disfigured faces than did those in the control condition, and this pattern was stronger for high than for low hypnotizable participants. Highs in the numbing condition displayed less overall distress in their facial expressions in response to the disfigured slides relative to those in the control condition. These findings suggest that hypnotic emotional numbing may be a useful paradigm in which to explore processes in emotion inhibition.

[0476]

Hypnotherapy in adolescents with trichotillomania: three cases

Am J Clin Hypn 2001 Jul;44(1):63-8 (ISSN: 0002-9157)

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Trichotillomania is not rare in adolescence. Psychotherapy is often ineffective, and cognitive behavioral therapy in combination with serotonin-specific reuptake inhibitors seems to be the treatment of choice. Some cases are resistant to all therapy. This paper reports on three adolescents with pure trichotillomania who responded to the imaginative hypnotherapy technique with Ericksonian suggestions. The patients described their hair as weak and vulnerable and needy of protection. In therapy, the patient was assigned the role of "patron of the hair" thereby giving him/her control of the situation. Hair pulling was significantly reduced, and the improvement was sustained throughout the 6-month follow-up. These cases suggest that imaginative techniques may be effective in adolescents with trichotillomania. Further controlled studies in adolescent population are needed to confirm this assumption.

[0477]

Dyspepsia as a somatic expression of guilt: a case report

Am J Clin Hypn 2001 Jul;44(1):57-61 (ISSN: 0002-9157)

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A 58-year-old woman developed chronic, severe symptoms of heartburn, epigastric pain, and regurgitation that persisted for 2 years. She underwent a thorough evaluation and no organic cause was identified. Therefore, a diagnosis of dyspepsia was made. Her symptoms were refractory to pharmacological treatment. Upon further probing, the patient reported that the onset of her symptoms coincided with the death of her son of cancer 2 years earlier. She blamed herself for the death of her son and admitted to a need for self-punishment. A brief course of treatment using metaphors and hypnosis resulted in a complete resolution of her symptoms, which did not recur during a follow-up of 12 years. This is the first published report of the treatment of dyspepsia using hypnotic methods.

[0478]

Source localization of EEG activity during hypnotically induced anxiety and relaxation

Int J Psychophysiol 2001 Jun;41(2):143-53 (ISSN: 0167-8760)

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The engagement of different brain regions which implement subjectively experienced emotional states in normals is not completely

clarified. Emotional states can conveniently be induced by hypnosis-based suggestions. We studied brain electric activity during hypnotically induced anxiety and relaxation in 11 right-handed normals (5 males, 6 females, mean age 26.5+/-7.6 years). After induction of light hypnosis, anxiety and then relaxation was suggested using a standardized text (reverse sequence in half of the subjects). Nineteen-channel, eyes-closed EEG (20 artifact-free s/subject) was analyzed (source localization using FFT approximation and low resolution electromagnetic tomography, LORETA). Global tests revealed the strongest difference ( $P < 0.005$ ) between EEG source gravity center locations during the two emotional states in the excitatory beta-2 EEG frequency band (18.5-21 Hz). Post hoc tests showed that the sources were located more right during anxiety than during relaxation ( $P = 0.01$ ). LORETA specified that anxiety showed maximally stronger activity than relaxation in right Brodmann area 10, and relaxation showed maximally stronger activity than anxiety in left Brodmann area 22. Clearly, the two induced emotional states were associated with activity of different neural populations. Our results agree with reports on brain activity shifted to the right (especially fronto-temporal) during negative compared with positive emotions, and support the role of beta-2 EEG frequency in emotional states.

[0479]

Is the hypnotized subject complying

Int J Clin Exp Hypn 2001 Apr;49(2):83-94 (ISSN: 0020-7144)

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To examine the role of compliance in responses to hypnotic suggestions, the authors administered a number of suggestions in the standard hypnotic manner and, also, with urging to comply. Participants' overt behavioral responses were noted, and they were questioned about their subjective experience of the suggestions, with electrodermal skin conductance responses providing a measure of the truthfulness of their reports. Results indicated that, although behavioral and verbal responses were consistent with the hypnotic suggestions under both instructional sets, responses in the standard hypnotic setting appeared to be experienced as genuine. That is, reports of subjective experiences met the criterion for truthfulness, whereas reports of suggested experiences administered with urging to comply did not meet the criterion for truthfulness.

[0480]

The Stanford Hypnotic Susceptibility Scale, Form C: normative data of a Dutch student sample

Int J Clin Exp Hypn 2001 Apr;49(2):139-45 (ISSN: 0020-7144)

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Norms for the Dutch language version of the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C; Weitzenhoffer & Hilgard, 1962) are presented. These norms are based upon a sample of 135 students at a Dutch university. Generally, the psychometric properties of the Dutch version of the SHSS:C are similar to other language versions. However, the mean score was somewhat lower than that found in the original norming studies at Stanford University.

[0481]

The effect of Rapid Induction Analgesia on subjective pain ratings and pain tolerance

Int J Clin Exp Hypn 2001 Apr;49(2):109-22 (ISSN: 0020-7144)

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The effect of Rapid Induction Analgesia (RIA) on pain tolerance and ratings of mechanically induced pain in the pain-sensitized forearm was investigated in 58 undergraduates. Posthypnotic suggestions of relaxation and analgesia did not influence pain ratings or tolerance, but relaxation ratings increased after RIA. When suggestions for analgesia were made throughout pain testing, ratings of pain unpleasantness at the pain tolerance point decreased more in the RIA group than in the attention control group. However, RIA did not influence pain threshold or tolerance. It was concluded that RIA was more effective in reducing subjective reports of pain (particularly the affective component) than in altering pain tolerance, and that maintenance of hypnotic suggestions was more effective than posthypnotic suggestions of comfort and relaxation in alleviating the affective component of pain.

[0482]

Complementary therapies for cancer patients: what works, what doesn't, and how to know the difference

Tex Med 2001 Feb;97(2):68-73 (ISSN: 0040-4470)

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Cancer patients, with their multiple symptoms and layers of suffering, are presenting many challenges to the treating physician and are turning to complementary mind-body therapies in increasing numbers. The utilization of mind-body medicine and other complementary therapies is growing at rates faster than Western medicine, and physicians are more commonly being questioned about potential benefits and risks of these therapies. This article discusses hypnosis and mind-body approaches in the care of the cancer patient, and offers suggestions regarding the evaluation of complementary medicine therapies.

[0483]

The wreathing protocol: the imbrication of hypnosis and EMDR in the treatment of dissociative identity disorder and other dissociative responses. Eye Movement Desensitization Reprocessing

Am J Clin Hypn 2001 Jan-Apr;43(3-4):275-90 (ISSN: 0002-9157)

Fine CG; Berkowitz AS

Dissociative Identity Disorder (DID), a chronic childhood onset posttraumatic stress disorder, is currently recognized as a treatable condition. It is considered the paradigmatic dissociative condition and carries with it extreme posttraumatic symptomatology. Therapists skilled in the treatment of DID are typically fluent in the uses of hypnosis for stabilization, affect management, building a safe place and grounding to name of few. EMDR, which has come to the forefront of clinical awareness in the last ten years, seems aptly suited for the treatment of trauma, but can be destabilizing. This paper proposes a protocol, called Wreathing Protocol, for the imbricated use of EMDR and hypnosis in the treatment of not only DID (though this will be the primary focus of the paper), but also Dissociative Disorder Not Otherwise Specified (DDNOS) and chronic Posttraumatic Stress Disorder (PTSD). This protocol is useful to advanced clinicians skilled in both modalities independently. The sequential steps of the Wreathing Protocol will be described and illustrated by a clinical vignette on DID. The clinical implications of the use of the Wreathing Protocol will be discussed in DID as well as the chronic post traumatic spectrum.

[0484]

Integrative psychotherapy: combining ego-state therapy, clinical hypnosis, and eye movement desensitization and reprocessing (EMDR) in a psychosocial developmental context  
Am J Clin Hypn 2001 Jan-Apr;43(3-4):233-45 (ISSN: 0002-9157)  
Wade TC; Wade DK

The principles of this conceptual framework are: (1) personality organization is dissociative as well as associative, consisting of ego states, and progresses through stages of psychosocial development; (2) inappropriately activated ego states cause dysfunction, which is habitual or due to the intense affect of disrupted development or unresolved grief or trauma; (3) completely overcoming dysfunction requires therapy with both individual ego states and the personality system; (4) clinical hypnosis provides techniques to enhance accessing ego states; and (5) EMDR combines ego-state therapy with eye movements (EMs) to produce a powerful psychotherapy method. During assessment, ego states responsible for dysfunctional emotional reactions and behavior are identified together with those that could be appropriate instead. Included in the treatment protocol, EMs and clinical hypnosis promote: (1) corrective developmental experiences; (2) resolution of grief and trauma; (3) acquisition of skills and abilities; (4) co-consciousness; and (5) negotiation among ego states. The outcome is an integrated "family of self" that has effectively overcome developmental crises, grief, and trauma, is aware of essential inner resources, and can consciously activate appropriate ego states.

[0485]

Complementary and alternative medicine for children: does it work?  
Arch Dis Child 2001 Jan;84(1):6-9 (ISSN: 1468-2044)  
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Paediatric use of complementary and alternative medicine is common and increasing, particularly for the sickest children. This review discusses the various options available including dietary supplements, hypnosis, massage, chiropractic, and acupuncture.

[0486]

Psychological interventions and the immune system: a meta-analytic review and critique  
Health Psychol 2001 Jan;20(1):47-63 (ISSN: 0278-6133)  
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This article reviews evidence for the hypothesis that psychological interventions can modulate the immune response in humans and presents a series of models depicting the psychobiological pathways through which this might occur. Although more than 85 trials have been conducted, meta-analyses reveal only modest evidence that interventions can reliably alter immune parameters. The most consistent evidence emerges from hypnosis and conditioning trials. Disclosure and stress management show scattered evidence of success. Relaxation demonstrates little capacity to elicit immune change. Although these data provide only modest evidence of successful immune modulation, it would be premature to conclude that the immune system is unresponsive to psychological interventions. This literature has important conceptual and methodological issues that need to be resolved before any definitive conclusions can be reached.

[0487]

Neurophysiological processes underlying the phantom limb pain experience and the use of hypnosis in its clinical management: an intensive examination of two patients  
Int J Clin Exp Hypn 2001 Jan;49(1):38-55 (ISSN: 0020-7144)  
Rosen G; Willoch F; Bartenstein P; Berner N; Rosjo S  
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In a pilot study with 2 patients suffering from phantom limb pain (PLP), hypnotic suggestions were used to modify and control the experience of the phantom limb, and positron emission tomography (PET) was used to index underlying pathways and areas involved in the processing of phantom limb experience (PLE) and PLP. The patients' subjective experiences of pain were recorded in a semistructured protocol. PET results demonstrated activation in areas known to be responsible for sensory and motor processing. The reported subjective experiences of PLP and movement corresponded with predicted brain activity patterns. This work helps to clarify the central nervous system correlates of phantom limb sensations, including pain. It further suggests that hypnosis can be incorporated into treatment protocols for PLP.

[0488]

Is a capacity for negative priming correlated with hypnotizability?: a preliminary study  
Int J Clin Exp Hypn 2001 Jan;49(1):30-7 (ISSN: 0020-7144)  
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Hypnotic responsiveness may depend upon the ability to inhibit the irrelevant stimuli that evoke responses that are incompatible with current goals (or the mapping between an irrelevant/disruptive stimulus and its response) in order to actively maintain task-relevant information. In a simple correlation design, the authors investigated the relationship between cognitive inhibition (negative priming) and hypnotic responsiveness. A statistically significant correlation was obtained between the extent of negative priming (measured in time latency) and hypnotic responsiveness ( $r = .491$ ). Limitations of this preliminary study and implications for future work are discussed.

[0489]

[John Bjorkhem and hypnosis]  
[Hypnos i svensk 1900-tals medicin speglad genom John Bjorkhems liv och verksamhet]  
Sven Med Tidskr 2001;5(1):45-60 (ISSN: 1402-9071)  
Bjorkhem L; Stolt CM

Hypnosis has been recognised for thousands of years and is believed to have originated from shamanic trance methods. It has always been controversial in medical science. The biography of the Swedish physician John Bjorkhem and the history of hypnosis in Swedish medicine during the 20th century is intimately related to each other. Bjorkhem devoted most of his professional life to the phenomenon of hypnosis. He had a unique background for his studies as a priest, physician and psychologist. He always regarded hypnosis to have

a great potential both as a therapeutical and as a diagnostic tool. He was fascinated by the mysteric undertones in his results from the hypnotic experiments and he devoted great time to parapsychology. In this essay we describe an outsider in medicine, both with respect to person and topic. In the case of Bjorkhem the situation was particular complicated because of his multidisciplinary activities with three different faculties involved. Finally the essay deals with the condition of a pioneer, and his struggle for acceptance and understanding. Only future can tell if the visions that Bjorkhem had about hypnosis as an efficient therapeutic tool in medicine will come true.

[0490]

[Hypno-analysis: On the integration of hypnotic elements in individual uncovering psychotherapy in patients with anxiety disorder]

[Hypno-Analyse: Zur Integration hypnotischer Behandlungselemente in aufdeckende Einzelpsychotherapie bei Angstpatienten]

Z Psychosom Med Psychother 2001;47(3):277-89 (ISSN: 1438-3608)

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Following a short history of the development of the therapeutic techniques of psychoanalysis as derived from the basic rules of hypnosis, the apparent contradictions between the two approaches are called into question, with particular reference to the importance and efficacy of suggestion and suggestibility in both methods. How the integration of hypnotic interventions can both intensify and at the same time shorten the process of analytic therapy is demonstrated by two vignettes. The range of indications for the use of hypnosis as a complementary measure is currently restricted to the analysis of resistance and of the making conscious of past traumatic experiences that are involved in the psychogenesis of anxiety disorders. Particular importance is attached to the careful establishment of the indication and then psychoanalytic working-through of the accompanying transference-countertransference-dynamics following the completion of the hypno-analytic phase and in the course of the ongoing uncovering therapeutic process.

[0491]

Hypnotherapy in a specialist palliative care unit: evaluation of a pilot service

Int J Palliat Nurs 2001 Dec;7(12):604-9 (ISSN: 1357-6321)

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There is evidence that hypnotherapy may have an application in the palliative care setting by relieving stress and helping patients to cope with their illness and the prospect of dying. It may also be of benefit to health professionals working in this sometimes stressful field. This article reports on the audit of a pilot hypnotherapy service for patients, carers and staff at a specialist palliative care unit. The audit explored the demand for hypnotherapy, the practicalities of providing the service and identified benefits as perceived by the clients and the therapist. Evaluation methods included questionnaires for quantifiable and qualitative data. The study was conducted over 5 months and involved 11 clients (seven staff and four patients). The main findings depicted unanimous positive coping and relaxation benefits to the clients. At the end of the therapy, 82% felt it had assisted in improving the presenting problem and 91% felt it had been of benefit in general. Further issues are discussed such as the therapeutic relationship, non-attendance and the environment used during the sessions.

[0492]

Etiology, diagnosis, and treatment of nonepileptic seizures

Curr Neurol Neurosci Rep 2001 Jul;1(4):381-9 (ISSN: 1528-4042)

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Psychogenic nonepileptic seizures (NES) can be classified into five categories. This review focuses on NES associated with emotional conflict, by far the most common and important group. Etiology is speculative, but the background histories of these patients are often similar. The presence of a trauma history, depression, post-traumatic stress symptoms, and the use of dissociation plus cognitive dysfunction possibly point to an organic etiology. The presentation of NES in children and adults is discussed, along with the differential diagnosis. The diagnostic differential is lengthy, with epileptic seizures of frontal lobe origin presenting a unique challenge. Diagnostic procedures are reviewed with an emphasis on the utility of hypnosis with seizure induction. Presenting the diagnosis to the patient, the role of the neurologist, and the role of the mental health consultant are reviewed. Issues in the doctor-patient relationship are also addressed, as well as the overall prognosis.

[0493]

Trance and suggestion: timeless interventions and implication for nurses in the new millennium

Holist Nurs Pract 2001 Apr;15(3):73-82 (ISSN: 0887-9311)

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Trance is a normal psychophysiological phenomenon. Suggestion is the purposeful use of that phenomenon and the heart of hypnosis. Suggestion deepens and enriches trance and promotes beneficial changes, or healing, within the individual. This article addresses the traditional historical and cultural roots of the hypnotic experience and use of "trance" and "suggestion". How nurses often unknowingly use these phenomena and can intentionally use trance and suggestion in their practices is explored.

[0494]

Representation of acute and persistent pain in the human CNS: potential implications for chemical intolerance

Ann N Y Acad Sci 2001 Mar;933:130-41 (ISSN: 0077-8923)

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The study of pain may be relevant to the study of chemical intolerance (CI) in many ways. Pain is often reported as a symptom of CI and it is defined as a subjective experience similar to many other symptoms of CI, making its objectification difficult. Furthermore, the CNS plastic changes that underlie the development of persistent pain states and abnormal pain responses may share some similarities with those involved in the sensitization to environmental chemicals. Functional brain imaging studies in humans demonstrate that acute pain evoked by nociceptive stimulation is accompanied by the activation of a widely distributed network of cerebral structures, including the thalamus and the somatosensory, insular, and anterior cingulate cortices. Abnormal activity within these regions has been associated with the experience of pain following damage to the peripheral or central nervous system (neuropathic pain) in a number of clinical populations. In normal individuals, activity within this network is correlated with subjective pain perception, is highly modifiable by cognitive interventions such as hypnosis and attention, and has been associated with emotions. Other cognitive mediators such as expectations can also produce robust changes in pain perception (e.g., in placebo analgesia). These effects likely depend on both



higher-order cerebral structures and descending mechanisms modulating spinal nociceptive activity. These psychological processes can be solicited to reduce clinical pain and we speculate that they may further attenuate or promote central mechanisms involved in the transition from acute to persistent pain states. The investigation of central determinants of subjective experience is essential to assess the possibility that higher-order brain/psychological processes modulate and/or mediate the development of persistent pain states. These factors may contribute to the development of symptoms in CI.

[0495]

Psychological interventions for non-ulcer dyspepsia

Cochrane Database Syst Rev 2001;(4):CD002301 (ISSN: 1469-493X)

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**BACKGROUND:** Studies have also shown that NUD patients have higher scores of anxiety, depression, neurotism, chronic tension, hostility, hypochondriasis, and tendency to be more pessimistic when compared with the community controls. **OBJECTIVES:** This review aims to determine the effectiveness of psychological interventions including psychotherapy, psychodrama, cognitive behavioral therapy, relaxation therapy, guided imagery or hypnosis in the improvement of either individual or global dyspepsia symptom scores and also quality of life scores patients with non-ulcer dyspepsia (NUD). **SEARCH STRATEGY:** Trials were located through electronic searches of the Cochrane Controlled Trials Register (CCTR), MEDLINE, EMBASE, CINAHL and PsycLIT, using appropriate subject headings and text words and searching bibliographies of retrieved articles. **SELECTION CRITERIA:** All randomised controlled trials (RCTs) or quasi-randomised studies assessing the effectiveness of psychological interventions (including psychotherapy, psychodrama, cognitive behavioural therapy, relaxation therapy, guided imagery or hypnosis) for non-ulcer dyspepsia (NUD). **DATA COLLECTION AND ANALYSIS:** Data were collected on individual, global dyspepsia symptom scores, as well as measures of quality of life (QoL) scores and adverse effects. **MAIN RESULTS:** The three trials identified showed that there was improvement in the dyspepsia symptom scores at the end of treatment and one trial showed improvement in the psychological parameters. However, meta-analysis was not possible as these trials used different psychological interventions and two of the trials only reported mean change in symptoms and did not give standard deviations of this change. **REVIEWER'S CONCLUSIONS:** Psychological intervention in the form of psychodynamic psychotherapy and cognitive behavioral therapy may be useful in the treatment of NUD. However, we need more trials to assess dyspepsia symptom scores and also psychological intervention in order to give us a clearer picture of the role of psychological intervention in NUD.

[0496]

The use of a skill-based activity in therapeutic induction

Am J Clin Hypn 2001 Oct;44(2):119-26 (ISSN: 0002-9157)

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This paper describes a hypnotherapeutic intervention for a brain damaged 36-year-old male who has suffered from asthma since infancy and seizure disorder from the age of eight. In early sessions it was discovered that conventional "passive-relaxation" induction techniques seemed to exacerbate certain disturbing somatic experiences, which he refers to as scary feelings. It was found that his performance of a previously learned skilled activity (the playing of the computer game Tetris) permitted the experience of a highly focused but relaxed state that was conducive to therapeutic interaction. This approach to induction bears similarity to "active-alert" procedures but may be more importantly related to Mihaly Csikszentmihalyi's principle of flow, in that it involves engagement in a subjectively meaningful, skill-based activity.

[0497]

[The patient with irritable bowel syndrome. A difficult patient?]

[Paciente con síndrome de intestino irritable. Un paciente difícil?]

Acta Gastroenterol Latinoam 2001 Oct;31(4):339-50 (ISSN: 0300-9033)

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The treatment of patients with Irritable Bowel Syndrome has not been very successful because of the number of variations that are associated with the illness. Some of them are: Depression and Anxiety, intensity of the symptoms and colonic hypersensitivity, all this, added to the unknown etiology of the illness. This review expects to bring a global vision of the difficulty that has existed for Medicine or psychology to bring the best treatment to these patients. Diverse investigations had obtained successful results with different psychotherapeutic approaches (Hypnotherapy, Psychoanalysis, cognitive therapy, multicomponent therapy, etc.). Nevertheless these present methodological errors that put in doubt those results. It is thought that interdisciplinary treatment would be a good option for these patients.

[0498]

Skin reactions to histamine of healthy subjects after hypnotically induced emotions of sadness, anger, and happiness

Allergy 2001 Aug;56(8):734-40 (ISSN: 0105-4538)

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**BACKGROUND:** The severity of symptoms in asthma and other hypersensitivity-related disorders has been associated with changes in mood but little is known about the mechanisms possibly mediating such a relationship. The purpose of this study was to examine the influence of mood on skin reactivity to histamine by comparing the effects of hypnotically induced emotions on flare and wheal reactions to cutaneous histamine prick tests. **METHODS:** Fifteen highly hypnotically susceptible volunteers had their cutaneous reactivity to histamine measured before hypnosis at 1, 2, 3, 4, 5, 10, and 15 min after the histamine prick. These measurements were repeated under three hypnotically induced emotions of sadness, anger, and happiness presented in a counterbalanced order. Skin reactions were measured as change in histamine flare and wheal area in mm<sup>2</sup> per minute. **RESULTS:** The increase in flare reaction in the time interval from 1 to 3 min during happiness and anger was significantly smaller than flare reactions during sadness (P<0.05). No effect of emotion was found for wheal reactions. Hypnotic susceptibility scores were associated with increased flare reactions at baseline (r=0.56; P<0.05) and during the condition of happiness (r=0.56; P<0.05). **CONCLUSION:** Our results agree with previous studies showing mood to be a predictor of cutaneous immediate-type hypersensitivity and histamine skin reactions. The results are also in concordance with earlier findings of an association between hypnotic susceptibility and increased reactivity to an allergen.

[0499]

Efficacy of induction and difficulty level in durability of post-hypnotic suggestions  
Am J Clin Hypn 2001 Jul;44(1):13-25 (ISSN: 0002-9157)  
Calandrino JG; Kurtz RM; Strube MJ  
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We examined whether participants instructed to reenter a hypnotic state as part of the post-hypnotic suggestion (PHS) show less decay in responding over an 8-week period than participants who do not receive such instructions. We also attempted to replicate Trussell, Kurtz, and Strube's (1996) finding on impact of difficulty level of suggestion on response curve. Fifty-nine highly susceptible participants were selected by the Stanford Hypnotic Susceptibility Scale: Form C (SHSS:C) and were assigned to one of four groups (two levels of Difficulty [easy-hard] x two levels of Condition [hypnotic PHS, non-hypnotic PHS]). Participants were tested for PHS at 1, 3, 6, and 8 weeks. A 2 x 2 x 4 (Difficulty x Condition x Time) factorial ANOVA was conducted, with Time as a repeated-measure. The outcome variable at each time was either pass or fail for relevant suggestion. None of the effects containing Condition as a term were significant indicating there is no advantage to using Berrigan, Kurtz, Stabile, and Strube's (1991) atypical induction technique to influence the durability of PHS. We found a significant Time effect but failed to replicate Trussell et al.'s findings for Difficulty level. The differing results found in these three recent studies (Berrigan et al., Trussell et al., and the current study) suggest the effects for durability of PHS may be quite fragile in spite of rigorous experimental controls used in all three studies.

[0500]

Identification of higher brain centres that may encode the cardiorespiratory response to exercise in humans  
J Physiol 2001 Jun 15;533(Pt 3):823-36 (ISSN: 0022-3751)  
Thornton JM; Guz A; Murphy K; Griffith AR; Pedersen DL; Kardos A; Leff A; Adams L; Casadei B; Paterson DJ  
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1. Positron emission tomography (PET) was used to identify the neuroanatomical correlates underlying 'central command' during imagination of exercise under hypnosis, in order to uncouple central command from peripheral feedback. 2. Three cognitive conditions were used: condition I, imagination of freewheeling downhill on a bicycle (no change in heart rate, HR, or ventilation, V(I)); condition II, imagination of exercise, cycling uphill (increased HR by 12 % and V(I) by 30 % of the actual exercise response); condition III, volitionally driven hyperventilation to match that achieved in condition II (no change in HR). 3. Subtraction methodology created contrast A (II minus I) highlighting cerebral areas involved in the imagination of exercise and contrast B (III minus I) highlighting areas activated in the direct volitional control of breathing (n = 4 for both; 8 scans per subject). End-tidal P(CO<sub>2</sub>) (P(ET,CO<sub>2</sub>)) was held constant throughout PET scanning. 4. In contrast A, significant activations were seen in the right dorso-lateral prefrontal cortex, supplementary motor areas (SMA), the right premotor area (PMA), superolateral sensorimotor areas, thalamus, and bilaterally in the cerebellum. In contrast B, significant activations were present in the SMA and in lateral sensorimotor cortical areas. The SMA/PMA, dorso-lateral prefrontal cortex and the cerebellum are concerned with volitional/motor control, including that of the respiratory muscles. 5. The neuroanatomical areas activated suggest that a significant component of the respiratory response to 'exercise', in the absence of both movement feedback and an increase in CO<sub>2</sub> production, can be generated by what appears to be a behavioural response.

[0501]

Complementary therapies in palliative cancer care  
Cancer 2001 Jun 1;91(11):2181-5 (ISSN: 0008-543X)  
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BACKGROUND: Complementary medicine has become an important aspect of palliative cancer care. This overview is primarily aimed at providing guidance to clinicians regarding some commonly used complementary therapies. METHODS: Several complementary therapies were identified as particularly relevant to palliative cancer care. Exemplary studies and, where available, systematic reviews are discussed. RESULTS: Promising results exist for some treatments, e.g. acupuncture, enzyme therapy, homeopathy, hypnotherapy, and relaxation techniques. Unfortunately, the author finds that the evidence is not compelling for any of these therapies. CONCLUSION: These results point to some potential for complementary medicine in palliative care. They also demonstrate an urgent need for more rigorous research into the value (or otherwise) of such treatments in palliative and supportive cancer care. [Copyright 2001 American Cancer Society.]

[0502]

Sedation-analgesia in the pediatric intensive care unit  
Pediatr Clin North Am 2001 Jun;48(3):695-714 (ISSN: 0031-3955)  
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The provision of sedation and analgesia is an integral aspect of the care of PICU patients. A careful systems approach to the provision of sedation and analgesia can minimize complications and maximize benefit to patients. Vigilance in monitoring and adherence to published guidelines are important for safety. Physicians must define the goals in clearly devising a plan and tailor the prescription to those goals rather than use a regimented protocol for all patients.

[0503]

The use of dental anxiety questionnaires: a survey of a group of UK dental practitioners  
Br Dent J 2001 Apr 28;190(8):450-3 (ISSN: 0007-0610)  
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AIM: To determine the frequency of use of dental anxiety assessment questionnaires and factors associated with their use in a group of UK dental practitioners. METHOD: A postal questionnaire to all 328 dentists whose names appear in the British Society for Behavioural Sciences in Dentistry Directory. Information collected for each practitioner included gender, year of qualification, type of practice in which anxious dental patients were treated, treatment used to manage anxious dental patients, type and frequency of use of dental anxiety assessment indices. RESULTS: Questionnaires were returned from 275 (84%) practitioners. 269 were analyzed. Only 54 practitioners (20%) used adult dental anxiety assessment questionnaires and only 46 (17%) used child dental anxiety assessment questionnaires. Male practitioners were more likely to report questionnaire use in comparison with females (P<0.05), when treating dentally anxious adults (26% v 14%). In addition, practitioners providing intravenous sedation were more likely to use an adult dental anxiety questionnaire (P < 0.04) than those who did not use intravenous sedation (29% v 15%). The type of treatment provided had a

significant association with the use of child dental anxiety. Those providing general anaesthesia ( $P = 0.03$ ) and hypnosis ( $P = 0.01$ ) for dentally anxious children were more inclined to use a questionnaire. CONCLUSION: The use of pre-treatment dental anxiety assessment questionnaires was low in this group of dentists. Male practitioners and those providing intravenous sedation, general anaesthesia or hypnosis seem more likely to use dental anxiety assessment questionnaires.

[0504]

Hypnotizability in acute stress disorder

Am J Psychiatry 2001 Apr;158(4):600-4 (ISSN: 0002-953X)

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OBJECTIVE: This study investigated the relationship between acute dissociative reactions to trauma and hypnotizability. METHOD: Acutely traumatized patients ( $N=61$ ) with acute stress disorder, subclinical acute stress disorder (no dissociative symptoms), and no acute stress disorder were administered the Stanford Hypnotic Clinical Scale within 4 weeks of their trauma. RESULTS: Although patients with acute stress disorder and patients with subclinical acute stress disorder displayed comparable levels of nondissociative psychopathology, acute stress disorder patients had higher levels of hypnotizability and were more likely to display reversible posthypnotic amnesia than both patients with subclinical acute stress disorder and patients with no acute stress disorder. CONCLUSIONS: The findings may be interpreted in light of a diathesis-stress process mediating trauma-related dissociation. People who develop acute stress disorder in response to traumatic experience may have a stronger ability to experience dissociative phenomena than people who develop subclinical acute stress disorder or no acute stress disorder.

[0505]

Hypnotic manipulation of effort sense during dynamic exercise: cardiovascular responses and brain activation

J Appl Physiol 2001 Apr;90(4):1392-9 (ISSN: 8750-7587)

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The purpose of this investigation was to hypnotically manipulate effort sense during dynamic exercise and determine whether cerebral cortical structures previously implicated in the central modulation of cardiovascular responses were activated. Six healthy volunteers (4 women, 2 men) screened for high hypnotizability were studied on 3 separate days during constant-load exercise under three hypnotic conditions involving cycling on a 1) perceived level grade, 2) perceived downhill grade, and 3) perceived uphill grade. Ratings of perceived exertion (RPE), heart rate (HR), blood pressure (BP), and regional cerebral blood flow (rCBF) distributions for several sites were compared across conditions using an analysis of variance. The suggestion of downhill cycling decreased both the RPE [from 13 +/- 2 to 11 +/- 2 (SD) units;  $P < 0.05$ ] and rCBF in the left insular cortex and anterior cingulate cortex, but it did not alter exercise HR or BP responses. Perceived uphill cycling elicited significant increases in RPE (from 13 +/- 2 to 14 +/- 1 units), HR (+16 beats/min), mean BP (+7 mmHg), right insular activation (+7.7 +/- 4%), and right thalamus activation (+9.2 +/- 5%). There were no differences in rCBF for leg sensorimotor regions across conditions. These findings show that an increase in effort sense during constant-load exercise can activate both insular and thalamic regions and elevate cardiovascular responses but that decreases in effort sense do not reduce cardiovascular responses below the level required to sustain metabolic needs.

[0506]

Making vaccines more acceptable--methods to prevent and minimize pain and other common adverse events associated with vaccines

Vaccine 2001 Mar 21;19(17-19):2418-27 (ISSN: 0264-410X)

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The growing abundance of highly immunogenic vaccines has arrived with a burden of pain, distress, and common adverse reactions that in turn may interfere with parental compliance and aggravate anti-vaccine sentiment. In a study of 150 children in each of 2 age-groups, we found that approximately 20% of the subjects suffered serious distress or worse. During the procedural phase, approximately 90% of the 15-to-18 month old children and 45% of the 4-to-6 year old children showed serious distress or worse. To address non-adherence with pediatric vaccine schedules, we must consider all of the possible issues that might prevent a parent from taking a child to a health care provider for vaccination. In that same study we identified useful predictors for both preparatory and procedural distress - predictors that might be used in identifying children who might benefit from preventive interventions. Vaccine providers might consider a variety of interventions. Attitude, empathy, instruction, and practice have all been shown to have a salutatory effect upon pain and anxiety with medical procedures in general and specifically with vaccinations. Distraction has also been found to be an effective method for distress and pain prevention in children. More formal methods of clinical hypnosis which combine a deep state of relaxation with focused imagery and suggestion have also been found to be effective in helping children and adolescents prepare for, cope with, and tolerate the pain and anxiety associated with medical procedures. So-called 'sugar nipples' delivering small amounts of sucrose orally at the time of a painful procedure in an infant has been not been shown to decrease vaccination pain and studies on refrigerant topical anesthetics are mixed. Studies have found a eutectic mixture of 2.5% lidocaine and 2.5% prilocaine (EMLA) effective in providing adequate local anesthesia in children, but it suffers from problems in practical application. Studies with various injection techniques have not identified ready solutions, and although jet injection appears to provoke less anxiety and cause less immediate pain, studies also indicate a somewhat greater incidence of delayed local reactogenicity including soreness and edema. Other measures to prevent or rapidly treat other common adverse events have been shown effective and should be considered as well.

[0507]

Defining the states of consciousness

Neurosci Biobehav Rev 2001 Mar;25(2):175-91 (ISSN: 0149-7634)

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Consciousness remains an elusive concept due to the difficulty to define what has been regarded for many years as a subjective experience, therefore irrelevant for scientific study. Recent development in this field of research has allowed to provide some new insight to a possible way to define consciousness. Going through the extensive literature in this domain, several perspectives are proposed to define this concept. (1) Consciousness and Attention may not reflect the same process. (2) Consciousness during wake and sleep may not involve the same mechanisms. (3) Besides physiological states of consciousness, human beings can experience modified states of consciousness either by self-training (transcendental meditation, hypnosis, etc.) or by drug intake (hallucinogens, anaesthetics, etc.). Altogether, we address the question of a more precise terminology, given the theoretical weight words can convey. To this respect, we propose different definitions for concepts like consciousness, vigilance, arousal and alertness as candidates to

separate functional entities.

[0508]

Sleep disorders

Neurol Clin 2001 Feb;19(1):173-86 (ISSN: 0733-8619)

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Many pharmacologic and nonpharmacologic strategies are available to treat sleep disorders successfully. Conventional stimulants and the new stimulant modafinil have roles to play in the management of narcolepsy and idiopathic hypersomnia. Knowledge of the properties and clinical effects of these drugs allows adequate doses of medications to be used with the goal of attaining as maximal alertness as possible. A range of dopaminergic agents is available to treat restless legs syndrome; other medications such as opiates, benzodiazepines, and anticonvulsants can also be used. Successful use of the dopaminergic agents depends on an understanding of the phenomena of augmentation, rebound, and tolerance. Arousal parasomnias can be treated with behavioral methods such as hypnosis and drug therapy. Clonazepam provides relief of the symptoms in most patients with REM sleep behavior disorder.

[0509]

Local and remote effects of hypnotic suggestions of analgesia

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The present study was designed to further characterize hypnotic analgesia and particularly to examine whether the effects are due to a selective alteration of pain perception and are organized somatotopically. Thirty-two healthy volunteers participated in this study. Thermal detection thresholds for warmth and cool stimuli and heat pain thresholds were measured at both the upper and lower left limbs by means of a thermotest. Measurements were performed before, during and after a hypnotic session during which the subjects were administered a French adaptation of the Stanford Hypnotic Susceptibility Scale and then standardized suggestions of analgesia limited to the left foot. Heat pain thresholds were significantly increased at both the lower and upper limbs. Changes at the foot were positively correlated with the hypnotic susceptibility score, while, unexpectedly, changes at the hand were negatively correlated with the susceptibility score. Mean detection thresholds for warmth and cool stimuli were also altered at both the lower and upper limbs during hypnosis, but these modifications were correlated neither with susceptibility nor with the changes in heat pain threshold. These results indicate that hypnotic suggestions can selectively and somatotopically alter pain sensation in highly susceptible subjects. It is also suggested, however, that suggestions of analgesia can induce selective alterations of pain perception in poorly susceptible subjects, although these effects did not appear to be localized 'appropriately'.

[0510]

Phenomenological experiences associated with hypnotic susceptibility

Int J Clin Exp Hypn 2001 Jan;49(1):19-29 (ISSN: 0020-7144)

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Following the administration of a Hungarian translation of the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C), 104 Hungarian subjects completed the Hungarian translation of the Phenomenology of Consciousness Inventory (PCI). Subjects had also been administered the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A) about 1 week to 2 months before the SHSS:C. The pattern of correlations between hypnotizability (as measured by the HGSHS:A and the SHSS:C) and the 5 factors of the PCI was quite similar to that of previous work carried out using the English language versions on subjects in the United States. SHSS:C and HGSHS:A scores correlated significantly with the PCI factors of dissociated control, positive affect, and attention to internal processes factors. In addition, the SHSS:C score correlated significantly with the visual imagery factor, as found in previous work.

[0511]

EEG source localization and global dimensional complexity in high- and low- hypnotizable subjects: a pilot study

Neuropsychobiology 2001;44(4):192-8 (ISSN: 0302-282X)

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Individuals differ in hypnotizability. Information on hypnotizability-related EEG characteristics is controversial and incomplete, particularly on intracerebral source localization and EEG dimensionality. 19-channel, eyes-closed resting EEGs from right-handed, healthy, 8 high- and 4 low-hypnotizable subjects (age: 26.7 +/- 7.3 years) were analyzed. Hypnotizability was rated after the subjects' ability to attain a deep hypnotic stage (amnesia). FFT Dipole Approximation analysis in seven EEG frequency bands showed significant differences ( $p < 0.04$ ) of source gravity center locations for theta (6.5-8 Hz, more posterior and more left for highs), beta-1 and beta-2 frequencies (12.5-18 and 18.5-21 Hz; both more posterior and more right for highs). Low Resolution Electromagnetic Tomography (LORETA) specified the cortical anteriorization of beta-1 and beta-2 in low hypnotizables. Power spectral analysis of Global Field Power time series (curves) showed no overall power differences in any band. Full-band Global Dimensional Complexity was higher in high-hypnotizable subjects ( $p < 0.02$ ). Thus, before hypnosis, high and low hypnotizables were in different brain electric states, with more posterior brain activity gravity centers (excitatory right, routine or relaxation left) and higher dimensional complexity (higher arousal) in high than low hypnotizables. [Copyright 2001 S. Karger AG, Basel].

[0512]

Experimental production of illusory (false) memories in reconstructions of narratives: effect size and potential mediation by right hemispheric stimulation from complex, weak magnetic fields

Int J Neurosci 2001;106(3-4):195-207 (ISSN: 0020-7454)

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This experiment was designed to discern the proportion of false, inferential and verbatim memories that would be included in the reconstruction, one week later, of a 5 min narrative containing ambiguous but emotional content about a little boy. After 48 subjects were administered Spiegel's Hypnosis Induction Profile, they listened to the narrative, were exposed to one of four applications of transcerebral weak, complex magnetic fields for 30 min and then given either an accurate or inaccurate short summary of the story. One week later the group who received the erroneous summary reported more false memories about the original story than did the reference

group; this treatment accommodated about 40% of the variance in numbers of false memories. Only an indicator of electrical lability within the temporal lobes (but not hypnotizability) was strongly associated with the numbers of inferential memories but not the numbers of false memories. The group that received transcerebral stimulation over the right hemisphere by a complex magnetic field and the erroneous summary reported three times the numbers of false memories compared to the other groups. Whereas verbatim memories showed a strong primacy effect inferential memories exhibited a strong recency effect ( $\eta^2 = .66$ ).

[0513]

Biopsychosocial approaches to the treatment of chronic pain  
Clin J Pain 2001 Dec;17(4 Suppl):S114-27 (ISSN: 0749-8047)  
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**BACKGROUND:** Biopsychosocial treatments address the range of physical, psychological, and social components of chronic pain. **OBJECTIVE:** This review sought to determine how effective unimodal and multimodal biopsychosocial approaches are in the treatment of chronic pain. **METHODOLOGY:** The literature search identified three systematic reviews of the literature and 21 randomized controlled trials to provide the evidence for this review. **RESULTS:** The systematic reviews and 12 randomized controlled trials reported on chronic low back pain. Other randomized controlled trials studied fibromyalgia (three trials) and back or other musculoskeletal disorders (five trials). Biopsychosocial components reviewed were electromyogram feedback and hypnosis as unimodal approaches, and behavioral and cognitive-behavioral treatments and back school, or group education, as multimodal approaches for chronic low back pain. For other chronic pain disorders, cognitive-behavioral treatments were reviewed. Comparisons were hindered by studies with heterogeneous subjects, varied comparison groups, different cointerventions and follow-up times, variable outcomes, and a range of analytic methods. **CONCLUSIONS:** Multimodal biopsychosocial treatments that include cognitive-behavioral and/or behavioral components are effective for chronic low back pain and other musculoskeletal pain for up to 12 months (level 2). There is limited evidence (level 3) that electromyogram feedback is effective for chronic low back pain for up to 3 months. The remaining evidence of longer-term effectiveness and of effectiveness of other interventions was inadequate (level 4a) or contradictory (level 4b). Future studies of cognitive-behavioral treatments should be condition specific, rather than include patients with different pain conditions.

[0514]

Benzodiazepines in the intensive care unit  
Crit Care Clin 2001 Oct;17(4):843-62 (ISSN: 0749-0704)  
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The effects of BZ drugs result from interaction at the GABAA receptor within the CNS, producing anxiolysis, hypnosis, and amnesia in a dose-dependent fashion. These sedative effects are best titrated to reproducible clinical endpoints, using scoring systems such as the Ramsay scale. All BZs exhibit similar pharmacologic effects, but the important differences in pharmacokinetics and pharmacodynamics should be recognized to use these drugs safely and effectively within the ICU. Diazepam is the classic anxiolytic, amnestic, and sedative agent, but the presence of long-acting active metabolites that depend on the kidneys for elimination limits its use in many ICU patients. Lorazepam is the most potent BZ used in the ICU; it has stable pharmacokinetics and relatively low cost. This drug is best reserved for situations in which rapid onset is not essential and long-term sedation is anticipated. Midazolam has the shortest  $t_{1/2}$  of the commonly used BZs, generates few active metabolites, and is water soluble at physiologic pH. Thus, it is well suited for continuous infusion in the ICU, and the recent introduction of generic formulations of midazolam has decreased the drug-acquisition cost for many hospitals. Optimal sedation for ICU patients often requires BZ and concomitant therapy with drugs such as haloperidol, dexmedetomidine, opioids, and so forth, to reduce untoward side effects and, perhaps, overall drug costs. Flumazenil, a specific BZ antagonist, can be used for diagnostic or therapeutic reversal of BZ agonists when appropriate. Most experienced intensivists recommend an individualized approach to sedation and titration of anxiolysis to maximize efficacy, minimize side effects, and optimize cost effectiveness in the ICU. New CNS monitors of the EEG, such as the BIS or entropy EEG monitors, may refine titration algorithms further in the near future.

[0515]

Is there a false memory syndrome? A review of three cases  
Compr Psychiatry 2001 Jul-Aug;42(4):342-8 (ISSN: 0010-440X)  
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The controversy over recovered memories of childhood sexual abuse (CSA) is whether such experiences can be forgotten for long periods and retrieved later in therapy or in response to cues or triggers from the environment. False memory syndrome (FMS) is caused by memories of a traumatic experience--most frequently CSA--which are objectively false, but in which the person strongly believes. Personality factors often play a role in the development of FMS. Because CSA is such a devastating experience, false accusations of sexual abuse have enormous, if not shattering, consequences for families. We present three case reports to illustrate features of the FMS. FMS should be listed for further study to establish valid criteria for making the diagnosis under the category of "factitious disorders," and a subcategory of "false memories/beliefs of abuse," with a further subdivision of "induced by therapy." The FMS controversy occurred in the context of a general moral panic about sexual abuse in the early 1980s. Psychiatrists should have a high degree of skepticism to moral panics.

[0516]

Interventions for vaginismus  
Cochrane Database Syst Rev 2001;(2):CD001760 (ISSN: 1469-493X)  
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**BACKGROUND:** Vaginismus is involuntary vaginal muscle contraction which makes sexual intercourse difficult or impossible. It is one of the more common female psychosexual problems. Various therapeutic strategies for vaginismus, such as sex therapy and desensitization, have been considered in uncontrolled studies. **OBJECTIVES:** The aim of this review is to determine the clinical effectiveness of treatments for vaginismus and also to examine the role of partner participation in the effectiveness of the treatment. **SEARCH STRATEGY:** The Cochrane Collaboration Depression, Anxiety & Neurosis Controlled Trials Register (Issue 3, 2000), the Cochrane Controlled Trials Register (Cochrane Library, Issue 2, 2000), MEDLINE (1966 to Apr 2000), EMBASE (1980 to Apr 2000), PsycINFO (1967 to April 2000) and CINAHL (1982 to Mar 2000) were searched. The Journal of Sex Research (1974 to 1999), Sexual & Marital Therapy (1986 to 1999), Sexual Dysfunction (1998 to 1999) and the Journal of Sex and Marital Therapy (1974 to 1999)

were handsearched. Reference lists and conference abstracts were searched. Experts in the field were contacted regarding unpublished material. **SELECTION CRITERIA:** Controlled trials comparing treatments for vaginismus with another treatment, a placebo treatment, treatment as usual or waiting list control. **DATA COLLECTION AND ANALYSIS:** The reviewers extracted data which were verified with the trial investigator. **MAIN RESULTS:** Two controlled trials were identified although data were only available from one trial. The second trial compared two forms of systematic desensitization and reported no discernible differences between them. **REVIEWER'S CONCLUSIONS:** In spite of encouraging results reported from uncontrolled series of patients there is very limited evidence from controlled trials concerning the effectiveness treatments for vaginismus. Further trials are need to compare therapies with waiting list control and with other therapies.

[0517]

[Severe bladder dysfunction in the child abuse victim. Hinman syndrome]  
[Dysfonctionnements vésicaux graves chez l'enfant victime de maltraitance. Le syndrome de Hinman]  
Presse Med 2001 Dec 22-29;30(39-40 Pt 1):1918-23 (ISSN: 0755-4982)  
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**OBJECTIVES:** The existence of a relationship between urinary disorders without neurological cause or obstructed miction and sexual violence is a recent concept, known as Hinman's syndrome. Seven observations of this syndrome are reported. **OBSERVATIONS:** Seven children were examined for symptoms such as nocturnal and diurnal incontinence, recurrent urinary infection, constipation and encopresis. A particular psychological profile, an unfavourable socioeconomic context and sexual abuse were revealed in these children. Multidisciplinary care (paediatricians, paediatric urologists, chiropractors and paediatric psychologists) always led to improvement. **COMMENTS:** Knowledge on severe vesicular dysfunction of psychogenic origin, with severe repercussions on the upper urinary tract, is recent In 1973 Franck Hinman and Franz Bauman reported the first series of 14 children with neurological vesicular symptomatology without any known organic cause. The series of urinary, digestive and psychological symptoms observed in all the patients responded well to re-education and hypnosis techniques. Other authors, such as Allen in 1977, reported similar observations and demonstrated severe vesicular-sphincter dyssynergy. For the first time in 1995, Ellworth established a relationship between these particular functional profiles and a history of sexual abuse. We diagnosed Hinman's syndrome in 7 children. The particularity of this syndrome can be found in the self-inflicted origin of the urinary disorders, with dosing of the perineal sphincters, related to the psychological disorders in these children, victims of abuse.

[0518]

The recovery of cognitive function after general anesthesia in elderly patients: a comparison of desflurane and sevoflurane  
Anesth Analg 2001 Dec;93(6):1489-94, table of contents (ISSN: 0003-2999)  
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We evaluated the cognitive recovery profiles in elderly patients after general anesthesia with desflurane or sevoflurane. After IRB approval, 70 ASA physical status I-III consenting elderly patients (>65 yr old) undergoing total knee or hip replacement procedures were randomly assigned to one of two general anesthetic groups. Propofol and fentanyl were administered for induction of anesthesia, followed by either desflurane 2%-4% or sevoflurane 1%-1.5% with nitrous oxide 65% in oxygen. The desflurane (2.5 +/- 0.6 MAC. h) and sevoflurane (2.7 +/- 0.5 MAC. h) concentrations were adjusted to maintain comparable depths of hypnosis using the electroencephalogram bispectral index monitor. The Mini-Mental State (MMS) test was used to assess cognitive function preoperatively and postoperatively at 1, 3, 6, and 24-h intervals. The use of desflurane was associated with a more rapid emergence from anesthesia (6.3 +/- 2.4 min versus 8.0 +/- 2.8 min) and a shorter length of stay in the postanesthesia care unit (213 +/- 66 min versus 241 +/- 87 min). However, there were no significant differences between the Desflurane and the Sevoflurane groups when the MMS scores were compared preoperatively, and postoperatively at 1, 3, 6, and 24 h. Compared with the preoperative (baseline) MMS scores, the values were significantly decreased at 1 h postoperatively (27.8 +/- 1.7 versus 29.5 +/- 0.5 in the Desflurane group, and 27.4 +/- 1.7 versus 29.2 +/- 1.0 in the Sevoflurane group, respectively). However, the MMS scores returned to preoperative baseline levels within 6 h after surgery. At 1 h and 3 h after surgery, 51% and 11% (versus 57% and 9%) of patients in the Desflurane (versus Sevoflurane) Group experienced cognitive impairment. In conclusion, desflurane is associated with a faster early recovery than sevoflurane after general anesthesia in elderly patients. However, recovery of cognitive function was similar after desflurane and sevoflurane-based anesthesia. **IMPLICATIONS:** Desflurane was associated with a faster early recovery than sevoflurane after general anesthesia in elderly patients. However, recovery of cognitive function was similar with both volatile anesthetics.

[0519]

Alternative psychotherapy approaches for social anxiety disorder  
Psychiatr Clin North Am 2001 Dec;24(4):817-29 (ISSN: 0193-953X)  
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Alternative therapies and therapy modalities for SAD are needed because: Established treatments (CBT and pharmacologic) do not help everyone who seeks help. Established treatments provide only partial decrease in symptoms for many patients. Patients may experience recurrence of symptoms in long-term follow-up. CBT does not reach enough patients in need. Alternative treatment approaches and modalities may also be needed to address the successful outcomes of CBT. Success in overcoming social anxiety symptoms can generate a whole new set of challenges. For example, a 31-year-old man who overcomes his fear of dating and begins his first romantic relationship may need a less symptomatically focused therapy to deal with issues that arise in this relationship. Likewise, a woman whose decreased social anxiety enables her to get a long-awaited promotion may need to deal with the stress of adjusting to her new responsibilities. An individual who overcomes phobia of public speaking and still has mild anxiety may need to graduate to a forum such as Toastmasters to provide continued exposure to further develop confidence and skills in public speaking.

[0520]

Intellect and somatic health: associations with hypochondriacal concerns, perceived threat and fainting  
Psychother Psychosom 2001 Nov-Dec;70(6):319-27 (ISSN: 0033-3190)  
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**BACKGROUND:** Compared to the other domains of the Big 5, intellect has been relatively underresearched with regard to somatic health outcomes. It is argued that this, in part, is because specific hypotheses concerning intellect and somatic health have not been

formulated. It is argued that intellect is related to both alexithymia and hypnotic ability. As such the High Risk Model of Threat Perception forms one useful theoretical framework for generating hypotheses about intellect and somatic health. On this basis it is hypothesised that intellect should show a U-shaped relationship to hypochondriacal concerns, a positive association with appraisals of threat and loss, and a negative association with levels of self-reported vasovagal syncope (feelings of faintness). METHODS: Two cross-sectional studies, using student samples (n = 205, 179), examined the relationships between intellect and hypochondriacal concerns as well as intellect and appraisals of threat and loss. A third prospective study, using a sample of blood donors (n = 373), examined the relationship between levels of self-reported vasovagal syncope and intellect. RESULTS: Compared to the other domains of the Big 5, intellect demonstrated a U-shaped association with hypochondriacal concerns, a positive association with perceived threat and loss and a negative association with fainting. The negative association with fainting remained once incidence of previous fainting, the number of previous blood donations and emotional stability were held as covariates. CONCLUSIONS: Intellect is associated in a number of important ways with a variety of psychosomatic variables. [Copyright 2001 S. Karger AG, Basel].

[0521]

New perspectives in EEG/MEG brain mapping and PET/fMRI neuroimaging of human pain  
Int J Psychophysiol 2001 Oct;42(2):147-59 (ISSN: 0167-8760)  
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With the maturation of EEG/MEG brain mapping and PET/fMRI neuroimaging in the 1990s, greater understanding of pain processing in the brain now elucidates and may even challenge the classical theory of pain mechanisms. This review scans across the cultural diversity of pain expression and modulation in man. It outlines the difficulties in defining and studying human pain. It then focuses on methods of studying the brain in experimental and clinical pain, the cohesive results of brain mapping and neuroimaging of noxious perception, the implication of pain research in understanding human consciousness and the relevance to clinical care as well as to the basic science of human psychophysiology. Non-invasive brain studies in man start to unveil the age-old puzzles of pain-illusion, hypnosis and placebo in pain modulation. The neurophysiological and neurohemodynamic brain measures of experimental pain can now largely satisfy the psychophysiolgists' dream, unimaginable only a few years ago, of modelling the body-brain, brain-mind, mind-matter duality in an inter-linking 3-P triad: physics (stimulus energy); physiology (brain activities); and psyche (perception). For neuropsychophysiology greater challenges lie ahead: (a) how to integrate a cohesive theory of human pain in the brain; (b) what levels of analyses are necessary and sufficient; (c) what constitutes the structural organisation of the pain matrix; (d) what are the modes of processing among and across the sites of these structures; and (e) how can neural computation of these processes in the brain be carried out? We may envision that modular identification and delineation of the arousal-attention, emotion-motivation and perception-cognition neural networks of pain processing in the brain will also lead to deeper understanding of the human mind. Two foreseeable impacts on clinical sciences and basic theories from brain mapping/neuroimaging are the plausible central origin in persistent pain and integration of sensory-motor function in pain perception.

[0522]

What every nurse needs to know about nocturnal sleep-related eating disorder  
J Psychosoc Nurs Ment Health Serv 2001 Aug;39(8):14-20 (ISSN: 0279-3695)  
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This article provides information about a bizarre pattern of eating while asleep called nocturnal sleep-related eating disorder. People with this disorder, which has begun to be studied only recently, demonstrate features of both a sleep disorder and an eating disorder. Many clients are reluctant to initiate discussions regarding this condition because of feelings of powerlessness and shame. Other clients do not discuss their symptoms because nurses and other clinicians fail to gather accurate assessment data due to lack of knowledge within the professional community regarding the disorder. This review includes the historical background, definition of terms, and clinical manifestations of nocturnal sleep-related eating. In addition, emphasis on assessment and clinical management are included. Safety issues, the need to educate health care providers, and the role of the nurse in advocating for appropriate diagnosis, treatment, and referral are addressed.

[0523]

Assessing pain responses during general anesthesia  
AANA J 2001 Jun;69(3):218-22 (ISSN: 0094-6354)  
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Major technical and pharmacological achievements in recent years have greatly influenced the practice of anesthesia. Clinical signs related to the main aspects of anesthesia, i.e., hypnosis, analgesia, and muscular relaxation, are increasingly obtainable from variables supplied by the monitoring equipment. It is not known, however, to what extent more indirect, patient-associated clinical signs of pain/depth of anesthesia are still considered of importance and relied on in the intraoperative management of surgical patients. The aims of the present study were to assess what clinical signs, indirect as well as monitor-derived, are considered indicative of intraoperative pain or depth of anesthesia by nurse anesthetists during general anesthesia. In connection with anesthetic management of surgical patients, Swedish nurse anesthetists (N = 40) were interviewed about clinical signs that they routinely assessed and were asked if the observed signs were considered indicative mainly of intraoperative pain or depth of anesthesia. It was found that skin-associated responses (temperature, color, moisture/stickiness) were commonly considered to indicate intraoperative pain rather than depth of anesthesia. Respiratory movements, eye reactions, and circulatory responses were considered to be indicative of either pain or insufficient depth of anesthesia. The present data indicate that indirect physiological signs are still considered of major importance by anesthesia nurses during the anesthetic management of surgical patients.

[0524]

Psychological assessment and treatment of patients with neuropathic pain  
Curr Pain Headache Rep 2001 Apr;5(2):124-9 (ISSN: 1531-3433)  
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Studies on the psychological assessment and treatment of neuropathic pain conditions, including postherpetic neuralgia (PHN), diabetic neuropathy, complex regional pain syndrome, post spinal cord injury, post amputation, and AIDS-related neuropathy, are reviewed. Although limited information is currently available, the findings are consistent with the larger literature on chronic pain and indicate that the assessment of neuropathic pain needs to include measurement of multiple dimensions of quality of life. Mood, physical and social

functioning, and pain-coping strategies such as catastrophizing and social support are all important domains. Clinical trials of psychological interventions have not been reported in the scientific literature. Case series of successful treatment of neuropathic pain are reported, primarily in the area of biofeedback. As with other chronically painful conditions, it is likely that cognitive-behavioral interventions will improve the quality of life in neuropathic pain conditions.

[0525]

About medicine and the arts. Charcot and French literature at the fin-de-siecle

J Hist Neurosci 2001 Mar;10(1):27-40 (ISSN: 0964-704X)

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The relationship between medicine and the arts, literature in particular, has many aspects. One of the most obvious relations is the use of literature as a source for historical studies. Jean-Martin Charcot and his school often appear in French literature at the end of the 19th century. Several aspects will be highlighted in this study, including (1) the ideas about degenerative diseases in the work of Emile Zola, the main author of the naturalistic movement; (2) decadence and spiritism in two "transitional" novels by Joris Karl Huysmans, who, once supporter of the naturalistic movement, changed his ideas following observations of disease and cure that could not be explained in a scientific way. Charcot's work on hysteria and hypnosis, as well as Brown-Sequard's rejuvenation experiments with testicular extracts played an important role with this respect; (3) Charcot's relationship with the Daudets, in particular his treatment of Alphonse's tabes dorsalis and the ambivalent attitude of his son Leon Daudet towards Charcot; (4) the influence of the lectures at the Salpetriere on the work of Guy de Maupassant, who attended the lessons in the mid-1880s. The reading of novels and biographies of these authors provides a part of the social context and the cultural atmosphere in Paris at the "fin-de-siecle" when Charcot and his school played an important role in medicine. Moreover, it shows the influence of medicine and science on society as recorded by writers.

[0526]

Role of spirituality in patients with sickle cell disease

J Am Board Fam Pract 2001 Mar-Apr;14(2):116-22 (ISSN: 0893-8652)

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**BACKGROUND:** Patients with sickle cell disease cope with their disease in various ways, such as psychological counseling, hypnosis, medication, and prayer. Spirituality is a coping mechanism in a variety of diseases. This study evaluates the role of spirituality in patients coping with the pain of sickle cell disease. **METHODS:** Seventy-one patients from the Georgia Sickle Cell Clinic completed a questionnaire addressing their ability to cope with the pain of sickle cell disease and their degree of spirituality. A descriptive cross-sectional design was used. Correlation and multiple regression analyses were calculated for the relation between coping with the pain of sickle cell disease and spirituality. **RESULTS:** The questionnaire provided several scales with high internal consistency for measuring spiritual well-being and its two components, existential well-being and religious well-being, that show a correlation between high levels of spirituality and life control. The study population exhibited high levels of spirituality and religiosity, but the influence of these feelings on coping with sickle cell disease was variable. Spiritual well-being was correlated with life-control but not with perceived pain severity. **CONCLUSIONS:** Existential well-being was associated with general coping ability. Spiritual well-being is important for some patients who must cope with the pain of sickle cell disease.

[0527]

Longitudinal follow-up of naturalistic treatment outcome in patients with trichotillomania

J Clin Psychiatry 2001 Feb;62(2):101-7 (ISSN: 0160-6689)

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**BACKGROUND:** Little is known about the longitudinal course of treatment outcome in patients with trichotillomania. The authors conducted a second follow-up assessment on a cohort of hair pullers previously studied. **METHOD:** Forty-four subjects completed a hair-pulling questionnaire and paper-and-pencil measures of hair-pulling severity and impact, psychosocial functioning, depression, anxiety, and self-esteem. Mean time elapsed between the first and second follow-up assessment was 2.5 years (index evaluation to first follow-up = 3.5 years). **RESULTS:** Twenty-seven subjects (61.4%) had active treatment since the first follow-up. No significant changes in hair pulling, depression, anxiety, or psychosocial functioning were reported from first to second follow-up. Self-esteem scores significantly worsened during this period ( $p = .000$ ). A trend toward worsening also existed for psychosocial impact scores. Comparison of scores at index evaluation with second follow-up still showed significant improvement over time for hair pulling ( $p = .001$ ) but significant worsening in self-esteem ( $p = .000$ ). Treatment and responder status were unrelated to clinical functioning, with the exception of depression and psychosocial impact. **CONCLUSION:** Although hair pullers exhibit initial improvement with treatment, scale scores plateau or worsen by second follow-up. Significant worsening in self-esteem at second follow-up may be related to the absence of further improvements in hair-pulling severity. Future research should focus on the interrelationships among self-esteem, depression, and hair pulling during treatment for this disorder.

[0528]

[Managing adolescent and adult victims of extra-familial rape soon after aggression]

[Prise en charge des adolescents et des adultes victimes de viols extra-familiaux dans les suites recentes de leur agression]

Encephale 2001 Jan-Feb;27(1):1-7 (ISSN: 0013-7006)

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Rape victims often experience severe and prolonged symptoms in the aftermath of the assault. Psychological assistance offered rapidly after the assault should mitigate the intensity and moderate the duration of rape-related problems. This paper tried to identify the widely-accepted therapeutic approaches from a review of the current literature; it has its roots in the clinical experience acquired by our mobile crisis service in this type of situation, too. The goal of the following practices concerning the victim and the victim's immediate family is to assist the victim to reclaim control as quickly as possible over what has happened and to return to a normal functioning. The therapist should adopt an empathetic attitude, actively and instructively, even more so, and in an even more flexible way than for other patients. Knowledge of one's potential reactions to that kind of situation is useful since the counter-transference is here particularly intense. Doubting the patient's word is part of these negative reactions and must be avoided. It is better to respect the victim's feelings of guilt in the first instance. The relating of the facts, despite its cathartic value, should not be imposed on the patient. It should be noted that these last two points are controversial. It is also important to give information, during interviews, about the symptoms which can occur, the defence mechanisms that the individual sets up for just such occasions and on the most common difficulties encountered in personal



relationships. In particular, the therapist must verify that concrete measures are taken to protect the victim against another attack. As far as the immediate family is concerned, it seems particularly important to involve them and, better still, meet them. Their reaction to the rape has a determining influence on the victim's capacity to cope with the trauma and its consequences. On the one hand, the immediate family should be helped in giving support to the victim by telling them all the details of what the patient could suffer, their potential reaction towards the victim and the victim's potential reactions towards them. The question of security must also be brought up with the family, in particular the risk of suicide which can be great. On the other hand, it is important to meet the family to give them support because they too may have difficulty in coming to terms with the violence of the aggression and its consequences. These approaches are up to now the only guidelines available since no psychotherapeutic technique (based on controlled studies) has proved to be more efficient than another and since the clinical experience of the authors are leading them to opposite therapeutic options. Different psychotherapeutic techniques are recommended: short therapies such as cognitive-behavioural therapies or hypnosis, or longer ones such as psychoanalytic psychotherapy. Several of these different options, to which must be added physical techniques like relaxation and medication, are often used simultaneously and/or in succession. As for drug treatments no controlled study conducted with this population has proved their efficiency on post-traumatic stress disorder. According to us they are essentially useful in order to diminish the intensity of the symptoms of anxiety.

[0529]

Acute effects of whole-body exposure to static magnetic fields and 50-Hz electromagnetic fields on muscle microcirculation in anesthetized mice

Bioelectrochemistry 2001 Jan;53(1):127-35 (ISSN: 1567-5394)

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Acute microhemodynamic effects of static and alternating magnetic fields at a threshold level were investigated on modulating the muscle capillary microcirculation in pentobarbital-anesthetized mice. The skin in a tibialis anterior was circularly removed with 1.5 mm diameter for intravital-microscopic recording of the capillary blood velocity in the tibialis anterior muscle. Fluorescein isothiocyanate (FITC)-labeled dextran (MW 150 kDa) was used for an in vivo fluorescent plasma marker of the muscle capillaries. Following a bolus injection of FITC-dextran solution into the caudal vein, the peak blood velocity in the muscle capillaries was measured prior to, during, and following exposure to static magnetic fields (SMF) or 50-Hz electromagnetic fields (EMF) using a fluorescence epi-illumination system. The whole body of experimental animals, placed on the observing stage of a fluorescence microscope, was exposed to SMF (0.3, 1 and 10 mT) or 50-Hz EMF (0.3 and 1 mT) for 10 min using a specially devised electromagnet. For sham exposure, the electromagnet was not energized. During exposure and post-exposure to SMF of 10 mT, the peak blood velocity significantly increased as compared to sham exposure. After the withdrawal of SMF and 50-Hz EMF of 1 mT, significant similar effects on the blood velocity were present or enhanced. These findings suggest that field intensity of 1 mT might be considered as a threshold level for enhancing muscle microcirculation under pentobarbital-induced hypnosis.

[0530]

Differential effectiveness of psychological interventions for reducing osteoarthritis pain: a comparison of Erickson [correction of Erickson] hypnosis and Jacobson relaxation

Eur J Pain 2002;6(1):1-16 (ISSN: 1090-3801)

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The present study investigates the effectiveness of Erickson hypnosis and Jacobson relaxation for the reduction of osteoarthritis pain. Participants reporting pain from hip or knee osteoarthritis were randomly assigned to one of the following conditions: (a) hypnosis (i.e. standardized eight-session hypnosis treatment); (b) relaxation (i.e. standardized eight sessions of Jacobson's relaxation treatment); (c) control (i.e. waiting list). Overall, results show that the two experimental groups had a lower level of subjective pain than the control group and that the level of subjective pain decreased with time. An interaction effect between group treatment and time measurement was also observed in which beneficial effects of treatment appeared more rapidly for the hypnosis group. Results also show that hypnosis and relaxation are effective in reducing the amount of analgesic medication taken by participants. Finally, the present results suggest that individual differences in imagery moderate the effect of the psychological treatment at the 6 month follow-up but not at previous times of measurement (i.e. after 4 weeks of treatment, after 8 weeks of treatment and at the 3 month follow-up). The results are interpreted in terms of psychological processes underlying hypnosis, and their implications for the psychological treatment of pain are discussed. [Copyright 2002 European Federation of Chapters of the Association for the Study of Pain].

[0531]

Behavioral treatment of migraine in children and adolescents

Paediatr Drugs 2002;4(9):555-61 (ISSN: 1174-5878)

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Behavioral interventions, particularly biofeedback and relaxation therapy, have demonstrated their effectiveness in the treatment of both adults and older children with migraine in controlled trials. The physiological basis for their effectiveness is unclear, but data from one trial suggest that levels of plasma beta-endorphin can be altered by relaxation and biofeedback therapies. The data supporting the effectiveness of behavioral therapies are less clear-cut in children than in adults, but that is also true for the data supporting medical treatment. This is due in part to methodological issues, especially the lack of a specific test for migraine, which has hampered research and helped lead to an inappropriate de-emphasis on care for childhood headache. In addition, migraine headaches in children are often briefer and have a higher rate of spontaneous remission than those experienced by adults, making it difficult to separate effective from ineffective treatments. While it is widely believed that stress is a major factor in childhood migraine, well-designed studies have had difficulty developing data to support this viewpoint. Many clinicians utilize 'confident reassurance', reassuring the family that the child is not seriously ill, in the belief that having migraine headaches can be stressful. They also modify behaviors that are believed to trigger migraine headaches, such as poor sleep habits or irregular meal times. Relaxation therapies use techniques such as progressive relaxation, self-hypnosis, and guided imagery. Several studies have found relaxation therapies to be as effective, or more effective, in reducing the frequency of migraine headaches than modest doses of a beta-blockade medication, although one study found relaxation therapy to be no more effective than a control program. Several studies have demonstrated that these therapies can be taught to children in a low cost but effective manner. Biofeedback therapies commonly use an apparatus to demonstrate a physiological effect. Most commonly in pediatrics, children are taught to raise the temperature of one of their fingers. This can be done with or without a thermometer. Several groups have shown that these techniques can be taught to children and that their use is associated with fewer and briefer migraine headaches. People who experience migraines can also experience episodic headaches throughout life. An important consideration is preparing children to deal with future headaches, allowing them to feel in control of their health. Behavioral

therapies have the potential to do this, giving the child access to a technique that can be easily resumed without a medical visit or prescription.

[0532]

Brief presurgery hypnosis reduces distress and pain in excisional breast biopsy patients  
Int J Clin Exp Hypn 2002 Jan;50(1):17-32 (ISSN: 0020-7144)  
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Each year, hundreds of thousands of women undergo excisional breast biopsies for definitive diagnosis. Not only do these patients experience pain associated with the procedure, but they also endure distress associated with the threat of cancer. Hypnosis has been demonstrated as effective for controlling patients' pain in other surgical settings, but breast surgery patients have received little attention. To determine the impact of brief presurgical hypnosis on these patients' postsurgery pain and distress and to explore possible mediating mechanisms of these effects, 20 excisional breast biopsy patients were randomly assigned to a hypnosis or control group (standard care). Hypnosis reduced postsurgery pain and distress. Initial evidence suggested that the effects of hypnosis were mediated by presurgery expectations.

[0533]

Hypnotizability and trauma symptoms after burn injury  
Int J Clin Exp Hypn 2002 Jan;50(1):33-50 (ISSN: 0020-7144)  
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This study investigated the association of trauma symptoms and hypnotizability in 43 hospitalized survivors of burn injury. Three to 17 days after the injury, participants rated the frequency of intrusive and avoidance symptoms and were interviewed with the posttraumatic stress disorder module of the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders-III-R. The Hypnotic Induction Profile was also administered at the postburn, hospital stage of recovery. Results indicated that when participants were divided into low, mid-range, and high hypnotizability categories, high hypnotizability was associated with more intrusive, avoidance, and arousal symptoms. Although causal relations cannot be assessed in this cross-sectional study, these results suggest that, as compared to the low and mid-range categories, high hypnotizables may experience a greater frequency of trauma symptoms after burn injury.

[0534]

Hypnotic susceptibility scales: are the mean scores increasing?  
Int J Clin Exp Hypn 2002 Jan;50(1):5-16 (ISSN: 0020-7144)  
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The Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C), developed and named 37 years ago, is arguably the "gold standard" of hypnotic susceptibility scales. However, it has been the impression of several researchers that means obtained on the SHSS:C are higher now than in previous years. The authors comprehensively review studies using the SHSS:C over a 4-decade period. The findings demonstrate a significant linear trend between year and SHSS:C scores, with higher obtained means in more recent work. The authors also report a similar analysis of research with the Harvard Group Scale of Hypnotic Susceptibility, Form A. Although the mechanisms underlying this trend can only be speculated upon at present, these findings underscore the importance of using local control groups in research on hypnotizability.

[0535]

Cultural scripts, memories of childhood abuse, and multiple identities: a study of role-played enactments  
Int J Clin Exp Hypn 2002 Jan;50(1):67-85 (ISSN: 0020-7144)  
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This study compared the reports of satanic, sexual, and physical abuse of persons instructed to role-play either dissociative identity disorder (DID) (n = 33), major depression (n = 33), or a college student who experienced minor adjustment problems ("normal") (n = 33) across a number of trials that included role-played hypnosis. As hypothesized, more of the participants who were asked to role-play DID reported at least one instance of satanic ritual abuse and sexual abuse compared with those who role-played depression or a college student with minor adjustment problems. DID role-players reported more incidents of sexual abuse and more severe physical and sexual abuse than did the major depression role-players. Further, the DID role-players differed from the normal role-players on all the measures of frequency and severity of physical and sexual abuse. Participants in all groups reported more frequent and severe incidents of physical abuse after role-played hypnosis than they did prior to it.

[0536]

Motor imagery during hypnotic arm paralysis in high and low hypnotizable subjects  
Int J Clin Exp Hypn 2002 Jan;50(1):51-66 (ISSN: 0020-7144)  
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Previous research suggests that conversion disordered patients with hand/arm paralysis exhibit slowed reaction times for mental hand-rotation tasks that correspond to their affected arm when the tasks are explicitly instructed and not when they are implicitly cued. Because of the many similarities between hypnotic phenomena and conversion symptoms, the authors tested whether similar motor imagery impairment would occur among normal high hypnotizable subjects when paralysis is suggested. Nine high and 8 low hypnotizable subjects were administered an implicit and an explicit mental hand-rotation task during hypnotically suggested paralysis of the right arm. On the implicit task, there were no significant reaction time (RT) differences between highs and lows. On the explicit task, only highs showed a significantly larger RT increase per degree of rotation with the paralyzed arm, compared to the normal arm. These preliminary findings suggest that the motor imagery impairment observed in conversion paralysis can be induced in highs using hypnosis.

[0537]

Hypnosis and neuroscience: a cross talk between clinical and cognitive research

Arch Gen Psychiatry 2002 Jan;59(1):85-90 (ISSN: 0003-990X)

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Despite its long use in clinical settings, the checkered reputation of hypnosis has dimmed its promise as a research instrument. Whereas cognitive neuroscience has scantily fostered hypnosis as a manipulation, neuroimaging techniques offer new opportunities to use hypnosis and posthypnotic suggestion as probes into brain mechanisms and, reciprocally, provide a means of studying hypnosis itself. We outline how the hypnotic state can serve as a way to tap neurocognitive questions and how cognitive assays can in turn shed new light on the neural bases of hypnosis. This cross talk should enhance research and clinical applications.

[0538]

Hypnosis increases heat detection and heat pain thresholds in healthy volunteers

Reg Anesth Pain Med 2002 Jan-Feb;27(1):43-6 (ISSN: 1098-7339)

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**BACKGROUND AND OBJECTIVES:** Hypnosis has been reported to induce analgesia and to facilitate anesthesia. To date, hypnotic-induced analgesia has had little explanation and it has even been questioned. The current study was thus designed to investigate the effect of hypnotic suggestion on thermal-detection thresholds, heat pain, and heat-pain tolerance thresholds. **METHODS:** In 15 healthy volunteers, enrolled in a randomized cross-over study, thermal thresholds were investigated in 2 sequences of measurements, under waking and hypnotic states, using a thermal stimulator. **RESULTS:** Heat detection and heat-pain thresholds were increased under hypnosis (from 34.3 +/- .9 degrees C to 36.0 +/- 2.9 degrees C and 45.0 +/- 3.7 degrees C to 46.7 +/- 2.7 degrees C, respectively,  $P < .05$ ), whereas heat-pain tolerance and cold-detection thresholds were not statistically changed. **CONCLUSION:** These results indicate that hypnosis may partly impair the detection of A delta and C fibers stimulation, potentially explaining its analgesic effect.

[0539]

The role of hypnotizability assessment in treatment

Am J Clin Hypn 2002 Jan-Apr;44(3-4):185-97 (ISSN: 0002-9157)

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Disparate opinions about the importance of the assessment of hypnotizability reflect very different ideas about what hypnosis is, the relevance of hypnotizability to psychotherapy and treatment outcome, and the importance of gathering scientific data to document treatment effectiveness and the presence of hypnotic effects. In this article, we argue that in recent years important developments have occurred in the conceptualization, assessment, and technical aspects of hypnotic intervention that imply that clinicians who eschew the use of hypnotizability assessment ought to reconsider their position. In making this argument, we will discuss reasons for assessing hypnotizability, the relation between hypnotizability and treatment outcome, and practical considerations in the assessment of hypnotizability.

[0540]

A historical overview of hypnotizability assessment

Am J Clin Hypn 2002 Jan-Apr;44(3-4):199-208 (ISSN: 0002-9157)

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The development of scales for assessing hypnotic suggestibility is reviewed. Nineteenth century origins are discussed along with examples of scales. Next, research measures developed and published in the first half of the 20th century are reviewed, followed by an overview of scales in current use. This overview attempts to show how past conceptions and scales have influenced current measurement methodology.

[0541]

Scales, scales and more scales

Am J Clin Hypn 2002 Jan-Apr;44(3-4):209-19 (ISSN: 0002-9157)

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This article examines the nature, uses, and limitations of the large variety of existing, so-called, hypnosis scales; that is, instruments that have been proposed for the assessment of hypnotic behavior. Although the major aim of most of the scales ostensibly seems to be to assess several aspects of hypnotic states, they are found generally to say little about these and much more about responses to suggestions. The greatest application of these scales is to be found in research, but they also have a limited place in clinical work.

[0542]

The efficacy of the Waterloo-Stanford Group Scale of hypnotic susceptibility: form C

Am J Clin Hypn 2002 Jan-Apr;44(3-4):221-30 (ISSN: 0002-9157)

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This study explored whether the Waterloo-Stanford Group Scale of Hypnotic Susceptibility Form: C (WSGC) approximates the predictive power of the individually administered Stanford Hypnotic Susceptibility Scale: Form C (SHSS: C). Seventy-one undergraduates were administered the WSGC in a group setting and then tested individually on the SHSS: C. The participants were then hypnotized and tested on four types of targeted hypnotic behaviors sampled from the Revised Stanford Profile Scale of Hypnotic Susceptibility: I & II (RSPSHS: I & II). The following four factors were chosen: (a) cognitive distortion; (b) positive hallucination; (c) negative hallucination, and (d) dreams and regression. The items from these factors were matched on difficulty level. A series of multiple regression and logistic regression analyses were performed. The Waterloo: C was found to match the SHSS: C on predictive power for only one of the four hypnotic factors: "dreams and regression." On the other three factors, the SHSS: C was clearly superior in predictive efficacy. These results mirror previous research (Kurtz & Strube, 1996) that examined other group scales of hypnotic susceptibility in relation to the individually administered SHSS: C. In general, group scales such as the WSGC are poor substitutes for the SHSS: C.

[0543]

Defining hypnosis as a trance vs. cooperation: hypnotic inductions, suggestibility, and performance standards  
Am J Clin Hypn 2002 Jan-Apr;44(3-4):231-40 (ISSN: 0002-9157)  
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We compared participants' responsiveness to a standard administration of a hypnotic suggestibility scale (CURSS; Spanos, Radtke, Hodgins, Bertrand, Stam, & Moretti, 1983) that defined the ability to experience hypnosis in terms of cooperation (SI; standard induction, N = 27) with a version of the same scale administered with all references to cooperation removed (CR; cooperation removed, N = 34) and with a version of the scale with the "induction" removed (NI; no induction, N = 35). In a fourth condition, participants were informed that the ability to experience hypnosis depended on their ability to achieve an altered state of consciousness or "trance" (AS; altered state, N = 33). Removing instructions for cooperation had an effect on objective (CR & SI) but not on subjective hypnotic responding. Removing the hypnotic induction had no appreciable effect on any dimension of hypnotic responsivity. Consistent with predictions derived from performance standards theory (Lynn & Rhue, 1991), participants who received the altered state set responded to fewer suggestions than did participants who received the standard induction (SI). Estimates of suggestions passed that were assessed before and after test suggestions were administered were, respectively, weakly to moderately correlated with objective and subjective measures of hypnotic suggestibility.

[0544]

Operationalizing trance II: clinical application using a psychophenomenological approach  
Am J Clin Hypn 2002 Jan-Apr;44(3-4):241-55 (ISSN: 0002-9157)  
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Although many clinicians use the word "trance" to describe the subjective effects associated with being hypnotized, heretofore there has been no means to operationalize that concept. In a prior paper (Pekala & Kumar, 2000) the authors operationalized the notion of trance by using a retrospective, self-report instrument, the Phenomenology of Consciousness Inventory (PCI), to quantify the subjective experience of being hypnotized. Trance was operationalized in terms of: hypnotic depth via a pHGS (predicted Harvard Group Scale) score (derived from regression analysis using subdimensions of the PCI) that gives a quantitative measure of subjective trance depth; and trance typology profiles (derived from cluster and discriminant analyses of the PCI dimensions and subdimensions) that give a qualitative measure of empirically derived clusters of subjective trance experiences. These measures, when used in conjunction with data on the individual PCI dimensions and subdimensions, provide the clinician with specific information on phenomenological events experienced by the client during hypnosis which can be used in better adapting hypnotic suggestions to the client's phenomenological world. Two clinical cases are presented in which use of the above approach has been helpful in facilitating treatment planning.

[0545]

Assessment of response to clinical hypnosis: development of the Hypnotic State Assessment Questionnaire  
Am J Clin Hypn 2002 Jan-Apr;44(3-4):257-72 (ISSN: 0002-9157)  
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This study describes the development and preliminary psychometric properties of a scale for measuring hypnotic response in clinical hypnosis sessions. The Hypnotic State Assessment Questionnaire (HSAQ), a brief, multidimensional measure of hypnotic response during clinical sessions of hypnosis, is intended to facilitate supervision of hypnosis trainees and to document subjects' response in clinical hypnosis sessions. Results indicate that most HSAQ subscales have good interrater and internal consistency reliability. Furthermore, HSAQ observations correlated with post-hypnotic behaviors and subjective experiences of hypnosis. Use of the HSAQ in hypnosis training settings allows supervisors to obtain standardized data describing hypnosis sessions conducted by trainees. This data may also be used to document clinical response for record keeping or research.

[0546]

Conversational assessment of hypnotic ability to promote hypnotic responsiveness  
Am J Clin Hypn 2002 Jan-Apr;44(3-4):273-82 (ISSN: 0002-9157)  
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In this article, hypnotic responsiveness is conceptualized as the byproduct of hypnotic ability, which is largely unalterable, plus hypnotic participation, which is highly subject to manipulation in the therapeutic context. This framework constitutes the basis of a model for the conversational assessment of hypnotic ability and hypnotic participation, as well as the subsequent tailoring of therapeutic interventions based on that assessment. Specific clinical steps for implementing activities implied by the model are explained and then demonstrated by way of a case example.

[0547]

Complementary and alternative medicine use among health plan members. A cross-sectional survey  
Eff Clin Pract 2002 Jan-Feb;5(1):17-22 (ISSN: 1099-8128)  
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CONTEXT. Many health plans have started to cover the cost of complementary and alternative medicine (CAM). National survey data indicate that CAM use is highly prevalent among adults. However, little is known about CAM use among health plan members. OBJECTIVE: To describe CAM users, the prevalence of CAM use, and how CAM use relates to utilization of conventional preventive services and health care satisfaction among health plan members. DESIGN: Cross-sectional mail survey in 1997. SETTING: Managed care organization in Minnesota. SAMPLE: Random sample of health plan members aged 40 and older stratified by number of chronic diseases; 4404 (86%) of the 5107 returned completed questionnaires. MEASURES: Use of CAM, patient characteristics (e.g., chronic diseases, health status), health behaviors (e.g., smoking, diet, exercise), and interaction with conventional health care (e.g., use of preventive services, having a primary care doctor, health care satisfaction). RESULTS: Overall, 42% reported the use of at least one CAM therapy; the most common were relaxation techniques (18%), massage (12%), herbal medicine (10%), and megavitamin therapy (9%). Perceived efficacy of CAM ranged from 76% (hypnosis) to 98% (energy healing). CAM users tended to be female, younger, better educated, and employed. Users of CAM reported more physical and emotional limitations, more pain, and more dysthymia but were not more likely to have a chronic condition. CAM users were slightly more likely to have a primary care provider (86% vs. 82% had chosen a

primary care provider;  $P = 0.014$ ) and had more favorable health-related behaviors. CAM users and nonusers were equally likely to use conventional preventive services and were equally satisfied with their health plan. CONCLUSION: CAM use is highly prevalent among health plan members. CAM users report more physical and emotional limitations than do nonusers. CAM does not seem to be a substitute for conventional preventive health care.

[0548]

Modulation of beta-adrenergic receptor subtype activities in perioperative medicine: mechanisms and sites of action

Br J Anaesth 2002 Jan;88(1):101-23 (ISSN: 0007-0912)

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This review focuses on the mechanisms and sites of action underlying beta-adrenergic antagonism in perioperative medicine. A large body of knowledge has recently emerged from basic and clinical research concerning the mechanisms of the life-saving effects of beta-adrenergic antagonists (beta-AAs) in high-risk cardiac patients. This article re-emphasizes the mechanisms underlying beta-adrenergic antagonism and also illuminates novel rationales behind the use of perioperative beta-AAs from a biological point of view. Particularly, it delineates new concepts of beta-adrenergic signal transduction emerging from transgenic animal models. The role of the different characteristics of various beta-AAs is discussed, and evidence will be presented for the selection of one specific agent over another on the basis of individual drug profiles in defined clinical situations. The salutary effects of beta-AAs on the cardiovascular system will be described at the cellular and molecular levels. Beta-AAs exhibit many effects beyond a reduction in heart rate, which are less known by perioperative physicians but equally desirable in the perioperative care of high-risk cardiac patients. These include effects on core components of an anaesthetic regimen, such as analgesia, hypnosis, and memory function. Despite overwhelming evidence of benefit, beta-AAs are currently under-utilized in the perioperative period because of concerns of potential adverse effects and toxicity. The effects of acute administration of beta-AAs on cardiac function in the compromised patient and strategies to counteract potential adverse effects will be discussed in detail. This may help to overcome barriers to the initiation of perioperative treatment with beta-AAs in a larger number of high-risk cardiac patients undergoing surgery.

[0549]

Utilizing Ericksonian hypnosis in psychiatric-mental health nursing practice

Perspect Psychiatr Care 2002 Jan-Mar;38(1):15-22 (ISSN: 0031-5990)

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TOPIC: Ericksonian hypnosis conceptual framework. PURPOSE: To acquaint psychiatric-mental health nurses with hypnotic principles and how these can be integrated into their practice. SOURCES: Published literature and author's clinical experience. CONCLUSIONS: Ericksonian hypnosis offers an array of potential interventions for psychiatric-mental health nurses to integrate into their practices in a framework familiar to nurses: holism, honoring and respecting individuality, and capitalizing on an individual's strengths.

[0550]

[Irritable bowel syndrome: pathophysiology and (future) treatment options]

[Het prikkelbaredarmsyndroom: pathofysiologie en (toekomstige) behandelmogelijkheden]

Ned Tijdschr Geneeskd 2002 Jan 5;146(1):12-7 (ISSN: 0028-2162)

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Abnormalities of intestinal motility, altered visceral perception and psychological influences are the most important factors in the pathogenesis of irritable bowel syndrome. Current pharmacological treatment options are limited and lack specificity. In the future, it is likely that a number of therapeutic agents with stronger spasmolytic effects (selective muscarinic receptor antagonists), more specific colokinetic properties (5-hydroxytryptamine (5HT)<sub>4</sub> agonists) and a positive influence on visceral perception (serotonin (5HT<sub>3</sub>) receptor antagonists, kappa-agonists) will become available.

[0551]

[Functional gastrointestinal diseases. Psychotherapy is an efficient complement to drug therapy]

[Funktionella mag-tarmsjukdomar. Psykoterapi effektivt komplement till den medicinska behandlingen]

Lakartidningen 2002 Jan 17;99(3):172-4 (ISSN: 0023-7205)

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An emerging body of data support the efficacy of psychological treatments in functional gastrointestinal disorders. Twenty-two studies that used a controlled design to compare psychological treatment with conventional medical treatment and/or supportive therapy were reviewed. Most of the research to date has focused on irritable bowel syndrome. In terms of reduction of bowel symptoms, 19 studies showed statistically significant superiority of psychological over conventional treatment at the end of treatment and/or at follow-up. Of 12 studies with follow-up data, 8 showed superiority of psychological treatment. Another 8 studies with follow-up data only for those who received psychotherapy, showed further improvement or that gains were maintained after completion of treatment. In conclusion, psychological treatment appears superior to conventional treatment. Successful outcomes have been observed with dynamic psychotherapy, hypnosis, cognitive-behavior therapy, and relaxation training. Differences in outcomes based on specific treatment techniques have not been studied. Thus, given the current state of knowledge, psychotherapists should use the technique with which they are most experienced.

[0552]

Cost analysis of adjunct hypnosis with sedation during outpatient interventional radiologic procedures

Radiology 2002 Feb;222(2):375-82 (ISSN: 0033-8419)

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PURPOSE: To compare the cost of standard intravenous conscious sedation with that of sedation with adjunct self-hypnotic relaxation during outpatient interventional radiologic procedures. MATERIALS AND METHODS: Data were reviewed from a prospective randomized study in which patients undergoing vascular and renal interventional procedures underwent either standard sedation ( $n = 79$ ) or sedation with adjunct hypnosis ( $n = 82$ ). These data were used to construct a decision analysis model to compare the cost of

standard sedation with the cost of sedation with adjunct hypnosis. Multiple sensitivity analyses were performed to assess the applicability of these results to other institutions with different cost structures with respect to the following variables: cost of the hypnosis provider, cost of room time for interventional radiologic procedure, hours of observation after the procedure, and frequency and cost of complications associated with over- or undersedation. RESULTS: According to data from this experience, the cost associated with standard sedation during a procedure was \$638, compared with \$300 for sedation with adjunct hypnosis, which resulted in a savings of \$338 per case with hypnosis. Although hypnosis was known to reduce room time, hypnosis remained more cost-effective even if it added an additional 58.2 minutes to the room time. CONCLUSION: Use of adjunct hypnosis with sedation reduces cost during interventional radiologic procedures.

[0553]

Relaxation therapies for asthma: a systematic review

Thorax 2002 Feb;57(2):127-31 (ISSN: 0040-6376)

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BACKGROUND: Emotional stress can either precipitate or exacerbate both acute and chronic asthma. There is a large body of literature available on the use of relaxation techniques for the treatment of asthma symptoms. The aim of this systematic review was to determine if there is any evidence for or against the clinical efficacy of such interventions. METHODS: Four independent literature searches were performed on Medline, Cochrane Library, CISCOM, and Embase. Only randomised clinical trials (RCTs) were included. There were no restrictions on the language of publication. The data from trials that statistically compared the treatment group with that of the control were extracted in a standardised predefined manner and assessed critically by two independent reviewers. RESULTS: Fifteen trials were identified, of which nine compared the treatment group with the control group appropriately. Five RCTs tested progressive muscle relaxation or mental and muscular relaxation, two of which showed significant effects of therapy. One RCT investigating hypnotherapy, one of autogenic training, and two of biofeedback techniques revealed no therapeutic effects. Overall, the methodological quality of the studies was poor. CONCLUSIONS: There is a lack of evidence for the efficacy of relaxation therapies in the management of asthma. This deficiency is due to the poor methodology of the studies as well as the inherent problems of conducting such trials. There is some evidence that muscular relaxation improves lung function of patients with asthma but no evidence for any other relaxation technique.

[0554]

Hypnotically induced emotional numbing: a real-simulating analysis

J Abnorm Psychol 2002 Feb;111(1):203-7 (ISSN: 0021-843X)

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This study compared 20 real, hypnotized and 20 simulating, un hypnotized participants who were administered a hypnotic induction and then presented with emotionally distressing and neutral visual images. Half were administered a hypnotic suggestion for emotional numbing. Reals and simulators who received the emotional numbing suggestion reported comparably less responsivity to distressing stimuli than others. Whereas emotionally numb reals displayed little change in electromyographic (EMG) activity during the distressing stimuli, simulators displayed marked reduction in EMG activity. Reals (not simulators) displayed a dissociation between their affective response and awareness of the negative content of the stimuli following the numbing suggestion.

[0555]

Brain activation by central command during actual and imagined handgrip under hypnosis

J Appl Physiol 2002 Mar;92(3):1317-24 (ISSN: 8750-7587)

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The purpose was to compare patterns of brain activation during imagined handgrip exercise and identify cerebral cortical structures participating in "central" cardiovascular regulation. Subjects screened for hypnotizability, five with higher (HH) and four with lower hypnotizability (LH) scores, were tested under two conditions involving 3 min of 1) static handgrip exercise (HG) at 30% of maximal voluntary contraction (MVC) and 2) imagined HG (I-HG) at 30% MVC. Force (kg), forearm integrated electromyography, rating of perceived exertion, heart rate (HR), mean blood pressure (MBP), and differences in regional cerebral blood flow distributions were compared using an ANOVA. During HG, both groups showed similar increases in HR (+13 +/- 5 beats/min) and MBP (+17 +/- 3 mmHg) after 3 min. However, during I-HG, only the HH group showed increases in HR (+10 +/- 2 beats/min; P < 0.05) and MBP (+12 +/- 2 mmHg; P < 0.05). There were no significant increases or differences in force or integrated electromyographic activity between groups during I-HG. The rating of perceived exertion was significantly increased for the HH group during I-HG, but not for the LH group. In comparison of regional cerebral blood flow, the LH showed significantly lower activity in the anterior cingulate (-6 +/- 2%) and insular cortexes (-9 +/- 4%) during I-HG. These findings suggest that cardiovascular responses elicited during imagined exercise involve central activation of insular and anterior cingulate cortexes, independent of muscle afferent feedback; these structures appear to have key roles in the central modulation of cardiovascular responses.

[0556]

A randomised controlled clinical trial on the additional effect of hypnosis in a comprehensive treatment programme for in-patients with conversion disorder of the motor type

Psychother Psychosom 2002 Mar-Apr;71(2):66-76 (ISSN: 0033-3190)

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BACKGROUND: The primary aim of this study was threefold: (1) to examine the additional effects of hypnosis aimed at symptom reduction, using symptom-oriented and expression- and insight-oriented techniques in a comprehensive clinical treatment programme for in-patients with a persistent conversion disorder of the motor type; (2) to assess whether the level of hypnotisability was predictive of treatment outcome, and (3) to explore the efficacy of the total clinical treatment programme. METHODS: The study population consisted of 45 in-patients between 18 and 65 years of age meeting the DSM-III-R criteria for conversion disorder of the motor type or somatisation disorder with motor conversion symptoms. A randomised controlled clinical trial was undertaken. The primary outcome measures were the Video Rating Scale for Motor Conversion Symptoms, the D(isabilities) code items from the International Classification of Impairments, Disabilities and Handicaps and the Symptom Checklist-90. Measures of the credibility of treatment and patient expectations of treatment outcome were used as manipulation checks. Hypnotisability was measured using the Stanford

Hypnotic Clinical Scale. RESULTS: Significant treatment results for all outcome measures were found for the total sample. These effects proved to be clinically significant. The use of hypnosis had no additional effect on treatment outcome. Hypnotisability was not predictive of treatment outcome. CONCLUSION: A comprehensive treatment programme, either with or without hypnosis, can be worthwhile for patients with long-standing conversion symptoms. [Copyright 2002 S. Karger AG, Basel].

[0557]

[In-patient hypnotherapeutic trauma exposure for posttraumatic stress disorder: a case report]

[Stationäre hypnotherapeutische Traumaexposition bei posttraumatischer Belastungsstörung: Ein Fallbericht]

Psychiatr Prax 2002 Mar;29(2):97-100 (ISSN: 0303-4259)

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This paper describes the treatment of a patient with the diagnoses of a borderline personality disorder and posttraumatic stress disorder (DSM-IV and ICD-10) within the setting of a psychiatric ward specializing in depression. For purposes of controlled re-exposure to the patient's trauma, a hypnotherapeutic method was chosen. A significant reduction of symptoms, in particular the intrusions and the hyperarousal, was observed. Of great importance in the successful outcome of this case is the integration of hypnotherapy into a multi-dimensional treatment concept including group therapy, physical therapy and anxiety-reducing self-management therapy. This approach facilitated the development of trust and security in the patient required for the hypnotherapeutic intervention and minimized the splitting tendencies specific to borderline patients. Further discussion is centered on the difficulties arising in the context of an emergency ward setting with its high intensity atmosphere encompassing the danger of retraumatization of this special group of patients. Finally several aspects of the clinical implications of this method are addressed.

[0558]

The management of blood phobia and a hypersensitive gag reflex by hypnotherapy: a case report

Dent Update 2002 Mar;29(2):70-4 (ISSN: 0305-5000)

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Coping with a hypersensitive gag reflex can be a cause for concern for both the patient and the operator. This report describes a case of blood phobia directed solely towards the oral cavity, linked with the inability to tolerate dentures due to a hypersensitive gag reflex. Management by hypnotherapy using a systematic desensitization technique allowed for extraction of teeth and permanent elimination of the gagging problem.

[0559]

Immediate and persisting effects of misleading questions and hypnosis on memory reports

J Exp Psychol Appl 2002 Mar;8(1):26-32 (ISSN: 1076-898X)

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Immediate and persisting effects of misleading questions and hypnosis on memory reports were assessed. After listening to a story, 52 highly suggestible students and 59 low and medium suggestible students were asked misleading or neutral questions in or out of hypnosis. All participants were then asked neutral questions without hypnosis. Both hypnosis and misleading questions significantly increased memory errors, and misleading questions produced significantly more errors than did hypnosis. The 2 effects were additive, so that misleading questions in hypnosis produced the greatest number of errors. There were no significant interactions with level of hypnotic suggestibility. Implications of these findings for the per se exclusion of posthypnotic testimony are discussed.

[0560]

The duality of the brain and the multiplicity of minds: can you have it both ways?

Hist Psychiatry 2002 Mar;13(49 Pt 1):3-17 (ISSN: 0957-154X)

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Multiple Personality Disorder (MPD), now known as Dissociative Identity Disorder (DID), has been of great interest to the public for over a century. Case histories of MPD can be found in the literature as far back as the eighteenth century; nevertheless, publications from the latter part of the nineteenth century best describe this disorder as we know it today. This paper traces the case history literature of DID (MPD) from the earliest period to the present. This is done in such a way as to illuminate the basic theoretical and epistemological issues that are necessary to understand the process of dissociation (both normal, and abnormal aspects) and the role of hypnosis and its relationship to organic and 'hysterical epilepsy'. The theories of Fanet, Prince and Sidis are the major authorities discussed. The paper concludes with a discussion of the danger inherent in fostering a deterministic or reductionistic theory of consciousness.

[0561]

How practitioners (and others) can make scientifically viable contributions to clinical-outcome research using the single-case time-series design

Int J Clin Exp Hypn 2002 Apr;50(2):114-48 (ISSN: 0020-7144)

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Although clinicians typically possess considerable interest in research, especially about which interventions do and do not work, all too often they dismiss the notion that they themselves can make viable scientific contributions to the outcome literature. This derives from an unfortunate assumption that the only true experiment is a between-groups experiment. There is another form of true experiment that is perfectly compatible with real-world clinical practice: the single-case time-series design. Intensive and systematic tracking of one or a few patients over time can yield viable inferences about efficacy, effectiveness, and, under some circumstances, mechanism of change. This paper describes how clinicians working with hypnosis can carry out such research. The rationale and essential features of time-series studies are outlined; each design is illustrated with actual studies from the hypnosis literature; and new methods of statistical analysis, well within the statistical competence of practitioners, are described.

[0562]

The efficacy of hypnosis in the treatment of pruritus in people with HIV/AIDS: a time-series analysis

Int J Clin Exp Hypn 2002 Apr;50(2):149-69 (ISSN: 0020-7144)

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Pruritus, or generalized itch, is a source of serious discomfort and distress in a significant minority of people living with AIDS. Anecdotal reports suggest hypnosis might be a useful treatment, leading to reductions in distress and improvements in the condition. But empirical examination of the question is notably lacking. This time-series study reports results of a 6-session self-hypnosis treatment (relaxation, deepening, imagery, and home practice) for 3 HIV-positive men suffering from pruritus, related to disease progression and/or HIV medications. Posttreatment, all 3 patients reported significant reductions in daily itch severity and extent of sleep disturbance due to itch. One patient also evidenced significantly less itch distress. Another also experienced significantly less time bothered by itch. For the 2 patients on which 4-month follow-up data were available, treatment benefit across variables was stable or further improved.

[0563]

Hypnosis for the control of HIV/AIDS-related pain  
Int J Clin Exp Hypn 2002 Apr;50(2):170-88 (ISSN: 0020-7144)  
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This intensive case study used an A-B time-series analysis design to examine whether 5 adult patients with various AIDS-related pain symptoms benefited from a hypnosis-based pain management approach. The 3 dependent variables in this study were: (a) self-ratings of the severity of pain, (b) self-ratings of the percentage of time spent in pain, and (c) amount of p.r.n. pain medication taken. Data were collected over a period of 12 weeks, including a 1-week baseline period and an 11-week treatment period. Autoregressive integrated moving-average (ARIMA) models were used to determine the effects of the hypnotic intervention over and above autoregressive components in the data. All 5 patients showed significant improvement on at least 1 of the 3 dependent variables as a result of the hypnotic intervention. Four of the 5 patients reported using significantly less pain medication during the treatment phase.

[0564]

Case study examining the efficacy of a multi-modal psychotherapeutic intervention for hypertension  
Int J Clin Exp Hypn 2002 Apr;50(2):189-201 (ISSN: 0020-7144)  
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This study examines the effectiveness of a multimodal psychotherapeutic approach using hypnosis in the treatment of a single case of hypertension. A systematic eclectic conceptualization and treatment approach was implemented using psychodynamic, behavioral, and cognitive-behavioral elements. Hypnosis was used to support each of the treatment modalities. Time-series analysis procedures indicate that the psychological interventions were associated with significantly reduced diastolic blood pressure. Additionally, the effect of the psychological interventions was significant over and above traditional pharmacological interventions. However, psychotherapeutic interventions had no substantial impact on systolic pressure. The flexibility of hypnosis as a therapeutic tool is discussed in terms of potential advantages in treatment.

[0565]

Salient findings in the hypnosis literature: April 2002  
Int J Clin Exp Hypn 2002 Apr;50(2):202-7 (ISSN: 0020-7144)  
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Four important investigations were reported during the latter part of 2001. All address the biological impact of hypnotic interventions. Three of these studies focus specifically on if and how hypnotic interventions affect immune functions. A range of immune assays is employed, from allergic response to blood-based assays of immune functioning during nonlaboratory periods of stress. In all 3 cases, measurable shifts in immune functioning are associated with hypnotic interventions. A 4th compares the pattern of event-related brain potentials (ERPs) associated with hypnotic analgesia interventions and standard distraction protocols during exposure to pain.

[0566]

Healing the heart: integrating complementary therapies and healing practices into the care of cardiovascular patients  
Prog Cardiovasc Nurs 2002 Spring;17(2):73-80 (ISSN: 0889-7204)  
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Complementary therapies and healing practices have been found to reduce stress, anxiety, and lifestyle patterns known to contribute to cardiovascular disease. Promising therapies include imagery and hypnosis, meditation, yoga, tai chi, prayer, music, exercise, diet, and use of dietary supplements. Many of these complementary approaches to healing have been within the domain of nursing for centuries and can readily be integrated into the care of patients with cardiovascular disease. While individual complimentary modalities hold considerable merit, it is critical that the philosophy underlying these therapies--caring, holism, and harmony--also be understood and honored. (c)2002 CHF, Inc.

[0567]

Hypnotherapy in irritable bowel syndrome: a large-scale audit of a clinical service with examination of factors influencing responsiveness  
Am J Gastroenterol 2002 Apr;97(4):954-61 (ISSN: 0002-9270)  
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OBJECTIVES: Hypnotherapy has been shown to be effective in the treatment of irritable bowel syndrome in a number of previous research studies. This has led to the establishment of the first unit in the United Kingdom staffed by six therapists that provides this treatment as a clinical service. This study presents an audit on the first 250 unselected patients treated, and these large numbers have also allowed analysis of data in terms of a variety of other factors, such as gender and bowel habit type, that might affect outcome. METHODS: Patients underwent 12 sessions of hypnotherapy over a 3-month period and were required to practice techniques in between sessions. At the beginning and end of the course of treatment, patients completed questionnaires to score bowel and extracolonic symptoms, quality of life, and anxiety and depression, allowing comparisons to be made. RESULTS: Marked improvement was seen in all symptom measures, quality of life, and anxiety and depression (all ps < 0.001), in keeping with previous studies. All subgroups of patients appeared to do equally well, with the notable exception of males with diarrhea, who improved far less than other



patients ( $p < 0.001$ ). No factors, such as anxiety and depression or other prehypnotic variables, could explain this lack of improvement. CONCLUSIONS: This study clearly demonstrates that hypnotherapy remains an extremely effective treatment for irritable bowel syndrome and should prove more cost-effective as new, more expensive drugs come on to the market. It may be less useful in males with diarrhea-predominant bowel habit, a finding that may have pathophysiological implications.

[0568]

Observations from Ground Zero at the World Trade Center in New York City, Part II: Theoretical and clinical considerations  
Int J Emerg Ment Health 2002 Spring;4(2):119-26 (ISSN: 1522-4821)  
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Part I of this series discussed our observations of Ground Zero of the World Trade Center (WTC) immediately after the attack on September 11, 2001, as well as the stress-response of police officers on site. This paper offers a variety of clinical techniques for emergency mental health practitioners and first responders for use with victims of critical incidents. The suggested interventions are based on the theory and clinical practice of Emergency Medical Hypnosis, Neuro-Linguistic Programming, and Ericksonian Psychotherapy. Specific examples of how they were applied with police personnel following the World Trade Center attack are provided along with specific clinical guidelines. These interventions are designed to augment and enhance standard CISM, mental health, and medical practice in the field.

[0569]

Hypnotic susceptibility in patients with conversion disorder  
J Abnorm Psychol 2002 May;111(2):390-5 (ISSN: 0021-843X)  
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Conversion disorder has been associated with hypnotic susceptibility for over a century and is currently still believed to be a form of autohypnosis. There is, however, little empirical evidence for the relation between hypnotic susceptibility and conversion symptoms. The authors compared 50 patients with conversion disorder with 50 matched control patients with an affective disorder on measures of hypnotic susceptibility, cognitive dissociation, and somatoform dissociation. Conversion patients were significantly more responsive to hypnotic suggestions than control patients. In addition, conversion patients showed a significant correlation between hypnotic susceptibility and the number of conversion complaints. These results provide the first evidence of a relationship between hypnotic susceptibility and the presence and number of conversion symptoms.

[0570]

Posthypnotic amnesia for autobiographical episodes: a laboratory model of functional amnesia?  
Psychol Sci 2002 May;13(3):232-7 (ISSN: 0956-7976)  
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Extreme variation in the accessibility of autobiographical memory is a major characteristic of functional amnesia. On the basis of its ability to temporarily disrupt the retrieval of memory material, posthypnotic amnesia (PHA) has been proposed as a laboratory analogue of such amnesia. However, most PHA research has focused on relatively simple, nonpersonal information learned during hypnosis. This experiment extended PHA to autobiographical memory by examining high- and low-hypnotizable subjects' explicit and implicit memory of two autobiographical episodes, one of which was targeted by a PHA suggestion. The effects of PHA were consistent with the major features of functional amnesia: PHA disrupted retrieval of autobiographical information, produced a dissociation between implicit and explicit memory, and was reversible. The nature of PHA's effect on autobiographical memory and the potential utility of a PHA paradigm for investigating functional amnesia are discussed.

[0571]

Psychological factors in the etiology and treatment of severe nausea and vomiting in pregnancy  
Am J Obstet Gynecol 2002 May;185(5 Suppl Understanding):S210-4 (ISSN: 0002-9378)  
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The assumption is frequently made that women with severe nausea and vomiting during pregnancy are transforming psychological distress into physical symptoms. Psychoanalytic theory supporting this assumption is reviewed, along with the few methodologically flawed empirical studies that have been conducted. Little support can be found for the hypothesis that nausea and vomiting during pregnancy is such a conversion disorder, but there are suggestions that psychological responses to the physiologic condition(s) underlying this problem may become entrenched, or conditioned. This possibility is supported by findings that psychological treatments, such as hypnosis, can be effective. This implies that psychological responses can interact with the physiology of nausea and vomiting during pregnancy to exacerbate the condition. As such, psychological treatments for the symptoms of this disorder need to be further explored.

[0572]

Medical, social, and legal implications of treating nausea and vomiting of pregnancy  
Am J Obstet Gynecol 2002 May;185(5 Suppl Understanding):S262-6 (ISSN: 0002-9378)  
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This article will deal with medical, social, and legal implications of treating nausea and vomiting of pregnancy (NVP). Clinical problems occur when the symptoms become exaggerated and result in debilitation, dehydration, and hospitalization. The treatment of NVP in its early stages has the implication that it will prevent the more serious complications, including hospitalization. Therapeutic modalities discussed in this conference that have been used or are being tested are primarily symptomatic treatments (antihistamines, Bendectin (Merrell Dow; Cincinnati, Ohio), phenothiazines, hypnosis, acupuncture, relaxation behavioral modification, audiogenic feedback training, newer medications, diet, and nutritional support). Bendectin is probably the most studied medication with regard to its reproductive effects, and the studies clearly demonstrate that therapeutic doses of Bendectin have no measurable reproductive risks to the mother or the fetus. In spite of Bendectin's record of safety, numerous nonmeritorious congenital malformation lawsuits were filed and went to trial, and that junk science was presented at these trials. The Bendectin era focused our attention on the area of nonmeritorious litigation and junk science, which could have an effect on any new or less well-studied therapies, because such a high percentage of women are treated for NVP. Because 3% of the offspring will be affected with birth defects, the potential for litigation is

immense. The solutions are (1) for legal problems, the medical community should focus their attention on junk scientists and their junk science, over which physicians should have some authority, and (2) for the treatment problem, it would seem most logical that a major research effort should be directed toward brain receptors that are involved in these physiologic effects. Furthermore, it would be imperative to study the array of molecules, both natural and manufactured, that can interact with these receptors for the amelioration of nausea. Until we understand the mechanism and specific therapy for NVP, it would appear that the reintroduction of Bendectin is the logical intermediate course to follow. We should also accompany the introduction of Bendectin with an educational campaign with regard to the lack of reproductive risks for this medication. The Food and Drug Administration has set the stage for the reintroduction of Bendectin by republishing their conclusion that Bendectin does not represent an increase in reproductive risks to the fetuses of pregnant women.

[0573]

[Psychiatric disorders in intensive care units]

[Les troubles psychiatriques en service de réanimation]

Encephale 2002 May-Jun;28(3):191-9 (ISSN: 0013-7006)

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The diagnosis and treatment of psychiatric disorders in intensive care patients have been for a long time neglected. They are nowadays better recognized and managed. These disorders are mainly: delirium; anxiety disorders, from simple anxiety to panic disorder with agitation; adaptation disorders with depressive mood; brief psychotic disorders with persecution ideas. The manifestations of psychiatric disorders occur not only during the stay in intensive care unit (ICU) but also after transfer from ICU and several months after discharge from hospital. Part of psychiatric disorders is caused by organic or toxic causes (metabolic disturbances, electrolyte imbalance, withdrawal syndromes, infection, vascular disorders and head trauma). Nevertheless some authors estimate that they are due to the particular environment of ICU. The particularities of these units are: a high sound level (noise level average between 50 and 60 dBA), the absence of normal day-night cycle, a sleep deprivation, a sensory deprivation, the inability for intubated patients to talk, the pain provoked by some medical procedures, the possibility to witness other patients' death. Although most patients feel secure in ICU, some of them perceive ICU's environment as threatening. Simple environmental modifications could prevent the apparition of some psychiatric manifestations: efforts should be made to decrease noise generated by equipment and staff conversations, to provide external windows, visible clocks and calendar, to ensure adequate sleep with normal day-night cycle and to encourage more human contact. Psychotropic drugs are useful but a warm and empathetic attitude can be very helpful. Some authors described specific psychotherapeutic interventions in ICU (hypnosis, coping strategies...). To face anxiety, many patients have defense attitudes as psychological regression and denial. Patient's family is suffering too. Relative's hospitalization causes a crisis in family. Unpredicted illnesses often force family members to reorganize in order to regain their equilibrium. Every family should be proposed a psychological support. Caregivers can be distressed as well. This stress is due to their high responsibility and the fact that they face disease and death. Simple measures can lessen stress's effect and prevent the burn-out syndrome. In conclusion, the importance of a liaison psychiatrist-intensive care physician collaboration must be emphasized in order that patients and their family have a better psychological support. Psychological management should be proposed during the hospitalization and after discharge from hospital.

[0574]

Managing patients with local anesthetic complications using alternative methods

Pa Dent J (Harrisb) 2002 May-Jun;69(3):22-9 (ISSN: 0031-4439)

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This article discusses various alternative methods of treating the patient who encounters problems with local anesthetics. Those alternative methods include: acupuncture, hypnosis, sedation, general anesthesia, and antihistamines as a substitute for local anesthetics with more of a focus in using antihistamines as an effective local anesthetic agent. Although not frequently encountered in the clinical setting, allergic reactions to local anesthetics do occur. Various surveys indicate the number of deaths attributed to local anesthesia range from 1:1,500,000 to 1:4,000,000, with oral surgery offices having higher mortality rates than general dentistry offices. This occurs despite clinicians' attention to patient medical histories, aspiration of the local anesthetic syringe during injections, and minimizing the dosage of local anesthetic solutions. Generally speaking, local anesthetics can be divided into two groups: ester of benzoic and aminobenzoic derivatives (cocaine, benzocaine, procaine, tetracaine, butacaine, etc.) or amide-derivatives of xylylidine and toluidine groups (lidocaine, mepivacaine, prilocaine a.k.a. Citanest, etc.). Adverse effects include allergic or toxic reactions, as well as negative effects of any vasoconstrictors contained within the local anesthetic solution. This article will concentrate on how to successfully manage patients who have previously encountered allergic reactions.

[0575]

Psychological management of pain

Disabil Rehabil 2002 May 20;24(8):416-22 (ISSN: 0963-8288)

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PURPOSE: In this article an overview is given on the attempts of understanding and treating chronic pain from the psychodynamic view and the perspective of behavioural medicine. ISSUE: Pain cannot be reliably measured. Assessment of pain depends on verbal description, nonverbal expressions, specific tests and our empathy. From this perspective pain is a matter of subjective experience and communication. Several phenomena (e.g. phantom limb pain, stress analgesia, the pain-relieving effects of relaxation, hypnosis, placebo, etc., pain in spite of a non-existing injury) obviously show that psychological factors like distraction, relaxation, fear, depression, former pain experiences as well as family and cultural influences modulate the way pain is experienced. Different parts of the CNS are involved in the modulation of pain-experience. Referring to cognitive and emotional processes, the importance of the neocortex and the limbic system are to be underlined. CONCLUSION: Chronic pain (as a category of ICD-10) presupposes a continuous, torturing pain, which sometimes even cannot be explained sufficiently by an organic damage. Psychosocial problems such as emotional conflicts, misleading thoughts, etc. are recognizable and can be brought into connection with the pain the patient experiences.

[0576]

The effectiveness of adjunctive hypnosis with surgical patients: a meta-analysis

Anesth Analg 2002 Jun;94(6):1639-45, table of contents (ISSN: 0003-2999)

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Hypnosis is a nonpharmacologic means for managing adverse surgical side effects. Typically, reviews of the hypnosis literature have been narrative in nature, focused on specific outcome domains (e.g., patients' self-reported pain), and rarely address the impact of different modes of the hypnosis administration. Therefore, it is important to take a quantitative approach to assessing the beneficial impact of adjunctive hypnosis for surgical patients, as well as to examine whether the beneficial impact of hypnosis goes beyond patients' pain and method of the administration. We conducted meta-analyses of published controlled studies (n = 20) that used hypnosis with surgical patients to determine: 1) overall, whether hypnosis has a significant beneficial impact, 2) whether there are outcomes for which hypnosis is relatively more effective, and 3) whether the method of hypnotic induction (live versus audiotape) affects hypnosis efficacy. Our results revealed a significant effect size (D = 1.20), indicating that surgical patients in hypnosis treatment groups had better outcomes than 89% of patients in control groups. No significant differences were found between clinical outcome categories or between methods of the induction of hypnosis. These results support the position that hypnosis is an effective adjunctive procedure for a wide variety of surgical patients. IMPLICATIONS: A meta-analytical review of studies using hypnosis with surgical patients was performed to determine the effectiveness of the procedure. The results indicated that patients in hypnosis treatment groups had better clinical outcomes than 89% of patients in control groups. These data strongly support the use of hypnosis with surgical patients.

[0577]

Psychological aspects of asthma

J Consult Clin Psychol 2002 Jun;70(3):691-711 (ISSN: 0022-006X)

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Asthma can be affected by stress, anxiety, sadness, and suggestion, as well as by environmental irritants or allergens, exercise, and infection. It also is associated with an elevated prevalence of anxiety and depressive disorders. Asthma and these psychological states and traits may mutually potentiate each other through direct psychophysiological mediation, nonadherence to medical regimen, exposure to asthma triggers, and inaccuracy of asthma symptom perception. Defensiveness is associated with inaccurate perception of airway resistance and stress-related bronchoconstriction. Asthma education programs that teach about the nature of the disease, medications, and trigger avoidance tend to reduce asthma morbidity. Other promising psychological interventions as adjuncts to medical treatment include training in symptom perception, stress management, hypnosis, yoga, and several biofeedback procedures.

[0578]

A quantitative and qualitative pilot study of the perceived benefits of autogenic training for a group of people with cancer

Eur J Cancer Care (Engl) 2002 Jun;11(2):122-30 (ISSN: 0961-5423)

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This paper describes the application of autogenic training (AT), a technique of deep relaxation and self-hypnosis, in patients diagnosed with cancer, with the aim of increasing their coping ability, and reports the results of a questionnaire survey performed before and after an AT course. A reduction in arousal and anxiety can help individuals to perceive their environment as less hostile and threatening, with implications for improved perceived coping ability. Complementary therapies are considered useful in enhancing symptom relief, overall well-being and self-help when used as adjuvant therapies to allopathic medical interventions. The present study aimed to validate, in an Irish context, the effectiveness of AT as a complementary therapy for patients with cancer. Each participant completed a Hospital Anxiety and Depression Scale and Profile of Mood States questionnaire before and after a 10-week AT course. The results indicated a significant reduction in anxiety and increase in 'fighting spirit' after compared with before training, with an improved sense of coping and improved sleep being apparent benefits of AT practice.

[0579]

[Hypnosis to treat nausea and vomit: here it works!]

[L'hypnose pour traiter les nausées et vomissements: ça marche!]

Rev Med Liege 2002 Jun;57(6):382-4 (ISSN: 0370-629X)

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We report a case of uncontrollable vomits in 76-year-old patient, for which hypnosis was effective. Described vomits became initiated by administration of morphine per os, lasted three months and stood up to usual medication as well attempts of nutrition by ballasted micro-tube. Somatic etiology search was unsuccessful; the growing significance of hypnosis in the field of anesthesia led to use relational and oriented solution therapy. The situation was rapidly and constantly solved.

[0580]

Acceptability of treatments for trichotillomania. Effects of age and severity

Behav Modif 2002 Jul;26(3):378-99 (ISSN: 0145-4455)

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Based on the literature, trichotillomania (TTM, chronic hair pulling) in children and adults appears to be responsive to behavioral interventions such as habit reversal. However, some have questioned the generality and acceptability of such procedures. This study compared the acceptability ratings of four interventions targeting TTM (habit reversal, hypnosis, medication, and punishment). In the study, 233 college students read case vignettes in which the age of the analogue client and the severity of the hair pulling were manipulated. Results showed significant differences between the four treatment conditions, with hypnosis and habit reversal being rated most acceptable. Age of the analogue client and severity of TTM did not significantly influence acceptability ratings.

[0581]

Hypnotic responsivity from a developmental perspective: insights from young children

Int J Clin Exp Hypn 2002 Jul;50(3):229-47 (ISSN: 0020-7144)

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Evidence indicates that hypnotic responsivity in children younger than 8 years of age differs significantly from that of older children and adults. The sudden increase in responsiveness around age 8, differing patterns of item difficulty for young children, specific problems

with hypnotic dream and age regression items, and the lack of conceptual distinction between volition and nonvolition argue for a fundamental discontinuity between young children and adults regarding responsivity. These differences result from underlying developmental processes that characterize young childhood, including limitations in executive cognitive functioning, more overt forms of involvement, and reliance on authoritative others for direction, regulation, and support. The unique features of young children's hypnotic responsivity offer the opportunity to reconsider hypnosis within a developmental context.

[0582]

Hypnosis, the brain, and sports: Salient Findings July 2002  
Int J Clin Exp Hypn 2002 Jul;50(3):282-5 (ISSN: 0020-7144)  
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Three particularly noteworthy articles addressing hypnosis have been published during the early portion of 2002. All, to a degree, address biological aspects of hypnotic response. One of these articles is a thoughtful summary and synthesis of neuroscience/hypnosis research to date, describing how neuroimaging techniques offer new opportunities to use hypnosis as a manipulation and to provide a means of studying hypnosis itself. A second article focuses on the physiology of sports and the usefulness of hypnosis in the practice of sport and exercise psychology. Finally, the third article describes a study of brain activation during actual and imagined handgrip during hypnosis.

[0583]

The role of hypnosis in the detection of psychogenic seizures  
Am J Clin Hypn 2002 Jul;45(1):11-20 (ISSN: 0002-9157)  
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In this preliminary clinical investigation, hypnosis was used in the differential diagnosis of epileptic versus psychogenic seizures (PS). Eight patients with a clinical profile suggesting the presence of PS were given a hypnotic suggestion in which they had to go back in time to the exact moment of their last seizure. They were then asked to concentrate their attention on any unusual feeling or bodily sensation. All 8 patients presented a PS during the age regression protocol. In 6 cases, independent testimony from family members corroborated the morphological similarity of the induced attack and the ones presented in their natural environment. Also, the seizures ended abruptly after a command was given to stop them. A control group of 5 epileptic subjects did not present any signs of discomfort or seizure behavior during the hypnotic protocol. It is argued that a simple procedure as the one described in this investigation can be useful as a diagnostic tool in the differentiation of epileptic from PS attacks.

[0584]

The search for Bridey Murphy: implications for modern hypnosis  
Am J Clin Hypn 2002 Jul;45(1):3-10 (ISSN: 0002-9157)  
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The 1956 publication of *The Search for Bridey Murphy* was a noteworthy event for the field of hypnosis. This internationally best selling book, written for lay readers, described several recorded sessions of alleged time-regression to a prior life nearly two centuries before 1956. While subsequent investigations disproved that claim, there were a number of important implications for the science and practice of hypnosis. Although it was concluded that the *Bridey Murphy* interviews were products of cryptomnesia, the book was a significant factor associated with a resurgence of public and professional interest in the modality.

[0585]

Medical hypnosis and quadruplets: a case report  
Am J Clin Hypn 2002 Jul;45(1):39-46 (ISSN: 0002-9157)  
Brown DC; Massarelli E

This case report presents a new association reaction and a new treatment for quadruplet pregnancies. The hypnotic interventions can increase clinical management of quadruplet pregnancy. It illustrates new insights into the treatment of quadruplet pregnancies, and it suggests useful future research.

[0586]

Hypnosis provoked pseudoseizures: a case report and literature review  
Am J Clin Hypn 2002 Jul;45(1):47-53 (ISSN: 0002-9157)  
Zalsman G; Dror S; Gadot N

Only a few studies have been reported in which suggestion was used to provoke pseudoseizures (PS). In these studies PS were video EEG monitored, and saline injections were administered as placebo. This method may be somewhat unethical and carries a low success rate. The authors, two child psychiatrists (GZ and DS) and a neurologist (NG), applied hypnosis to provoke PS which were monitored by video-EEG. Pre-, intra- and post-ictal serum prolactin levels were determined. The first hypnotic session was diagnostic and for this reason featured controlled attempts to determine whether there might be childhood trauma material. The following sessions easily provoked PS during which the EEG was normal and pre-, intra- and post-ictal serum prolactin levels were identical and within normal values. We conclude that hypnosis (with informed consent) for PS monitored by video-EEG telemetry, seems to be an ethical, cheap and quite easy way to demonstrate PS.

[0587]

Psychosocial treatment of posttraumatic stress disorder: A practice-friendly review of outcome research  
J Clin Psychol 2002 Aug;58(8):947-59 (ISSN: 0021-9762)  
Solomon SD; Johnson DM  
National Institutes of Health

A review of the treatment research indicates that several forms of therapy appear to be useful in reducing the symptoms of posttraumatic stress disorder (PTSD). 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. Still unknown is whether any approach produces lasting effects. Imaginal exposure to trauma memories and hypnosis are techniques most likely to

affect the intrusive symptoms of PTSD, while cognitive and psychodynamic approaches may address better the numbing and avoidance symptoms. Treatment should be tailored to the severity and type of presenting PTSD symptoms, to the type of trauma experience, and to the many likely comorbid diagnoses and adjustment problems. [Copyright 2002 Wiley Periodicals, Inc. J Clin Psychol/In Session 58: 947-959, 2002.]

[0588]

No link between hypnotizability and the Self-Monitoring Scale

Am J Clin Hypn 2002 Jul;45(1):21-30 (ISSN: 0002-9157)

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Socio-cognitive theorists have often claimed that hypnotizability is in part a function of social role-playing. We thus expected to find an association between a measure of hypnotizability (SHSS:C) and the Self-Monitoring Scale-Revised, a purported measure of sensitivity to social cues. The data failed to reveal any significant correlations, and therefore cannot be said to provide any support for the socio-cognitive position. Nevertheless, as hypothesized, we found that the hypnotist tended to consider subjects who were high but not low on the Other-Directedness subscale to be more deeply hypnotized than the subjects themselves felt.

[0589]

Hypnotherapy and refractory irritable bowel syndrome: a single case study

Am J Clin Hypn 2002 Jul;45(1):31-7 (ISSN: 0002-9157)

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The current study describes the successful administration of hypnotherapy with a subject suffering from refractory Irritable Bowel Syndrome (IBS) and Generalized Anxiety Disorder (GAD). The subject had suffered from IBS for 30 years and had unsuccessfully pursued multiple psychological treatments, both traditional and non-traditional. He was referred to the Center for Stress and Anxiety Disorders and commenced hypnotherapy directed primarily at the IBS symptoms. After 6 treatment sessions, his IBS symptomatology had improved 53%. He stopped treatment at that point and continued autohypnosis with the aid of treatment audiotapes provided by his therapist. Follow-up at 6 months indicated continued improvement (70%). A 2-year follow-up revealed an improvement of 38% in IBS symptomatology. Concurrent levels of depression and anxiety had also substantially decreased. Hypnotherapy is shown to be a viable, palatable, and enduring treatment option for an individual who had been refractory to many previous therapies.

[0590]

Driving on the motorway: the effect of alternating speed on driver's activation level and mental effort

Ergonomics 2002 Jul 15;45(9):605-18 (ISSN: 0014-0139)

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When most of the driving tasks are performed automatically, a driver's level of alertness may decline, as has been pointed out in the study of the phenomenon called 'highway hypnosis'. One possible countermeasure is to periodically vary the speed (Wertheim 1978), but the authors have not found any studies that directly assess the effectiveness of this countermeasure. The objective of our study has been to provide empirical evidence regarding the effects of this strategy on the level of driver activation on a motorway route in real traffic. In the present study activation level as indexed by a relative measure based on slow EEG activity tended to be significantly higher when speed was modified periodically than when it remained constant. In addition, this index tended to be progressively higher when the speed was constant during the first part of the route, while the same thing did not occur when the speed was modified periodically. Finally, no significant differences between the constant and varying speed conditions were obtained with respect to any of the cardiovascular indices related to the effort put into driving and the stress experienced in the situation.

[0591]

Hypnosis modulates activity in brain structures involved in the regulation of consciousness

J Cogn Neurosci 2002 Aug;14(6):887-901 (ISSN: 0898-929X)

Rainville P; Hofbauer RK; Bushnell MC; Duncan GH; Price DD

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The notion of consciousness is at the core of an ongoing debate on the existence and nature of hypnotic states. Previously, we have described changes in brain activity associated with hypnosis (Rainville, Hofbauer, Paus, Duncan, Bushnell, & Price, 1999). Here, we replicate and extend those findings using positron emission tomography (PET) in 10 normal volunteers. Immediately after each of 8 PET scans performed before (4 scans) and after (4 scans) the induction of hypnosis, subjects rated their perceived level of "mental relaxation" and "mental absorption," two of the key dimensions describing the experience of being hypnotized. Regression analyses between regional cerebral blood flow (rCBF) and self-ratings confirm the hypothesized involvement of the anterior cingulate cortex (ACC), the thalamus, and the ponto-mesencephalic brainstem in the production of hypnotic states. Hypnotic relaxation further involved an increase in occipital rCBF that is consistent with our previous interpretation that hypnotic states are characterized by a decrease in cortical arousal and a reduction in cross-modality suppression (disinhibition). In contrast, increases in mental absorption during hypnosis were associated with rCBF increases in a distributed network of cortical and subcortical structures previously described as the brain's attentional system. These findings are discussed in support of a state theory of hypnosis in which the basic changes in phenomenal experience produced by hypnotic induction reflect, at least in part, the modulation of activity within brain areas critically involved in the regulation of consciousness.

[0592]

Jules Bernard Luys: a singular figure of 19th century neurology

Can J Neurol Sci 2002 Aug;29(3):282-8 (ISSN: 0317-1671)

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Jules Bernard Luys was a highly industrious and dedicated French investigator who made important contributions to the fields of neuroanatomy and neuropsychiatry in the second half of the 19th century. His name is still eponymically attached to the subthalamic nucleus and the centre median nucleus, two structures that are at the center of our current thinking about the functional organization of the basal ganglia and the pathophysiology of Parkinson's disease. While developing a highly original view of the anatomical and functional organization of the human brain, Luys contributed significantly to our knowledge of the neuropathological and clinical aspects

of mental illnesses. Luys devoted the last part of his career to hysteria and hypnosis, engaging himself in experiments as extravagant as the action of medication at distance. In doing so, he became perhaps the most highly caricatured example of the fascination that hysteria exerted upon various renowned neurologists at the end of the 19th century. This paper briefly summarizes the contribution of this remarkable figure of the history of neurology.

[0593]

A 3-year comparison of dental anxiety treatment outcomes: hypnosis, group therapy and individual desensitization vs. no specialist treatment

Eur J Oral Sci 2002 Aug;110(4):287-95 (ISSN: 0909-8836)

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Outcomes of hypnotherapy (HT), group therapy (GT) and individual systematic desensitization (SD) on extreme dental anxiety in adults aged 19-65 yr were compared by regular attendance behaviors, changes in dental anxiety and changes in beliefs about dentists and treatment after 3 yr. Treatment groups were comparable with a static reference control group of 65 anxious patients (Dental Anxiety Scale > or = 15) who were followed for a mean of nearly 6 yr. After 3 yr, 54.5% of HT 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 reported going regularly to the dentist again within the cohort follow-up period, and 38.9% of a control subgroup with observation for 3 yr. Women were better regular attenders than men at 3 yr. Specialist-treated regular attenders were significantly less anxious and had more positive beliefs than regular attenders from reference groups. There were few differences between HT, GT and SD after 3 yr. It was 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 appears that these patients had less success in reducing dental anxiety and improving beliefs about dentists long-term than did patients who were treated at the specialist clinic with psychological strategies.

[0594]

Suggestibility and negative priming: two replication studies

Int J Clin Exp Hypn 2002 Jul;50(3):215-28 (ISSN: 0020-7144)

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Research suggests that inhibiting the effect of irrelevant stimuli on subsequent thought and action (cognitive inhibition) may be an important component of suggestibility. Two small correlation studies were conducted to address the relationship between different aspects of suggestibility and individual differences in cognitive inhibition, operationalized as the degree of negative priming generated by to-be-ignored stimuli in a semantic categorization task. The first study found significant positive correlations between negative priming, hypnotic suggestibility, and creative imagination; a significant negative correlation was obtained between negative priming and interrogative suggestibility, demonstrating the discriminant validity of the study results. The second study replicated the correlation between negative priming and hypnotic suggestibility, using a different suggestibility measurement procedure that assessed subjective experience and hypnotic involuntariness as well as objective responses to suggestions. These studies support the notion that the ability to engage in cognitive inhibition may be an important component of hypnotic responsivity and maybe of other forms of suggestibility.

[0595]

Autonomic reactivity to cognitive and emotional stress of low, medium, and high hypnotizable healthy subjects: testing predictions from the high risk model of threat perception

Int J Clin Exp Hypn 2002 Jul;50(3):248-75 (ISSN: 0020-7144)

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This study tested hypotheses derived from Wickramasekera's High Risk Model of Threat Perception (HRMTP) by comparing autonomic and affective responses to a cognitive and an emotional stress task in high, medium, and low hypnotizables. Electrodermal activity (EDA) was used as a measure of sympathetic activity, and the high frequency (HF) spectral component of heart rate variability as a measure of parasympathetic activity. High hypnotizables exhibited greater EDA at baseline and slower EDA recovery following both tasks than did medium and lows. Medium hypnotizables responded with greater decreases in normalized HF power than did highs and lows during the emotional stress task. The results suggest diminished EDA variability in high hypnotizables and the potential for HF power as an indicator of autonomic dysregulation in low and high hypnotizables, compared to mediums. The results are discussed in relation to predictions based on the HRMTP.

[0596]

The "big five" and hypnotic suggestibility

Int J Clin Exp Hypn 2002 Jul;50(3):276-81 (ISSN: 0020-7144)

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A recent approach to personality measurement argues that the essential personality traits are encompassed by 5 basic factors: openness/intellect, conscientiousness, neuroticism, agreeableness, and extraversion. This study used the Big Five Inventory to test the hypothesis that 1 or more of the 5 factors underlie hypnotic suggestibility. No meaningful relationships between hypnotic suggestibility and any of the 5 factors were found.

[0597]

Irritable bowel syndrome: a little understood organic bowel disease?

Lancet 2002 Aug 17;360(9332):555-64 (ISSN: 0140-6736)

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Irritable bowel syndrome affects 10% of adults with an unexplained female predominance. Although only a few people see their family doctor, the disease causes reduced quality of life and represents a multi-billion pound health-care problem. The disorder clusters in families, which is possibly because of intra-familial learning and a genetic predisposition. Visceral hypersensitivity is a key feature in most patients. Results of imaging studies of regional cerebral blood flow during rectal distension suggest underlying disturbances of

central processing of afferent signals, though this is not unique to the disorder, since it is seen in other chronic pain syndromes. Environmental factors that are strongly implicated in at least some patients include gastrointestinal infection and inflammation and chronic stress. Diagnosis is based on positive symptoms and absence of any alarm indicators. Treatment remains unsatisfactory and hinges on an excellent doctor-patient relationship, with drugs for symptom exacerbations. Cognitive behavioural treatment, psychotherapy, and hypnosis could provide long-lasting benefit in some patients. Tricyclic antidepressants in low doses seem to be the most effective class of drugs for the disorder on the basis of limited data.

[0598]

A multidisciplinary approach to nonpharmacologic pain management  
J Am Osteopath Assoc 2002 Sep;102(9 Suppl 3):S1-5 (ISSN: 0098-6151)  
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The multidisciplinary pain management team is the optimal method for delivery of comprehensive treatment to patients in pain. The biopsychosocial model of pain considers multiple factors for assessment, diagnosis, and treatment of pain. A structured approach to nonpharmacologic pain management includes medical and psychological interventions to educate and to empower patients to manage pain. Relaxation training, biofeedback, hypnosis, imagery, and cognitive-behavioral therapy are nonpharmacologic treatment modalities recommended by multidisciplinary pain management teams for effective pain control.

[0599]

Tension-type headache  
Am Fam Physician 2002 Sep 1;66(5):797-804 (ISSN: 0002-838X)  
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Tension-type headache typically causes pain that radiates in a band-like fashion bilaterally from the forehead to the occiput. Pain often radiates to the neck muscles and is described as tightness, pressure, or dull ache. Migraine-type features (unilateral, throbbing pain, nausea, photophobia) are not present. All patients with frequent or severe headaches need careful evaluation to exclude any occult serious condition that may be causing the headache. Neuroimaging is not needed in patients who have no worrisome findings on examination. Treatment of tension-type headache typically involves the use of over-the-counter analgesics. Use of pain relievers more than twice weekly places patients at risk for progression to chronic daily headache. Sedating antihistamines or antiemetics can potentiate the pain-relieving effects of standard analgesics. Analgesics combined with butalbital or opiates are often useful for tension-type pain but have an increased risk of causing chronic daily headache. Amitriptyline is the most widely researched prophylactic agent for frequent headaches. No large trials with rigorous methodologies have been conducted for most non-medication therapies. Among the commonly employed modalities are biofeedback, relaxation training, self-hypnosis, and cognitive therapy.

[0600]

What we can learn from shamanic healing: brief psychotherapy with latino immigrant clients  
Am J Public Health 2002 Oct;92(10):1576-81 (ISSN: 0090-0036)  
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The author, a medical anthropologist and licensed psychotherapist, draws on a database of 700 Latino immigrant families whom she has treated to demonstrate concepts and techniques of psychotherapeutic intervention that are derived from shamanic roots in the immigrant's original culture. 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. By 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 US Latino immigrants in clinical practice.

[0601]

1784  
Int J Clin Exp Hypn 2002 Oct;50(4):309-19 (ISSN: 0020-7144)  
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This article details the atmosphere surrounding the scientific community in France in 1784, the year of the Franklin Commission's report on Mesmer. The end of the 18th century heralded a victory of observation over systems and theories. Animal magnetism found itself in the midst of a conflict between the Old and the New World. The Franklin Commission, like so many other commissions at the time, was looking for measurable and quantifiable phenomena, the sole basis of progress in the health sciences. Mesmer and his system failed the test and were publicly denigrated. The Commission can be seen as the stepping stone to a more empirically based approach to the phenomenon of hypnosis, which would follow in the 19th century.

[0602]

A critique of the Franklin Commission Report: hypnosis, belief, and suggestion  
Int J Clin Exp Hypn 2002 Oct;50(4):369-86 (ISSN: 0020-7144)  
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This article critiques the landmark Report of the Commissioners Charged by the King to Examine Animal Magnetism, now widely known as the "Franklin Report." The authors mount a defense of D'Eslon, the disciple of Mesmer who conducted the "experiments," designed by the Commissioners that debunked animal magnetism as the mechanism responsible for dramatic alterations in behavior and medical cures following the application of Mesmer's procedures. The authors identify deficiencies in the commissioners' methods, discuss difficulties inherent in drawing strong inferences from the experiments they conducted, and contend that the commissioners missed an opportunity to elucidate the manifold ways in which mesmerism mapped onto important psychological constructs and phenomena. The authors adopt a fanciful approach by couching their critique in a sympathetic response to D'Eslon, who appears to one of the authors in a dream and voices his reservations about the commissioners' efforts.

[0603]

The Franklin Commission Report, in light of past and present understandings of hypnosis

Int J Clin Exp Hypn 2002 Oct;50(4):387-96 (ISSN: 0020-7144)  
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Hypnosis has a formal history of more than 2 centuries, and over this period various metaphors have been coined to point to what investigators perceived as its most essential characteristic. The Franklin Commission Report on Animal Magnetism rejected Mesmer's procedures despite his successes. The Commission argued, on the basis of a number of experiments, that these improvements could be accounted for in terms of imagination, imitation, and touch. In current theorizing, the role of imagination in hypnotic outcomes is still widely recognized, but following the theorizing of J. R. Hilgard, Sarbin and Coe, and Sutcliffe, absorbed imagination looks to be the more appropriate conceptualization. The only blemish on the Commission's report is its conclusion that because Animal Magnetism did not exist, then the techniques associated with it could not have therapeutic effects.

[0604]

Mesmer minus magic: hypnosis and modern medicine  
Int J Clin Exp Hypn 2002 Oct;50(4):397-406 (ISSN: 0020-7144)  
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The implications and effects of the French commission that passed judgment on Mesmer's work is examined in light of the pioneering role of hypnosis as the first Western conception of a psychotherapy, the ancient philosophical debate between idealism and empiricism, and the conflict in modern medicine between biotechnological emphasis on cure and the need for care as many previously terminal illnesses are converted to chronic diseases. The panel's report is interpreted as negative about the literal theory of animal magnetism but actually supportive of the potential therapeutic power of suggestion and "positive thinking." This aspect of hypnosis is described as a forerunner of modern cognitive therapies of depression and other illnesses. The panel exerted a constructive effect in applying scientific method and rigorous evaluation to hypnotic treatment, an application of Enlightenment philosophy that presaged the Flexner era in modern medicine. Both hypnosis and medicine ultimately benefited.

[0605]

Mesmer, the Franklin Commission, and hypnosis: a counterfactual essay  
Int J Clin Exp Hypn 2002 Oct;50(4):407-19 (ISSN: 0020-7144)  
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The author reviews the social and scientific context for both Mesmer's theory of animal magnetism and the evaluation of that theory by the Franklin Commission. If Mesmer had never lived, someone else would have introduced magnets into medicine; and if the Franklin Commission had never met, someone else would have found the theory of animal magnetism invalid. Mesmer's theory was an imperfect analogy conditioned by the scientific vocabulary of his time, and the Franklin Commission's debunking of his theory left Mesmer's effects both unchallenged and unexplained. Both Mesmer and the Franklin Commission suffered from the fact that in their time scientific psychology was not merely unavailable but considered impossible.

[0606]

Psychological approaches during conscious sedation. Hypnosis versus stress reducing strategies: a prospective randomized study  
PAIN, Vol. 73 (3) (1997) pp. 361-367  
M.E. Faymonville, P.H. Mambourg, J. Jorisa, B. Vrijens, J. Fissette, A. Alberte and M. Lamy  
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Stress reducing strategies are useful in patients undergoing surgery. Hypnosis is also known to alleviate acute and chronic pain. We therefore compared the effectiveness of these two psychological approaches for reducing perioperative discomfort during conscious sedation for plastic surgery. Sixty patients scheduled for elective plastic surgery under local anesthesia and intravenous sedation (midazolam and alfentanil upon request) were included in the study after providing informed consent. They were randomly allocated to either stress reducing strategies (control: CONT) or hypnosis (HYP) during the entire surgical procedure. Both techniques were performed by the same anesthesiologist (MEF). Patient behavior was noted during surgery by a psychologist, the patient noted anxiety, pain, perceived control before, during and after surgery, and postoperative nausea and vomiting (PONV). Patient satisfaction and surgical conditions were also recorded. Peri- and postoperative anxiety and pain were significantly lower in the HYP group. This reduction in anxiety and pain were achieved despite a significant reduction in intraoperative requirements for midazolam and alfentanil in the HYP group (alfentanil:  $8.7 \pm 0.9 \mu\text{g kg}^{-1}/\text{h}^{-1}$  vs.  $19.4 \pm 2 \mu\text{g kg}^{-1}/\text{h}^{-1}$ ,  $P < 0.001$ ; midazolam:  $0.04 \pm 0.003 \text{ mg kg}^{-1}/\text{h}^{-1}$  vs.  $0.09 \pm 0.01 \text{ mg kg}^{-1}/\text{h}^{-1}$ ,  $P < 0.001$ ). Patients in the HYP group reported an impression of more intraoperative control than those in the CONT group ( $P < 0.01$ ). PONV were significantly reduced in the HYP group (6.5% vs. 30.8%,  $P < 0.001$ ). Surgical conditions were better in the HYP group. Less signs of patient discomfort and pain were observed by the psychologist in the HYP group ( $P < 0.001$ ). Vital signs were significantly more stable in the HYP group. Patient satisfaction score was significantly higher in the HYP group ( $P < 0.004$ ). This study suggests that hypnosis provides better perioperative pain and anxiety relief, allows for significant reductions in alfentanil and midazolam requirements, and improves patient satisfaction and surgical conditions as compared with conventional stress reducing strategies support in patients receiving conscious sedation for plastic surgery.

[0607]

Different strategies of modulation can be operative during hypnotic analgesia: a neurophysiological study  
PAIN, Vol. 75 (1) (1998) pp. 85-92  
N Danziger, E Fournier, D Bouhassir, D Michaud, T De Broucker, E Santarcangelo, G Carlic, L Chertock and Jean Claude Willer

Nociceptive electrical stimuli were applied to the sural nerve during hypnotically-suggested analgesia in the left lower limb of 18 highly susceptible subjects. During this procedure, the verbally reported pain threshold, the nociceptive flexion (R111) reflex and late somatosensory evoked potentials were investigated in parallel with autonomic responses and the spontaneous electroencephalogram (EEG). The hypnotic suggestion of analgesia induced a significant increase in pain threshold in all the selected subjects. All the subjects showed large changes (i.e., by 20% or more) in the amplitudes of their R111 reflexes during hypnotic analgesia by comparison with control conditions. Although the extent of the increase in pain threshold was similar in all the subjects, two distinct patterns of modulation of the R111 reflex were observed during the hypnotic analgesia: in 11 subjects (subgroup 1), a strong inhibition of the reflex was observed whereas in the other seven subjects (subgroup 2) there was a strong facilitation of the reflex. All the subjects in both subgroups displayed similar decreases in the amplitude of late somatosensory evoked cerebral potentials during the hypnotic analgesia. No modification in the autonomic parameters or the EEG was observed. These data suggest that different strategies of modulation can



be operative during effective hypnotic analgesia and that these are subject-dependent. Although all subjects may shift their attention away from the painful stimulus (which could explain the decrease of the late somatosensory evoked potentials), some of them inhibit their motor reaction to the stimulus at the spinal level, while in others, in contrast, this reaction is facilitated.

[0608]

Dissociation of sensory and affective dimensions of pain using hypnotic modulation

PAIN, Vol. 82 (2) (1999) pp. 159-171

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Understanding the complex nature of pain perception requires the ability to separately analyze its psychological dimensions and their interaction, and relate them to specific variables and responses. The present study, therefore, attempted to selectively modulate the sensory and affective dimensions of pain, using a cognitive intervention, and to assess the possible relationship between these psychological dimensions of pain and changes in physiological responses to the noxious stimuli. In three experiments, normal subjects trained in hypnosis rated pain intensity and pain unpleasantness produced by a tonic heat-pain stimulus (1-min immersion of the hand in 45.0-47.5°C water). Two experiments were designed to test hypnotic suggestions to decrease (Experiment one ( 2.5.1)), or increase and decrease (Experiment two ( 2.5.2)) pain affect. Suggestions in Experiment three ( 2.5.3) were directed towards an increase or decrease in pain sensation. In Experiments one and two ( 2.5.1 and 2.5.2), the significant modulation in pain unpleasantness ratings was largely independent of variations in perceived pain intensity. Moreover, in Experiment two ( 2.5.2), there was a significant correlation between the stimulus-evoked heart-rate increase and ratings of pain unpleasantness, but not of pain intensity, suggesting a direct functional interaction between pain affect and autonomic activation. In Experiment three ( 2.5.3), suggestions to modulate the sensory aspect of pain produced significant modulation of pain intensity ratings, with secondary changes in pain unpleasantness ratings. Hypnotic susceptibility (Stanford Hypnotic Susceptibility Scale form A) was specifically correlated to pain unpleasantness modulation in Experiment two ( 2.5.2) and to pain intensity modulation in Experiment three ( 2.5.3), suggesting that this factor relates to the primary process toward which hypnotic suggestions are directed. The specific pain dimension on which hypnotic suggestions act depends on the content of the instructions and is not a characteristic of hypnosis itself. Results are consistent with a successive-stage model of pain perception (e.g. JB, Dougherty LM, Archer CR, Price DD. Assessing the stages of pain processing: a multivariate analytical approach. Pain 1996;68:157-167) which provides a conceptual framework necessary to study the cerebral representation of pain perception.

[0609]

Extended, strategic therapy for recalcitrant mind/body healing: an integrative model

Am J Clin Hypn 2002 Oct;45(2):91-102 (ISSN: 0002-9157)

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The development of the power therapies, behavioral medicine, and short term interventions have reported such success even with trauma cases that it is relevant to question the justification for lengthy psychotherapy. Yet some patients with complex mind/body conditions impervious to medical treatment/hypnosis may require extended, multi-modal, integrative therapy. This paper details a single complex case of paruresis as a prototype for illustrating a holographic treatment model for recalcitrant conditions: Component features of the proposed model presented include: 1) the sequential utilization of hypnotherapeutic and analytic approaches; 2) uncovering work providing access to the somatic ego state associated with the illness condition; 3) the extended treatment time frame required for deep psycho-physiological change; and 4) the stages of counter-transference expectably evoked by such patients (e.g. urgency, exuberant optimism, frustration, discouragement), and the transformation of such reactions to achieve maximum therapeutic efficacy.

[0610]

A conceptual review of the psychosocial genomics of expectancy and surprise: neuroscience perspectives about the deep psychobiology of therapeutic hypnosis

Am J Clin Hypn 2002 Oct;45(2):103-18 (ISSN: 0002-9157)

Rossi EL

This conceptual review explores some speculative associations between the neuroscience of expectancy and surprise during stress and therapeutic hypnosis. Current neuroscience is exploring how novel interactions between the organism and the environment initiate cascades of gene expression, protein synthesis, neurogenesis, and healing that operate via Darwinian principles of natural variation and selection on all levels from the molecular-genomic to the subjective states of consciousness. From a neuroscience perspective, the novel and surprising experiences of consciousness appear to have as important a role as expectancy in memory, learning and behavior change in the psychobiology of therapeutic hypnosis. This paper explores how we may integrate the psychosocial genomics of expectancy and surprise in therapeutic hypnosis as a complex system of creative adaptation on all levels of human experience from mind to gene expression.

[0611]

A spiral curriculum for hypnosis training

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Although hypnosis has been used for centuries, there are few reports of systematic, professional training. The most thorough codification of instructional content is the Standards of Training in Clinical Hypnosis (SOTCH) (Elkins & Hammond, 1994), endorsed by The American Society of Clinical Hypnosis (ASCH), and The Society of Clinical and Experimental Hypnosis (SCEH) for annual workshops. This curriculum is organized around two assumptions: training is presented to adult professional who know their own objectives; and each participant has a favorite learning style that should be accommodated. The workshop follows the content and time recommendations of the SOTCH. Some content is scheduled with spaced opportunity for practice. Concepts are organized in a spiral pattern, then presented and reviewed several times, each time in more detail, and in ways that accommodate different learning styles.

[0612]

Symptom removal: the nineteenth century experience

Am J Clin Hypn 2002 Oct;45(2):129-36 (ISSN: 0002-9157)

Weitzenhoffer A

It has been said that traditional clinical hypnotists, essentially those practicing before 1900, made excessive use of symptom removal to

the detriment of their patients. However, statements of this kind have never been documented. This article is based on a search of the relevant literature that examines the hypnotic methods and results of that era. One finding is that available clinical data support the claim that clinical hypnotists practicing before 1900 made considerable use of symptom removal. The data also indicate that they achieved substantial success without any detrimental effects. This information is considered relevant for the scientifically based practice of hypnosis.

[0613]

Shaping the experience of behavior: construct of an electronic teaching module in nonpharmacologic analgesia and anxiolysis  
Acad Radiol 2002 Oct;9(10):1185-93 (ISSN: 1076-6332)  
Lang EV; Laser E; Anderson B; Potter J; Hatsiopolou O; Lutgendorf S; Logan H  
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**RATIONALE AND OBJECTIVES:** The authors' purpose was to develop an electronic teaching module in nonpharmacologic analgesia and anxiolysis for use in the radiology department. **MATERIALS AND METHODS:** The teaching document was derived from previous training courses validated by patient outcome. Skills in structured empathic attention and guidance of self-hypnotic relaxation were tested in a previous prospective, randomized study with 241 patients and shown to affect positively patients' perception of pain and anxiety. Patients undergoing hypnosis had the greatest relief and most hemodynamic stability. The skills applied also saved, on average, 17 minutes of procedure time and approximately \$340 in sedation cost per case. With these validated behavioral skills, an electronic teaching module was constructed. **RESULTS:** The mode of teaching reflected the content of teaching, which was achieved through a multimedia format containing text, audio, video, pictures, and animation. Advanced navigation tools 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. **CONCLUSION:** Electronic teaching modules for biobehavioral skill training are feasible and promise to reduce the time need for life interactions with instructors.

[0614]

Visceral sensation and emotion: a study using hypnosis  
Gut 2002 Nov;51(5):701-4 (ISSN: 0017-5749)  
Houghton LA; Calvert EL; Jackson NA; Cooper P; Whorwell PJ  
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**Background and objectives:** We have 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. The purpose of this study was to investigate the effect of hypnotically induced emotion on the visceral sensitivity of the gut. **METHODS:** Sensory responses to balloon distension of the rectum and compliance were assessed in 20 patients with irritable bowel syndrome (IBS) (aged 17-64 years; 17 female) diagnosed by the Rome I criteria. Patients were studied on four separate occasions in random order either awake (control) or in hypnosis, during which anger, happiness, or relaxation (neutral emotion) were induced. **RESULTS:** 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 ( $p<0.001$ ). Happiness did not further alter sensitivity from that observed during relaxation. There were no associated changes in rectal compliance or wall tension. **CONCLUSIONS:** Further to our 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. These results emphasise how awareness of the emotional state of the patient is important when either measuring visceral sensitivity or treating IBS.

[0615]

Mesmer  
Int J Clin Exp Hypn 2002 Oct;50(4):295-308 (ISSN: 0020-7144)  
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This introductory article provides a brief outline of Mesmer's life and the main influences on his work. His theory, that a gravitational influence from sun and moon affected not only the tides but periodicity in physiological functioning, led him to investigate the use of magnets, which also operated at a distance and which might channel this universal fluid and lead to modification in a patient's condition. It was but a short step to discover that magnets were unnecessary because the fluid appeared to be transmissible from one person to another and to lead to a variety of therapeutic effects. His conviction in the correctness of his theory, coupled with a charismatic personality, led him to encounter enthusiasm and opposition over the course of the 10 years that elapsed between his first treatment of a patient by magnetic therapy and his denouement at the hands of the Franklin Commission.

[0616]

Can devices facilitate a hypnotic induction?  
Am J Clin Hypn 2002 Oct;45(2):137-41 (ISSN: 0002-9157)  
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Historically, many devices were believed to have the ability to facilitate a hypnotic induction, but in time such devices proved to have no inherent facilitating properties other than a general placebo effect. To test the efficacy of a device called a "plasma ball" that may facilitate an induction by combining two sensory modalities simultaneously (visual and auditory), 42 college students who scored 6 and below on the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGS:SA) and completed a scale rating the realness of items, were selected for a second session. Participants were matched on hypnotizability scores and randomly assigned to experimental or standard eye fixation induction control condition. Although hypnotizability scores and realness ratings increased significantly from the initial session, use of the device did not produce higher hypnotizability scores or realness ratings in the experimental compared with the control condition. Results indicate that there is still no evidence that one fixation device works better as a target than any other.

[0617]

[Psychic aspects of the overactive gag reflex (gagging) in connection with a clinical case]  
[A fokozott garatreflex (oklendezes) psziches vonatkozasaírol egy esettanulmány kapcsán]  
Fogorv Sz 2002 Oct;95(5):199-203 (ISSN: 0015-5314)  
Gaspar J; Fejerdy L; Fabian TK  
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The overactive gag reflex is one of the etiologic categories of psychosomatic symptoms, which most often arise from environmental stressors. If organic disturbances, anatomic anomalies, or biomechanical inadequacies of existing prostheses are not key causes, the services of trained specialists are needed to help with behavioural management of the problem. Hypnosis can provide the clinician with a set of techniques, which may be used to augment or facilitate a particular course of treatment. In the case report, the patient's history and her overactive gag reflex suggested to use hypnosis therapy. The responsibility of a dentist can be found in his possible recognition of eventually necessary psychotherapy when consulting a patient.

[0618]

Childhood abuse in patients with conversion disorder  
Am J Psychiatry 2002 Nov;159(11):1908-13 (ISSN: 0002-953X)  
Roelofs K; Keijsers GP; Hoogduin KA; Naring GW; Moene FC  
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OBJECTIVE: Despite the fact that the assumption of a relationship between conversion disorder and childhood traumatization has a long history, there is little empirical evidence to support this premise. The present study examined 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. METHOD: A total of 54 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. RESULTS: 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 comparison patients. In addition, 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 associated with a larger number of conversion symptoms (Structured Clinical Interview for DSM-IV Axis I Disorders). Hypnotic susceptibility proved to partially mediate the relation between physical abuse and conversion symptoms. CONCLUSIONS: The present results provide evidence of a relationship between childhood traumatization and conversion disorder.

[0619]

Pain perception, hypnosis and 40 Hz oscillations  
Int J Psychophysiol 2002 Nov;46(2):101-8 (ISSN: 0167-8760)  
Croft RJ; Williams JD; Haenschel C; Gruzelier JH  
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A number of brain regions are associated with the subjective experience of pain. This study adds to our understanding of the neural mechanisms involved in pain by considering the relation between cortical oscillations in response to pain, with and without hypnosis and hypnotic analgesia, and the subjective experience of pain. Thirty-three subjects' neural responses (EEG) were measured during the 40-540 ms period following phasic electrical stimulations to the right hand, under control and hypnosis conditions. Resultant FFT amplitudes for frequencies ranging from 8 to 100 Hz were computed. These were grouped into 7 scalp topographies, and for each frequency, relations between these topographies and pain ratings, performance and stimulus intensity measures were assessed. Gamma 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 present in both high and low hypnotisable subjects and was independent of performance and stimulus intensity measures. This relation was unchanged by hypnosis in the low hypnotisable 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. Further, it is in keeping with the view that hypnosis involves the dissociation of prefrontal cortex from other neural functions.

[0620]

Self-hypnosis: alternative anesthesia for childbirth  
MCN Am J Matern Child Nurs 2002 Nov-Dec;27(6):335-40; quiz 341 (ISSN: 0361-929X)  
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The purpose of this article is to inform nurses about the use of self-hypnosis in childbirth. Hypnosis is a focused form of concentration. Self-hypnosis is one form of hypnosis in which a certified practitioner or therapist teaches an individual to induce his or her own state of altered consciousness. When used for childbirth pain, the primary aim of self-hypnosis is to help the woman maintain control by managing anxiety and discomfort through inducing a focused state of relaxation. Before the widespread use of pharmaceuticals for pain, hypnosis was one of the few pain relief methods available for labor. However, as new technologies for pain relief emerged, hypnosis received less attention. Most nurses have little experience with hypnosis, and there is limited information available in the literature. However, because nurses are at laboring women's bedsides, it is important that nurses learn about self-hypnosis to be able to inform pregnant women fully about all pain control options and to maximize the benefits for the woman choosing hypnosis.

[0621]

Hypnosis treatment for severe irritable bowel syndrome: investigation of mechanism and effects on symptoms  
Dig Dis Sci 2002 Nov;47(11):2605-14 (ISSN: 0163-2116)  
Palsson OS; Turner MJ; Johnson DA; Burnelt CK; Whitehead WE  
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Hypnosis improves irritable bowel syndrome (IBS), but the mechanism is unknown. Possible physiological and psychological mechanisms were investigated in two studies. Patients with severe irritable bowel syndrome received seven biweekly hypnosis sessions and used hypnosis audiotapes at home. Rectal pain thresholds and smooth muscle tone were measured with a barostat before and after treatment in 18 patients (study I), and treatment changes in heart rate, blood pressure, skin conductance, finger temperature, and forehead electromyographic activity were assessed in 24 patients (study II). Somatization, anxiety, and depression were also measured. All central IBS symptoms improved substantially from treatment in both studies. Rectal pain thresholds, rectal smooth muscle tone, and autonomic functioning (except sweat gland reactivity) were unaffected by hypnosis treatment. However, somatization and psychological distress showed large decreases. In conclusion, hypnosis improves IBS symptoms through reductions in psychological distress and somatization. Improvements were unrelated to changes in the physiological parameters measured.

[0622]

The role of alternative medicine in treating postnatal depression

Complement Ther Nurs Midwifery 2002 Nov;8(4):197-203 (ISSN: 1353-6117)  
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Postnatal depression is a serious and debilitating condition. Due to the perceived stigma of mental illness, the incidence of it is underreported and many mothers refuse psychiatric help either assuming postnatal depression to be normal or because of the potential consequences of having a psychiatric history. Community practitioners who are in contact with new mothers may welcome additional interventions which can enhance the supportive care they give to these women. This article discusses the evidence for a number of these interventions which mothers may find more acceptable than orthodox treatment. The aim of this article is to highlight the possible role of a number of complementary and alternative medicines as adjuncts or alternative treatments for postnatal depression. The interventions discussed in this article include Ayurvedic medicine, herbalism, homeopathy, aromatherapy, massage, hypnosis and traditional Chinese medicine (TCM). With the exception of TCM and Ayurvedic medicine, these interventions have been supported by the House of Lord's Select Committee on Science and Technology (2000) as having an evidence base. Ayurvedic medicine and TCM have been included in this article however, because a number of clients may be using them as their main system of health care--thereby validating the need for information regarding their efficacy. This article is not exhaustive, nor a licence to practice, but is intended as a resource for practitioners with a sound understanding of postnatal depression and conventional treatments whose clients may reject these approaches and be looking for alternative interventions. The final choice of treatment should be the result of discussion between the health visitor and the client and will depend on considerations such as availability, cost and acceptability of the intervention--this article does not, therefore, suggest a 'best option' approach. In addition, it does not address the professional and legal responsibilities of practitioners since these have been well reviewed by Darley (1995), Mantle (1997), Knappe (1998) and Rankin-Box (2001).

[0623]

Hypnotic suggestion and the modulation of stroop interference  
Arch Gen Psychiatry 2002 Dec;59(12):1155-61 (ISSN: 0003-990X)  
Raz A; Shapiro T; Fan J; Posner MI  
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**BACKGROUND:** Hypnosis has been used clinically for hundreds of years and is primarily a phenomenon involving attentive receptive concentration. Cognitive science has not fully exploited hypnosis and hypnotic suggestion as experimental tools. This study was designed to determine whether a hypnotic suggestion to hinder lexical processing could modulate the Stroop effect. **METHODS:** Behavioral Stroop data were collected from 16 highly suggestible and 16 less suggestible subjects; both naturally vigilant and under posthypnotic suggestion. Subjects were urged to only attend to the ink color and to impede reading the stimuli under posthypnotic suggestion. **RESULTS:** Whereas posthypnotic suggestion eliminated Stroop interference for highly suggestible subjects, less suggestible control subjects showed no significant reduction in the interference effect. **CONCLUSIONS:** This outcome challenges the dominant view that word recognition is obligatory for proficient readers, and may provide insight into top-down influences of suggestion on cognition.

[0624]

Relaxation therapies in the treatment of psoriasis and possible pathophysiologic mechanisms  
J Am Acad Dermatol 1988 Jan;18(1 Pt 1):101-4  
Winchell SA, Watts RA  
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Psychologic factors play a role in many dermatologic disorders, giving rise to the possible use of psychotherapeutic modalities in treatment. Regarding psoriasis, emotional factors have a strong correlation with onset and flare-ups. The psychophysiologic mechanisms involved are not known; however, stress and its effect on the autonomic nervous system and the immune system may play a significant role in the onset and course of psoriasis. Relaxation and mere suggestion also affect the autonomic nervous system and the immune system and therefore may affect the course of the skin disorder. A few case studies have documented successful treatment of psoriasis with hypnosis and biofeedback. Further study of this process is needed, and the role of stress in dermatologic diseases must always be given consideration.

[0625]

[Psychosomatic dermatology]  
Dermatol Monatsschr 1990;176(12):725-33  
Haustein UF, Seikowski K  
Klinik und Poliklinik fur Hautkrankheiten, Bereichs Medizin, Universitat Leipzig

An appreciative cooperation among dermatology, clinical psychology and psychology and psychiatry is necessary and useful. By selected facts interactions between central and autonomous nervous system on one side and the immune system on the other side were described. As far as the neurocutaneous interrelations are concerned the cutaneous stimulation appears to be an important factor for the physical and physiologic development. In addition, the skin communicates to the environment and other people. Therefore, it plays a role in the social integration. Psychiatric diseases can affect the skin (e.g. delusions of parasitosis in schizophrenia). On the other hand primary skin diseases such as psoriasis, atopic dermatitis, acne vulgaris, chronic idiopathic urticaria and alopecia areata may induce psychologic features. The characteristics of the personalities of dermatological patients are discussed. The psychodiagnostics (personal interview, questionnaires) is followed by psychotherapeutic procedures such as personal consultations, treatment in groups, hypnosis and autogenous training. Our experiences in the psychodiagnostics and treatment are briefly reported. Finally, psychotropic drugs-antipsychotic, anti-depressant, antianxiety, and hypnotic agents - may be useful as an adjunct in the management of dermatologic disorders, if applied under precautions indications.

[0626]

Stress and psoriasis  
Cutis 1990 Oct;46(4):321-2  
Kantor SD  
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Since most clinicians and researchers agree that stress affects the course of psoriasis, consideration should be given to advocating adjunctive therapies aimed at reducing psychophysiological stress. Biofeedback training, psychotherapy, and hypnosis are examples of adjuncts to traditional medical treatment that can reduce stress levels and have been shown to have a positive effect on the course of psoriasis.

[0627]

Effects of psychologic intervention on psoriasis: a preliminary report  
J Am Acad Dermatol 1996 Jun;34(6):1008-15  
Zachariae R, Oster H, Bjerring P, Kragballe K  
Institute of Psychology, Aarhus University, Risskov, Denmark

**BACKGROUND:** Case reports have indicated that psychologic treatments may have a beneficial effect on psoriasis activity. **OBJECTIVE:** Our purpose was to further investigate the hypothesis that psychologic intervention has a beneficial effect on psoriasis activity in a blinded, controlled manner. **METHODS:** Fifty-one patients with psoriasis vulgaris were randomly assigned to a treatment or a control group. Patients in the treatment group participated in seven individual psychotherapy sessions in 12 weeks. Intervention techniques included stress management, guided imagery, and relaxation. The Psoriasis Area Severity Index (PASI), Total Sign Score (TSS), and Laser Doppler Skin Blood Flow (LDBF) of a selected reference plaque was measured in a blinded fashion at baseline (week 0), week 4, week 8, and after treatment (week 12). **RESULTS:** Slight, but significant, changes in TSS and LDBF were found in the treatment group but not in the control group. When analyses were performed for both groups separately, the treatment group displayed significant reductions for all three psoriasis activity measures, whereas no changes were seen in the control group. **CONCLUSION:** Our preliminary results suggest that psychologic intervention may have a moderate beneficial effect on psoriasis activity.

[0628]

A pilot study of hypnosis in the treatment of patients with psoriasis  
Psychother Psychosom 1999;68(4):221-5  
Tausk F, Whitmore SE  
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**BACKGROUND:** The use of psychological therapies for patients with psoriasis has been proposed based on observations that the severity of their disease may correlate with emotional stress. The aim of this pilot study was to evaluate the effect of hypnosis as a treatment modality for patients with psoriasis. **METHODS:** We performed a 3-month randomized, single-blind, controlled trial of the use of hypnosis in adults with stable, chronic, plaque-type psoriasis. Highly or moderately hypnotizable subjects were randomized to receive either hypnosis with active suggestions of improvement (5 patients) or neutral hypnosis with no mention of their disease process (6 patients). After this period, the study was unblinded, and all the patients were treated for an additional 3 months with hypnosis with active suggestions of improvement. **RESULTS:** Highly hypnotizable subjects showed significantly greater improvement than did moderately hypnotizable subjects, independent of treatment group assignment (active suggestion or neutral hypnosis). **CONCLUSION:** Although this study included a very limited number of patients, the results suggest that hypnosis may be a useful therapeutic modality for highly hypnotizable subjects with psoriasis, and merits further testing in a larger patient population.

[0629]

Hypnosis in dermatology  
Arch Dermatol 2000 Mar;136(3):393-9  
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**BACKGROUND:** Hypnosis is an alternative or complementary therapy that has been used since ancient times to treat medical and dermatologic problems. **OBJECTIVE:** To describe the various uses for hypnosis as an alternative or complementary therapy in dermatologic practice. **METHODS:** A MEDLINE search was conducted from January 1966 through December 1998 on key words related to hypnosis and skin disorders. **RESULTS:** A wide spectrum of dermatologic disorders may be improved or cured using hypnosis as an alternative or complementary therapy, including acne excoriee, alopecia areata, atopic dermatitis, congenital ichthyosiform erythroderma, dyshidrotic dermatitis, erythromelalgia, furuncles, glossodynia, herpes simplex, hyperhidrosis, ichthyosis vulgaris, lichen planus, neurodermatitis, nummular dermatitis, postherpetic neuralgia, pruritus, psoriasis, rosacea, trichotillomania, urticaria, verruca vulgaris, and vitiligo. **CONCLUSION:** Appropriately trained clinicians may successfully use hypnosis in selected patients as alternative or complementary therapy for many dermatologic disorders.

[0630]

Effects of relaxation therapy and hypnotizability in chronic urticaria  
Arch Dermatol 1987 Jul;123(7):913-6  
Shertzer CL, Lookingbill DP

The therapeutic results of hypnosis with relaxation therapy were evaluated in 15 patients with chronic urticaria of 7.8 years' average duration. Compared with baseline and control session values, the hypnosis session provided relief of pruritus as measured by three self-report parameters. There was no change in the number of hives. All subjects were given a standard test for hypnotizability. Assuming that the results were not biased by their preceding relaxation sessions, we determined that six subjects were hypnotizable and nine were nonhypnotizable. Subjects in both groups improved symptomatically, but hypnotizable subjects had fewer hives and became more symptomatic during the control (testing and history taking) session. Hypnotizable subjects also more frequently related stress as a causative factor. At a follow-up examination five to 14 months after the completion of the experimental sessions, six patients were free of hives and an additional seven reported improvement.

[0631]

A preliminary study of psychological therapy in the management of atopic eczema  
Br J Med Psychol 1989 Sep;62 ( Pt 3):241-8  
Horne DJ, White AE, Varigos GA  
Department of Psychiatry, University of Melbourne, Parkville, Victoria, Australia

This paper presents a pilot study of the treatment of atopic eczema using a cognitive-behavioural approach involving self-monitoring of eczema severity, recording both internal (cognitive) and environmental antecedent trigger stimuli to flare-ups, and relaxation using imagery and habit reversal. Three patients are presented suffering from chronic atopic eczema. Although each differed in personality, complexity and severity of atopic eczema, all three showed a post-treatment reduction in symptom severity, an increase in their ability to control the disorder and a decrease in their reliance on medication. It is argued that although the cognitive-behavioural approach used did provide a useful conceptual framework for implementing the treatments described, certain aspects of these cases could also usefully be understood in more psychodynamic terms. A controlled trial is necessary to evaluate the relative importance of the different components of treatment reported in this pilot study.

[0632]

Modulation of type I immediate and type IV delayed immunoreactivity using direct suggestion and guided imagery during hypnosis  
Allergy 1989 Nov;44(8):537-42  
Zachariae R, Bjerring P, Arendt-Nielsen L  
Institute of Psychology, University of Aarhus, Risskov, Denmark

Cutaneous reactivity against histamine skin prick test (Type I) and purified tuberculin protein derivative (Mantoux reaction, Type IV) was studied in eight volunteers under hypnosis. Types I and IV immunoreactivity were modulated by direct suggestion (Type I) and guided imagery (Type IV). The volunteers were highly susceptible subjects, selected by means of the Harvard Group Scale of Hypnotic Susceptibility, Form A. When the volunteers underwent hypnotic suggestion to decrease the cutaneous reaction to histamine prick test, a significant ( $P$  less than 0.02) reduction of the flare reaction (area of erythema) was observed compared with control histamine skin prick tests. The wheal reaction did not respond to hypnotic suggestion. Neither wheal nor flare reaction could be increased in size by hypnotic suggestion compared with control histamine skin prick tests. A hypnotic suggestion of increasing the Type IV reaction on one arm and decreasing the reaction on the other revealed a significant difference in both erythema size ( $P$  less than 0.02) and palpable induration ( $P$  less than 0.01). In two cases the reactions were monitored by laser doppler blood flowmetry and skin thickness measurement by ultrasound. The difference between the suggested increased and decreased reaction was 19% for the laser doppler bloodflow (in favor of the augmented side), and 44% for the dermal infiltrate thickness. This study objectively supports the numerous uncontrolled case reports of modulation of immunoreactivity in allergic diseases involving both Type I and Type IV skin reactions following hypnotic suggestions.

[0633]

The effect of hypnotically induced analgesia on flare reaction of the cutaneous histamine prick test  
Arch Dermatol Res 1990;282(8):539-43  
Zachariae R, Bjerring P  
Institute of Psychology, University of Aarhus, Risskov, Denmark

The effect of psychological pain reduction on the cutaneous inflammatory process was investigated by studying the effect of hypnotically induced analgesia on the flare reaction of cutaneous histamine prick tests. Ten highly hypnotically susceptible volunteers had their cutaneous reactivity against histamine prick tests on both arms measured before hypnosis. Their pain-related brain potentials were measured on the basis of eight argon laser stimulations. These measurements were repeated in the hypnotic condition, where subjects were given repeated suggestions of analgesia in one arm. Final measurements were performed in the post-hypnotic condition. Subjectively felt pain was measured on a visual analogue scale. Results showed a mean reduction in subjectively felt pain of 71.7% compared to the baseline condition. A significant ( $P$  less than 0.01) mean reduction of the evoked potentials was found in the hypnotic analgesic condition compared to both the pre-hypnotic (49.9%) and the post-hypnotic condition (36.9%). A significant difference was measured in the histamine flare area between the pre-hypnotic and the hypnotic analgesic condition ( $P = 0.01-0.02$ ) and between the hypnotic analgesic and the post-hypnotic condition when compared with the control arm. The mean ratio of flare area between the analgesic arm and the control arm was 1.04 (SD, 0.16) in the pre-hypnotic condition, 0.78 (SD, 0.22) in the hypnotic analgesic condition, and 1.37 (SD, 0.49) in the post-hypnotic condition. The results support the hypothesis that higher cortical processes can be involved in the interaction of inflammatory and pain processes.

[0634]

Gradual increase in cutaneous threshold induced by repeated hypnosis of healthy individuals and patients with atopic eczema  
Percept Mot Skills 1990 Apr;70(2):549-50  
Hajek P, Jakoubek B, Radil T  
Medical Policlinic, Litomer-ice Institute of Physiology, Czechoslovak Academy of Sciences, Prague

Gradual increase in cutaneous pain threshold was found in healthy subjects and patients with atopic eczema during repeated hypnotic sessions with specific suggestions. This increase was less in the former than in the latter group. Repeated threshold measurements did not influence the threshold. The analgesic effect outlasted the hypnotic sessions by several months. It could be, however, suddenly reduced by appropriate hypnotic suggestion.

[0635]

Increase in cutaneous temperature induced by hypnotic suggestion of pain  
Percept Mot Skills 1992 Jun;74(3 Pt 1):737-8  
Hajek P, Jakoubek B, Kyhos K, Radil T  
Czechoslovak Academy of Sciences, Institute of Physiology, Prague

Eight patients with atopic eczema and six healthy subjects were given hypnotic suggestion to feel pain in the upper part of the back and in one case on the palm. An average local increase in skin temperature of 0.6 degrees C (detected by thermovision) occurred under this condition. For some patients cutaneous pain threshold was increased before the experiment by means of repetitive hypnotic suggestion of analgesia. These subjects reported feeling no pain subjectively, but the local change in skin temperature was equal in both cases. The results suggest a central mechanism induced by measuring changes in pain threshold in the skin, which changes are independent of local changes in blood flow.

[0636]

Allergy: conventional and alternative concepts. Summary of a report of the Royal College of Physicians Committee on Clinical Immunology and Allergy  
J R Coll Physicians Lond 1992 Jul;26(3):260-4  
[Royal College of Physicians Committee]

Allergy is an exaggerated response of the immune system to external substances. It plays a role in a wide range of diseases. In some, such as summer hayfever, the symptoms are entirely due to allergy. In other conditions, particularly asthma, eczema and urticaria, allergy plays a part in some patients but not all. In these situations, allergy may either have a major role or provide just one of many triggers. In an individual patient's illness, the importance of allergy may change with time. The most common allergens (substances causing allergy) are grass and tree pollens, the house dust mite, products from pets and other animals, agents encountered in industry, wasp and bee venom, drugs, and certain foods. Food allergy presents a particularly difficult problem. Some individuals who react to food suffer from true food allergy but in others there is no evidence of an alteration in the immune system. Here the term 'food intolerance' is preferable. Conventional doctors treat allergy by allergen avoidance--where this is possible--and drugs that relieve

symptoms. In a few selected cases, in which other methods have failed, immunotherapy (desensitisation or hyposensitisation) is recommended. Patients who consult practitioners of alternative allergy often do so because they are dissatisfied with the conventional approach to diagnosis and treatment, and sometimes because they have conditions which conventional doctors do not accept as having an allergic basis. There is a very wide range of alternative approaches to allergy, including the methods used by clinical ecologists, acupuncturists and homoeopaths. Hypnosis may have a small role to play in asthma, and similar claims for acupuncture need to be evaluated.(ABSTRACT TRUNCATED AT 250 WORDS).

[0637]

Liver biopsy under hypnosis

J Clin Gastroenterol 1992 Sep;15(2):122-4

Adams PC, Stenn PG

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Two patients underwent outpatient percutaneous liver biopsy under hypnosis without complications. One patient had severe anxiety about the procedure because of a previous adverse experience with liver biopsy and the other had a history of severe allergy to local anesthesia. Both patients had undergone a session of hypnosis at least once prior to the biopsy. One received no local anesthetic and the other received 1% lidocaine as a local anesthetic. Both patients were completely cooperative during the procedure with the required respiratory maneuvers. Both patients stated that they were aware of the procedure under hypnosis but described no pain and would be most willing to have the procedure done under hypnosis in the future. Hypnosis can be a useful method of preparing carefully selected patients for percutaneous liver biopsy.

[0638]

Allergy. Conventional and alternative concepts. A report of the Royal College of Physicians Committee on Clinical Immunology and Allergy

Clin Exp Allergy 1992 Oct;22 Suppl 3:1-44

Kay AB, Lessof MH

Allergy is an exaggerated response of the immune system to external substances. It plays a role in a wide range of diseases. In some, such as summer hayfever, the symptoms are due entirely to allergy. In other conditions, particularly asthma, eczema and urticaria, allergy plays a part in some patients but not all. In these situations, allergy may have either a major role or provide just one of many triggers. In an individual patient's illness, the importance of allergy may change with time. The most common allergens (substances causing allergy) are grass and tree pollens, the house dust mite, products from pets and other animals, agents encountered in industry, wasp and bee venom, drugs, and certain foods. Food allergy presents a particularly difficult problem. Some individuals who react to food suffer from food allergy in its strict sense but in others there is no evidence of an alteration in the immune system. Here the term 'food intolerance' is preferable. Conventional doctors treat allergy by allergen avoidance--where this is possible--and drugs that relieve symptoms. In a few selected cases, in which other methods have failed, immunotherapy (desensitisation or hyposensitisation) is recommended. Although patients who consult practitioners of alternative allergy may do so by preference, it is often also because they are dissatisfied with the conventional approach to diagnosis and treatment, or because they have conditions which conventional doctors do not accept as having an allergic basis. There is a very wide range of alternative approaches to allergy, including the methods used by clinical ecologists and other treatments such as acupuncture and homoeopathy. Hypnosis may have a small role to play in helping the asthmatic and similar effects have been suggested for acupuncture. Furthermore, it is likely that there are still many active ingredients in medicinal plants used by herbalists but these need to be clearly identified and purified before their usefulness can be evaluated properly. Apart from these situations, we have yet to be convinced by substantial evidence that any of the other alternative methods of diagnosing or treating allergic disease are of proven value. There have, however, been many false and misleading claims and serious harm may be caused by misdiagnosis or delays in appropriate treatment. The public should be warned against costly methods of diagnosis and treatment which have not been validated.(ABSTRACT TRUNCATED AT 400 WORDS).

[0639]

When pharmacologic anesthesia is precluded: the value of hypnosis as a sole anesthetic agent in dentistry

Kleinhauz M, Eli I

Spec Care Dentist 1993 Jan-Feb;13(1):15-8

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Occasionally, a dental patient presents his/her dentist with a history of hypersensitivity to local anesthetic agents. The symptoms may include immediate reactions to the injection procedure (dizziness, shortness of breath, tachycardia, etc), or delayed reactions to the anesthetic (swelling, urticaria, etc). Although the true incidence of local anesthetic allergy is low, such a history often involves the patient's anxiety regarding the use of the drug in question, and the dentist's apprehension to treat the "problematic" patient. In such cases, hypnosis can play a major role in controlling pain and the associated distress. In the present article, the method concerning the implementation of hypnosis to induce local anesthesia is described and illustrated through case demonstrations.

[0640]

Increase and decrease of delayed cutaneous reactions obtained by hypnotic suggestions during sensitization. Studies on dinitrochlorobenzene and diphenylcyclopropenone

Allergy 1993 Jan;48(1):6-11

Zachariae R, Bjerring P

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Cutaneous reactivity to challenge with dinitrochlorobenzene (DNCEB) and diphenylcyclopropenone (DCP) was studied in 16 volunteers following hypnotic suggestions to increase and decrease response during sensitization. The immunoreactivity to DNCEB and DCP was modulated by direct suggestions and guided imagery under hypnosis. The volunteers were highly susceptible subjects selected by means of the Harvard Group Scale of Hypnotic Susceptibility, Form A. Measurement of skin reactions to the challenge 1 month after sensitization was performed double blindly. Results showed a significant ( $P < 0.01$ ) difference in visually scored reactions to DCP and DNCEB between the group instructed to increase reaction to DCP and decrease reaction to DNCEB and the group given the opposite instructions. A non-significant difference ( $P = 0.055$ ) in skin thickness measured by ultrasound was found between the two groups. The study supports previous reports of experimental modulation of immunoreactivity and indicates that the specific immunological processes involved in the development of allergic reactions may be susceptible to psychological factors.

[0641]

Hypnosis and the allergic response

Wyler-Harper J, Bircher AJ, Langewitz W, Kiss A  
Schweiz Med Wochenschr Suppl 1994;62:67-76  
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In recent years our knowledge of the immune system and the pathogenesis of immune disorders has increased. There has been much research on the complex connections between the psyche, the central nervous system and the immune system and the effect of mood on disease processes. This paper reviews the evidence on the effects of hypnosis on the allergic skin test reaction, on allergies, particularly respiratory allergies and hayfever, and on bronchial hyperreactivity and asthma. Hypnosis, which is generally regarded as an altered state of consciousness associated with concentration, relaxation and imagination, and amongst other characteristics an enhanced responsiveness to suggestion, has long been thought to be effective in the amelioration of various bodily disorders. It has seemed that the state of hypnosis is capable of a bridging or mediating function in the supposed dualism between mind and body. There has been great variation in the experimental and clinical procedures such as type of hypnotic intervention employed, the training of subjects and the timing of the intervention. Also, variability in the type of allergen used and its mode of application is evident. But despite these limitations, many of the studies have shown a link between the use of hypnosis and a changed response to an allergic stimulus or to a lessened bronchial hyperreactivity. There is as yet no clear explanation for the effectiveness of hypnosis, but there is some evidence for an influence on the neurovascular component of the allergic response.

[0642]

The variability of type I hypersensitivity reactions: the importance of mood  
J Psychosom Res 1994 Jan;38(1):51-61  
Laidlaw TM, Booth RJ, Large RG  
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Immediate (Type I) hypersensitivity skin reactions to allergens or antigens have been used as immune measures that may be subject to intentional modulation. In preliminary experiments using hypnosis we encountered unacceptably large, uncontrollable variability. A method was subsequently devised in which serial, five-fold dilutions of allergen or histamine were administered to the subject's forearm and reactions were recorded photographically on slide film. Areas were determined by computer-assisted image analysis. Seven healthy volunteers were tested for eight sessions (testing included mood scales, blood pressure, pulse and skin temperature). Mean wheal size and titration gradient data from allergen reactions correlated strongly with the psychological factor of liveliness but not stress, although no manipulation of mood was involved. A stepwise regression analysis accounted for 61% of the variance of the allergen mean wheal data, and 31% was from the liveliness factor alone. Thus, the more lively the subject felt, the smaller was the allergic response.

[0643]

Effect of hypnotic suggestion on the delayed-type hypersensitivity response  
JAMA 1994 Jul 6;272(1):47-52  
Locke SE, Ransil BJ, Zachariae R, Molay F, Tollins K, Covino NA, Danforth D  
Department of Psychiatry, Beth Israel Hospital, Boston, MA 02215

OBJECTIVE--To determine whether individuals selected for good general health, high hypnotizability, and the ability to alter skin temperature under hypnotic suggestion can influence the delayed-type hypersensitivity (DTH) response to varicella-zoster (VZ) antigen under hypnotic suggestion. DESIGN--A blinded clinical trial using a repeated measures design with subjects serving as their own controls. Subjects were randomly assigned to undergo a predetermined sequence of four different experimental conditions, occurring at weekly intervals, with each condition including VZ skin testing: (1) hypnosis with suggestions to enhance the DTH response to VZ antigen; (2) hypnosis with suggestions to suppress the DTH response; (3) hypnosis with suggestions for relaxation only; and (4) skin testing without hypnosis. SETTING--A National Institutes of Health-supported clinical research center in a teaching hospital. SUBJECTS--A stratified sample of 24 ambulatory, healthy, highly hypnotizable, volunteer college students selected for their above-average ability to alter skin temperature after hypnotic suggestions and their positive baseline responses to VZ antigen. There were 11 males and 13 females with a mean +/- SD age of 22 +/- 6 years. The mean +/- SD hypnotizability score (Harvard Group Scale of Hypnotic Susceptibility) was 11 +/- 1. INTERVENTIONS--Intradermal skin testing with VZ antigen (Mantoux method) and hypnotic suggestion. MAIN OUTCOME MEASURES--Areas of induration of the DTH response measured at 24 and 48 hours after injection of antigen. RESULTS--The area of the DTH response was not affected by the experimental interventions. The area of erythema was likewise unaffected. CONCLUSIONS--Our subjects were unable to alter their DTH responses using hypnotic suggestion.

[0644]

Immediate-type hypersensitivity reactions and hypnosis: problems in methodology  
J Psychosom Res 1994 Aug;38(6):569-80  
Laidlaw TM, Richardson DH, Booth RJ, Large RG  
Department of Psychiatry and Behavioural Science, University of Auckland, New Zealand

Hypnosis has been used to ameliorate skin test reactivity in studies dating back to the 1930s. This study using modern methodology and statistical analyses sets out to test the hypothesis that it was possible to decrease reactions to histamine by hypnotic suggestion. Five subjects, all asthmatic and untrained in hypnosis, were given three hypnotic sessions where they were asked to control their reactions to histamine administered by the Pepys technique to forearm skin. These sessions were to be compared with three non-hypnotic sessions. The flare sizes but not wheal sizes were found to be significantly reduced after the hypnosis sessions, compared to sessions without hypnosis. Skin temperature was correlated with the size of reactions. The day upon which the sessions took place contributed significant amounts of the remaining unexplained variance, giving rise to questions about what could cause these day to day changes.

[0645]

Hypnotherapy as a treatment for atopic dermatitis in adults and children  
Br J Dermatol 1995 May;132(5):778-83  
Stewart AC, Thomas SE  
Department of Dermatology, Barnsley District General Hospital, U.K.

Eighteen adults with extensive atopic dermatitis, resistant to conventional treatment, were treated by hypnotherapy, with statistically significant benefit ( $P < 0.01$ ) measured both subjectively and objectively, which was maintained at up to 2 years where results were available. Twenty children with severe, resistant atopic dermatitis were treated by hypnosis. All but one showed immediate improvement, which was maintained at the following two clinic appointments. In 12 children, replies to a questionnaire at up to 18 months after treatment, showed that 10 had maintained improvement in itching and scratching, nine in sleep disturbance, and seven



maintained improvement in itching and scratching, nine in sleep disturbance, and seven maintained improvement in mood.

[0646]

Subjective assessment of allergy relief following group hypnosis and self-hypnosis: a preliminary study  
Am J Clin Hypn 1995 Oct;38(2):80-6  
Madrid A, Rostel G, Pennington D, Murphy D  
Santa Rosa, CA 85405, USA

Self-hypnosis was taught to 34 self-identified allergy patients who attended two training classes. They practiced on their own and were questioned two months later. Seventy-six percent of the subjects reported they felt an improvement in their symptoms; 86% of those who were medicated decreased their medicines. Practice was clearly related to reported improvement. "Feeling hypnotized" was not related to improvement.

[0647]

Reduction in skin reactions to histamine after a hypnotic procedure  
Psychosom Med 1996 May-Jun;58(3):242-8  
Laidlaw TM, Booth RJ, Large RG  
Department of Psychiatry and Behavioral Science, School of Medicine, University of Auckland, New Zealand

This study sought to test whether a cognitive-hypnotic intervention could be used to decrease skin reactivity to histamine and whether hypnotizability, physiological variables, attitudes, and mood would influence the size of the skin weals. Thirty eight subjects undertook three individual laboratory sessions; a pretest session to determine sensitivity to histamine, a control session, and an intervention session during which the subject experienced a cognitive-hypnotic procedure involving imagination and visualization. Compared with the control session, most subjects (32 of 38) decreased the size of their weals measured during the intervention session, and the differences between the weal sizes produced in the two sessions were highly significant ( $N = 38$ ;  $t = 4.90$ ;  $p < .0001$ ). Mood and physiological variables but not hypnotizability scores proved to be effective in explaining the skin test variance and in predicting weal size change. Feelings of irritability and tension and higher blood pressure readings were associated with less change in weal size (i.e., a continuation of reactivity similar to that found in the control session without the cognitive-hypnotic intervention), and peacefulness and a lower blood pressure were associated with less skin reactivity during the intervention. This study has shown highly significant results in reducing skin sensitivity to histamine using a cognitive-hypnotic technique, which indicates some promise for extending this work into the clinical area.

[0648]

Understanding allergic reactions to local anesthetics  
Ann Pharmacother 1996 Jul-Aug;30(7-8):851-7  
Eggleston ST, Lush LW  
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**OBJECTIVE:** To review the pharmacology and mechanisms by which local anesthetics cause allergic reactions. Recommendations concerning appropriate use of local anesthetics and alternative therapies in patients with documented local anesthetic allergies are given. **DATA SOURCE:** A MEDLINE search of English-language literature identified pertinent clinical studies, case reports, and reviews. The periods of review were Med1, 1990-present, and Med2, 1985-1989, using the MeSH terms drug hypersensitivity and anesthetics. References from the selected studies, case reports, and reviews were reviewed. **STUDY SELECTION:** Controlled and uncontrolled prospective studies and case reports pertaining to local anaesthetic allergies were reviewed. The selection focused on information pertaining to the etiology and diagnosis of allergic reactions to local anesthetics and alternative therapies for patients with local anesthetic allergies. **DATA SYNTHESIS:** Local anesthetics are classified as either ester or amide compounds. Esters are associated with a higher incidence of allergic reactions, due to a p-aminobenzoic acid (PABA) metabolite. Amide agents do not undergo such metabolism. However, preservative compounds (methylparaben) used in the preparation of amide-type agents are metabolized to PABA. Patients who are allergic to ester local anesthetics should be treated with a preservative-free amide local anesthetic. If the patient is not allergic to ester local anesthetics, these agents may be used in amide-sensitive patients. In the rare instance that hypersensitivity to both ester and amide local anesthetics occurs, or if skin testing cannot be performed, than alternative therapies including diphenhydramine, opioids, general analgesia, or hypnosis can be used. **CONCLUSIONS:** A true immunologic reaction to a local anesthetic is rare. Intradermal skin testing of local anesthetic compounds, methylparaben, and metabisulfite should be performed in patients when a thorough history does not rule out a possible allergic reaction to local anesthetics and future local anesthesia is necessary. Skin testing enables the clinician to identify autonomic responses to minor surgical procedures and toxic reactions to anesthetics so that patients are not incorrectly labeled as "caine" allergic. Diphenhydramine can be used as an alternative to ester and amide local anesthetics in minor procedures of short duration.

[0649]

Effects of relaxation on the delayed-type hypersensitivity (DTH) reaction to diphenylcyclopropanone (DCP)  
Allergy 1997 Jul;52(7):760-4  
Zachariae R, Jorgensen MM, Christensen S, Bjerring P  
Institute of Psychology, Aarhus University Hospital, Denmark

Delayed-type hypersensitivity (DTH) reactions to the experimental allergen diphenylcyclopropanone (DCP) were measured in four groups, which either trained (+) or did not train in relaxation (-) during the sensitization and/or the challenge phase. All groups consisted of high and low hypnotic susceptible subjects. While there were no differences in erythema, the mean induration of the group which trained in relaxation in both the sensitization and the challenge phase (+/+) was significantly greater than that of the group which trained in relaxation in the challenge phase only (-/+). Significant correlations were found between induration and hypnotic susceptibility scores, and between induration and degree of perceived relaxation during challenge. High hypnotic susceptible subjects experienced a higher degree of perceived relaxation and exhibited greater indurative and erythematous DTH reactions to DCP than low hypnotic susceptible subjects in all four experimental conditions. Though the mediating mechanisms remain unclear, our results suggest that relaxation may affect the DTH reaction, and support previous findings of higher psychophysiological reactivity of high hypnotic susceptible subjects.

[0650]

[Effect of self-hypnosis in patients with pollinosis]  
Forsch Komplementarmed 1999 Feb;6 Suppl 1:47-9  
Bircher A

The aim of this study in hypnosis was the exemplary verification of a regulatory intervention in patients with pollinosis. Hypnosis and self-hypnosis are established methods in medicine. 52 patients with pollinosis participated in this clinical study. It lasted over two pollen seasons. Self-hypnosis was learned quite easily. It resulted in a clear yet statistically weak beneficial effect on the subjective assessment of the pollinosis symptoms, on the consumption of drugs and on other objective findings. From a methodological point of view this study might suggest that the classical comparison of experimental groups in clinical research could hide some larger therapeutic effects in individual patients. Therefore, it would be desirable to consider also individual data analysis in all future studies dealing with psychological or psychosomatic mechanisms and in all studies which capture parameters interactive at different levels. The beneficial effect of hypnosis on the swelling of the nasal mucous membrane in a provocation test initiated a subsequent small project on the possible mode of action of hypnosis in this pollinosis study. However, the results were inconclusive.

[0651]

Making vaccines more acceptable--methods to prevent and minimize pain and other common adverse events associated with vaccines  
Vaccine 2001 Mar 21;19(17-19):2418-27  
Jacobson RM, Swan A, Adegbenro A, Ludington SL, Wollan PC, Poland GA; Vaccine Research Group  
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The growing abundance of highly immunogenic vaccines has arrived with a burden of pain, distress, and common adverse reactions that in turn may interfere with parental compliance and aggravate anti-vaccine sentiment. In a study of 150 children in each of 2 age-groups, we found that approximately 20% of the subjects suffered serious distress or worse. During the procedural phase, approximately 90% of the 15-to-18 month old children and 45% of the 4-to-6 year old children showed serious distress or worse. To address non-adherence with pediatric vaccine schedules, we must consider all of the possible issues that might prevent a parent from taking a child to a health care provider for vaccination. In that same study we identified useful predictors for both preparatory and procedural distress - predictors that might be used in identifying children who might benefit from preventive interventions. Vaccine providers might consider a variety of interventions. Attitude, empathy, instruction, and practice have all been shown to have a salutatory effect upon pain and anxiety with medical procedures in general and specifically with vaccinations. Distraction has also been found to be an effective method for distress and pain prevention in children. More formal methods of clinical hypnosis which combine a deep state of relaxation with focused imagery and suggestion have also been found to be effective in helping children and adolescents prepare for, cope with, and tolerate the pain and anxiety associated with medical procedures. So-called 'sugar nipples' delivering small amounts of sucrose orally at the time of a painful procedure in an infant has been not been shown to decrease vaccination pain and studies on refrigerant topical anesthetics are mixed. Studies have found a eutectic mixture of 2.5% lidocaine and 2.5% prilocaine (EMLA) effective in providing adequate local anesthesia in children, but it suffers from problems in practical application. Studies with various injection techniques have not identified ready solutions, and although jet injection appears to provoke less anxiety and cause less immediate pain, studies also indicate a somewhat greater incidence of delayed local reactivity including soreness and edema. Other measures to prevent or rapidly treat other common adverse events have been shown effective and should be considered as well.

[0652]

Skin reactions to histamine of healthy subjects after hypnotically induced emotions of sadness, anger, and happiness  
Allergy 2001 Aug;56(8):734-40  
Zachariae R, Jorgensen MM, Egekvist H, Bjerring P  
Psycho-oncology Research Unit, Aarhus University Hospital, Barthsgade 5,3 DK8200 Aarhus N, Denmark

BACKGROUND: The severity of symptoms in asthma and other hypersensitivity-related disorders has been associated with changes in mood but little is known about the mechanisms possibly mediating such a relationship. The purpose of this study was to examine the influence of mood on skin reactivity to histamine by comparing the effects of hypnotically induced emotions on flare and wheal reactions to cutaneous histamine prick tests. METHODS: Fifteen highly hypnotically susceptible volunteers had their cutaneous reactivity to histamine measured before hypnosis at 1, 2, 3, 4, 5, 10, and 15 min after the histamine prick. These measurements were repeated under three hypnotically induced emotions of sadness, anger, and happiness presented in a counterbalanced order. Skin reactions were measured as change in histamine flare and wheal area in mm<sup>2</sup> per minute. RESULTS: The increase in flare reaction in the time interval from 1 to 3 min during happiness and anger was significantly smaller than flare reactions during sadness (P<0.05). No effect of emotion was found for wheal reactions. Hypnotic susceptibility scores were associated with increased flare reactions at baseline (r=0.56; P<0.05) and during the condition of happiness (r=0.56; P<0.05). CONCLUSION: Our results agree with previous studies showing mood to be a predictor of cutaneous immediate-type hypersensitivity and histamine skin reactions. The results are also in concordance with earlier findings of an association between hypnotic susceptibility and increased reactivity to an allergen.

[0653]

Managing patients with local anesthetic complications using alternative methods  
Pa Dent J (Harrisb) 2002 May-Jun;69(3):22-9  
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This article discusses various alternative methods of treating the patient who encounters problems with local anesthetics. Those alternative methods include: acupuncture, hypnosis, sedation, general anesthesia, and antihistamines as a substitute for local anesthetics with more of a focus in using antihistamines as an effective local anesthetic agent. Although not frequently encountered in the clinical setting, allergic reactions to local anesthetics do occur. Various surveys indicate the number of deaths attributed to local anesthesia range from 1:1,500,000 to 1:4,000,000, with oral surgery offices having higher mortality rates than general dentistry offices. This occurs despite clinicians' attention to patient medical histories, aspiration of the local anesthetic syringe during injections, and minimizing the dosage of local anesthetic solutions. Generally speaking, local anesthetics can be divided into two groups: ester of benzoic and aminobenzoic derivatives (cocaine, benzocaine, procaine, tetracaine, butacaine, etc.) or amide-derivatives of xylylidine and toluidine groups (lidocaine, mepivacaine, prilocaine a.k.a. Citanest, etc.). Adverse effects include allergic or toxic reactions, as well as negative effects of any vasoconstrictors contained within the local anesthetic solution. This article will concentrate on how to successfully manage patients who have previously encountered allergic reactions.

[0654]

Clinical perspectives, mechanisms, diagnosis and management of irritable bowel syndrome  
Aliment Pharmacol Ther 2002 Aug;16(8):1407-30  
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This consensus document reviews the current status of the epidemiology, social impact, patient quality of life, pathophysiology,

diagnosis and treatment of irritable bowel syndrome. Current evidence suggests that two major mechanisms may interact in irritable bowel syndrome: altered gastrointestinal motility and increased sensitivity of the intestine. However, other factors, such as psychosocial factors, intake of food and prior infection, may contribute to its development. Management of patients is based on a positive diagnosis of the symptom complex, careful history and physical examination to exclude 'red flags' as risk factors for organic disease, and, if indicated, investigations to exclude other disorders. Therapeutic choices include dietary fibre for constipation, opioid agents for diarrhoea and low-dose antidepressants or infrequent use of antispasmodics for pain, although the evidence basis for efficacy is limited or in some cases absent. Psychotherapy and hypnotherapy are the subject of ongoing study. Treatment should be tailored to patient needs and fears. Novel therapies are emerging, and drugs acting on serotonin receptors have proven efficacy and a scientific rationale and, if approved, should be useful in the overall management of patients with irritable bowel syndrome. Patient and physician education, early identification of psychosocial issues and better therapies are important strategies to reduce the suffering and societal cost of irritable bowel syndrome.

[0655]

Review article: bloating in functional bowel disorders

Aliment Pharmacol Ther 2002 Nov;16(11):1867-76

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Bloating is a frequently reported symptom in functional bowel disorders. It usually occurs in combination with other symptoms, but may also occur in isolation. The severity of bloating tends to worsen during the course of the day and improves overnight. Although frequently considered to be a subjective phenomenon, recent studies have shown that bloating is associated with a measurable increase in abdominal girth. The pathophysiology of bloating remains elusive, but the evidence supports a sensorimotor dysfunction of the bowel. The possible mechanisms include abnormal gas trapping, fluid retention, food intolerance and altered gut microbial flora. Further studies are needed to define the sensorimotor abnormalities associated with bloating, which might be segmental and transient rather than generalized and persistent. The lack of understanding of this symptom is paralleled by a limited availability of therapeutic options. Conventional medications used in functional bowel disorders are not helpful and may indeed worsen the symptoms. In future, new drugs with activity against serotonin and kappa receptors, or novel approaches such as the use of exclusion diets, probiotics and hypnotherapy, may prove to be useful.

[0656]

Long-term improvement in functional dyspepsia using hypnotherapy

Gastroenterology 2002 Dec;123(6):1778-85

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**BACKGROUND & AIMS:** We have shown hypnotherapy (HT) to be effective in irritable bowel syndrome, with long-term improvements in symptomatology and quality of life (QOL). This study aimed to assess the efficacy of HT in functional dyspepsia (FD). **METHODS:** A total of 126 FD patients were randomized to HT, supportive therapy plus placebo medication, or medical treatment for 16 weeks. Percentage change in symptomatology from baseline was assessed after the 16-week treatment phase (short-term) and after 56 weeks (long-term) with 26 HT, 24 supportive therapy, and 29 medical treatment patients completing all phases of the study. QOL was measured as a secondary outcome. **RESULTS:** Short-term symptom scores improved more in the HT group (median, 59%) than in the supportive (41%;  $P = 0.01$ ) or medical treatment (33%;  $P = 0.057$ ) groups. HT also benefited QOL (42%) compared with either supportive therapy (10% [ $P < 0.001$ ]) or medical treatment (11% [ $P < 0.001$ ]). Long-term, HT significantly improved symptoms (73%) compared with supportive therapy (34% [ $P < 0.02$ ]) or medical treatment (43% [ $P < 0.01$ ]). QOL improved significantly more with HT (44%) than with medical treatment (20% [ $P < 0.001$ ]). QOL did improve in the supportive therapy (43%) group, but 5 of these patients commenced taking antidepressants during follow-up. A total of 90% of the patients in the medical treatment group and 82% of the patients in the supportive therapy group commenced medication during follow-up, whereas none in the HT group did so ( $P < 0.001$ ). Those in the HT group visited their general practitioner or gastroenterologist significantly less (median, 1) than did those in the supportive therapy (median, 4) and medical treatment (median, 4) groups during follow-up ( $P < 0.001$ ). **CONCLUSIONS:** HT is highly effective in the long-term management of FD. Furthermore, the dramatic reduction in medication use and consultation rate provide major economic advantages.

[0657]

Medicaid reimbursement for alternative therapies

Altern Ther Health Med 2002 Nov-Dec;8(6):84-8

Steyer TE, Freed GL, Lantz PM

**CONTEXT:** A growing number of complementary and alternative therapies are eligible for reimbursement by third party payers in the United States. No studies have examined current trends in the use of public funds for the payment of complementary and alternative medicine (CAM). **OBJECTIVE:** To determine the reimbursement policies of state Medicaid programs for CAM. **DESIGN:** Cross-sectional study. **PARTICIPANTS:** 46 state Medicaid reimbursement specialists. **INTERVENTION:** Telephone survey. **RESULTS:** Of the 46 states participating in the study, 36 Medicaid programs (78.3%) provide coverage for at least 1 alternative therapy. The most commonly reimbursed therapies are chiropractic by 33 programs (71.7%), biofeedback by 10 programs (21.7%), acupuncture by 7 programs (15.2%), and hypnotherapy and naturopathy by 5 programs each (10.8%). **CONCLUSIONS:** Many Medicaid programs are paying for the use of CAM. Further research is needed to determine if Medicaid recipients are aware of these reimbursement policies and the extent to which recipients are using CAM for their healthcare.

[0658]

The Cavendish Centre for integrated cancer care: assessment of patients' needs and responses

Complement Ther Med 2002 Mar;10(1):33-41

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The use of complementary therapies in combination with conventional medicine is increasing. In cancer care, as at the Cavendish Centre for Cancer Care in Sheffield, the range of therapies offered can include aromatherapy, massage, reflexology, shiatsu, acupuncture, homeopathy, counselling, visualization, hypnotherapy, relaxation, healing and art therapy. Before offering any therapy careful assessment of patients' needs is important as patients seeking complementary therapies may present with unrealistic hopes and expectations of benefit. There are wide variations in provision of services offering complementary cancer care throughout the United Kingdom but few offer a comprehensive assessment which is used as a baseline for both planning treatment and evaluating its outcome

and which is conducted by a trained and objective practitioner who has no investment in any specific therapy. We describe the model of care developed at the Cavendish Centre with particular emphasis on the assessment process. Our model of assessment provides an opportunity for patients to tell their story, make sense of the illness experience, construct meaning from it and set realistic expectations for the chosen intervention. It also offers patients involvement and choice in decisions about their care. In addition we present evaluative data from a case series of 157 patients, 138 of whom (88%) reported improvement in their main concern on MYMOP (Measure Your Medical Outcome Profile).

[0659]

Hypnosis in pediatrics: applications at a pediatric pulmonary center  
BMC Pediatr 2002 Dec 3;2(1):11  
Anbar RD

**BACKGROUND:** This report describes the utility of hypnosis for patients who presented to a Pediatric Pulmonary Center over a 30 month period. **METHODS:** Hypnotherapy was offered to 303 patients from May 1, 1998 - October 31, 2000. Patients offered hypnotherapy included those thought to have pulmonary symptoms due to psychological issues, discomfort due to medications, or fear of procedures. Improvement in symptoms following 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. **RESULTS:** Hypnotherapy 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 after hypnotherapy was first employed. 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. **CONCLUSIONS:** Patients described in this report were unlikely to have achieved rapid improvement in their symptoms without the use of hypnotherapy. Therefore, hypnotherapy can be an important complementary therapy for patients in a pediatric practice.

[0660]

The origins of modern clinical research  
Clin Orthop 2002 Dec;(405):311-9  
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The single-blind or double-blind, placebo-controlled randomized clinical trial is considered the gold standard for evaluating the potential efficacy of pharmaceuticals, medical devices, and treatment protocols. The characteristic features of placebo-controlled clinical evaluations include two essential elements: a sham intervention and subject ignorance about the bogus nature of that intervention. Although it commonly is assumed that such clinical trials were developed in the 1930s, the first published report that used intentional subject ignorance and sham intervention was the result of a 1784 French royal commission investigation into mesmerism, headed by Benjamin Franklin. The strategy the Franklin commission used to debunk Franz Mesmer's assertions about health and illness served as a model for subsequent inquiries that use placebo controls and blinded assessment to arrive at their conclusions.

[0661]

Inducing and reducing false memories: a Swedish version of the Deese-Roediger-McDermott paradigm  
Scand J Psychol 2002 Dec;43(5):369-83  
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Participants tend to falsely remember a nonpresented critical word after having studied a list of the word's primary associates. We present here a Swedish version of the Deese-Roediger-McDermott paradigm, which provides a tractable method of experimentally inducing and investigating such illusory memories. In Experiment 1 it was demonstrated that the constructed stimulus material induced highly reliable false-recall and false-recognition effects, and, moreover, that veridical and false memories were associated with a similar phenomenological experience of remembering. The results from Experiment 2 indicated that the susceptibility to false recognition can be substantially reduced when participants are explicitly required to monitor the sources of their memories. These findings are consistent with predictions derived from the source-monitoring framework.

[0662]

Rorschach measures during depth hypnosis and suggestion of a previous life  
Percept Mot Skills 2002 Dec;95(3 Pt 1):877-85  
Ferracuti S, Cannoni E, De Carolis A, Gonella A, Lazzari R  
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Using a procedure with suggestions to prompt false memories from an alleged previous life, we hypnotized 16 normal subjects and collected Rorschach data before and during the hypnotic induction. During hypnosis 9 subjects produced memories that they claimed to remember from a former life. The Rorschach findings bore no resemblance to the available data for other dissociative disorders. Rorschach variables during hypnotic trance remained almost unchanged from baseline. These results indicate that the Rorschach poorly reflects hypnotic trance.

[0663]

Individual personality characteristics related to suggestibility  
Psychol Rep 2002 Dec;91(3 Pt 1):1007-10  
Van Hook CW, Steele C  
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The current study investigated the relationship between suggestibility of memory, personality characteristics identified by the Millon Index of Personality Traits, and tolerance for ambiguity measured by MacDonald's Ambiguity Tolerance-20. 85 female and 16 male college students were assigned to either an experimental group receiving the suggestive information or a control group. Suggestibility was assessed using Lindberg's suggestibility measure consisting of a short video, followed by a questionnaire used to assess memory, and a second administration one week later. Logistical regression analyses were used to construct a model of the personality characteristics predictive of suggestibility and indicated that susceptibility to suggestive information may differ across personalities for variables such as sensing, innovating, agreeing, and low tolerance of ambiguity.

[0664]

How effective are the cross-examination and expert testimony safeguards? Jurors' perceptions of the suggestiveness and fairness of biased lineup procedures

J Appl Psychol 2002 Dec;87(6):1042-54

Devenport JL, Stinson V, Cutler BL, Kravitz DA

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Mock jurors (N = 800) viewed a videotaped trial that included information about a lineup identification procedure. Suggestiveness of the eyewitness identification procedure varied in terms of foil, instruction, and presentation biases. Expert testimony regarding the factors that influence lineup suggestiveness was also manipulated. Criteria included juror ratings of lineup suggestiveness and fairness, ratings of defendant culpability, and verdicts. Jurors were sensitive to foil bias but only minimally sensitive to instruction and presentation biases. Expert testimony enhanced juror sensitivity only to instruction bias. These results have implications for the effectiveness of cross-examination and expert testimony as safeguards against erroneous convictions resulting from mistaken identifications.

[0665]

Cortisol, prolactin, growth hormone and neurovegetative responses to emotions elicited during an hypnoidal state

Psychoneuroendocrinology 2003 Jan;28(1):1-17

Sobrinho LG, Simoes M, Barbosa L, Raposo JF, Pratas S, Fernandes PL, Santos MA

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The present study describes the responses of cortisol, prolactin and growth hormone (GH) to emotions elicited during sessions in which an hypnoidal state was induced. The purpose of the study was to provide answers for the following questions: 1) Do sessions with an emotional content have more hormonal surges than baseline, relaxation-only, sessions? 2) Does the induction of a fantasy of pregnancy and nursing elicit a prolactin response? 3) Are there any associations between surges of different hormones? 4) Are hormonal responses related to the intensity, type, or mode of expression of the emotions? For this purpose, thirteen volunteers and twelve patients with minor emotional difficulties were studied during sessions under hypnosis. The period of observation lasted for about three hours. Heart rate (HR), skin conductance (SC) and vagal tone (VT) were monitored. Serum cortisol, prolactin and growth hormone were sampled every 15 minutes. The volunteers had three types of sessions- "blank", consisting of relaxation only (12 sessions), "breast feeding", in which a fantasy of pregnancy and breast feeding was induced (12 sessions) and "free associations" in which the subjects were encouraged to evoke experiences or feelings (17 sessions). The patients had only sessions of free associations (38 sessions). Sessions of free associations had more hormonal surges than "blank" and "breast feeding" sessions. This was true for cortisol (8/17 v.3/24;  $p < 0.03$ ), prolactin (7/17 v. 3/24;  $p < 0.05$ ) and GH (9/17 v. 4/24;  $p < 0.02$ ). During the 55 sessions of free associations (volunteers plus patients) there were 32 surges of cortisol, 18 of prolactin and 28 of GH. Cortisol and prolactin surges were negatively correlated ( $p < 0.03$ ). GH had no significant association with either cortisol or prolactin. Visible emotions were positively associated with GH surges ( $p < 0.05$ ), but not with cortisol or prolactin. Cortisol surges were correlated positively with evocations of real events ( $p < 0.01$ ) and negatively with evocations containing defensive elements ( $p < 0.01$ ). Cortisol correlated positively with shock and intimidation ( $p < 0.02$ ) and negatively with rage ( $p < 0.04$ ). The AUC of the cortisol peaks during shock and intimidation was significantly higher than that of the pool of all other cortisol peaks (12.4 micromol x min x l(-1) v. 7.1 micromol x min x l(-1);  $p < 0.005$ ). Rage had a marginally significant positive association with prolactin surges ( $p=0.07$ ). The distribution of GH surges did not show any significant association with types of emotions. The present study provides evidence that cortisol, prolactin and GH respond to psychological stress in humans. However, they are regulated differently from one another. Cortisol and prolactin surges appear to be alternative forms of response to specific emotions. GH surges depend on the intensity of the emotion, probably as a consequence of the associated muscular activity. The current paradigm of stress, implying corticotrophin-releasing hormone (CRH) as the initial step of a cascade of events, is insufficient to account for the diversity of hormonal changes observed in psychological stress in humans.

[0666]

Absolut memory distortions: alcohol placebos influence the misinformation effect

Psychol Sci 2003 Jan;14(1):77-80

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Can the simple suggestion that you have consumed alcohol affect your memory for an event? Alcohol placebos affect social behaviors but not nonsocial ones, and have not previously been shown to affect memory. We investigated the effect of alcohol placebos using materials that revealed both the social and the nonsocial influences of memory. Subjects drank plain tonic water, but half were told it was a vodka and tonic; then all subjects took part in an eyewitness memory experiment. Subjects who were told they drank alcohol were more swayed by misleading postevent information than were those who were told they drank tonic water, and were also more confident about the accuracy of their responses. Our results show that the mere suggestion of alcohol consumption may make subjects more susceptible to misleading information and inappropriately confident. These results also provide additional confirmation that eyewitness memory is influenced by both nonsocial and social factors.

[0667]

Hypnosis, differential expression of cytokines by T-cell subsets, and the hypothalamo-pituitary-adrenal axis

Am J Clin Hypn 2003 Jan;45(3):179-96

Wood GJ, Bughi S, Morrison J, Tanavoli S, Tanavoli S, Zadeh HH

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This investigation tested the hypothesis that hypnosis can differentially modulate T-cell subsets, and that this effect is mediated by changes in hypothalamo-pituitary-adrenal (HPA) mediators. Seven healthy, highly hypnotizable volunteers participated in three one-day sessions, a baseline and two intervention sessions. Hypnosis intervention entailed a standardized induction, suggestions for ego strengthening and optimally balanced functioning of the immune and neuroendocrine systems, and post-hypnotic suggestions for stress management and continued optimal balance of bodily systems. Blood samples were drawn at five time points between 8:00 a.m. and 3:00 p.m. and were analyzed for T-cell activation and intracellular cytokine expression (Interferon (IFN)-gamma, Interleukin-2, Interleukin-4) and HPA axis mediators (ACTH, cortisol, and beta-endorphin). Following hypnosis intervention, statistically significant immunological effects were noted. Specifically, the proportion of T-cells expressing IFN-gamma ( $p = .0001$ ) and IL-2 ( $p = .013$ ) were lower after hypnosis. T-cell activation response to polyclonal stimulation was positively correlated with ACTH ( $p = .01$ ) and beta-endorphin ( $p = .001$ ) while IFN-gamma expression was correlated with levels of cortisol ( $p < .001$ ). Further controlled studies utilizing hypnosis with patients in treatment are warranted in order to examine whether an altered T-cell response can be replicated in the presence of disease.

[0668]

Gene expression, neurogenesis, and healing: psychosocial genomics of therapeutic hypnosis  
Am J Clin Hypn 2003 Jan;45(3):197-216  
Rossi EL

The historical lineage of therapeutic hypnosis in James Braid's "psychophysiology", Pierre Janet's "physiological modification", and Milton Erickson's "neuro-psycho-physiology" is extended to include current neuroscience research on activity-dependent gene expression, neurogenesis, and stem cells in memory, learning, behavior change, and healing. Three conditions that optimize gene expression and neurogenesis--novelty, environmental enrichment, and exercise--could integrate fundamentals of the theory, research, and practice of therapeutic hypnosis. Continuing research on immediate-early, activity-dependent, behavior state-related, and clock gene expression could enhance our understanding of how relaxation, sleep, dreaming, consciousness, arousal, stress and trauma are modulated by therapeutic hypnosis. It is speculated that therapeutic and post-hypnotic suggestion could be focused more precisely with the time parameters of gene expression and neurogenesis that range from minutes and hours for synthesizing new synapses to weeks and months for the generation and maturation of new, functioning neurons in the adult brain.

[0669]

Hypnosis-facilitated relaxation using self-guided imagery during dermatologic procedures

Am J Clin Hypn 2003 Jan;45(3):225-32

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Many patients experience some degree of anxiety and/or discomfort during dermatologic procedures. For most patients this anxiety or discomfort is tolerable, but a few find it intolerable to the point of interference with the accomplishment of the procedure. A case is presented in which a 51-year-old female experienced so much anxiety that it jeopardized the continuation of a necessary procedure. When (with her consent) a trance state was induced through hypnosis, she relaxed and remained in a pleasant mental condition for the remainder of the procedure. This case illustrates the usefulness of hypnosis in selected situations where it can alleviate anxiety and discomfort associated with dermatologic procedures. Suggested trance induction, maintenance, and termination scripts are included to assist those with adequate training and experience in providing this comfort to selected patients through hypnosis.

[0670]

A systematic review of alternative therapies in the irritable bowel syndrome

Arch Intern Med 2003 Feb 10;163(3):265-74

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The irritable bowel syndrome is a common disorder associated with a significant burden of illness, poor quality of life, high rates of absenteeism, and high health care utilization. Management can be difficult and treatment unrewarding; these facts have led physicians and patients toward alternative therapies. We explored a variety of treatments that exist beyond the scope of commonly used therapies for irritable bowel syndrome. Guarded optimism exists for traditional Chinese medicine and psychological therapies, but further well-designed trials are needed. Oral cromolyn sodium may be useful in chronic unexplained diarrhea and appears as effective as and safer than elimination diets. The roles of lactose and fructose intolerance remain poorly understood. Alterations of enteric flora may play a role in irritable bowel syndrome, but supporting evidence for bacterial overgrowth or probiotic therapy is lacking.

[0671]

Clinical management of stressors perceived by patients on mechanical ventilation

AACN Clin Issues 2003 Feb;14(1):73-81

Thomas LA

Psychological and psychosocial stressors perceived by the mechanically ventilated patient include intensive care unit environmental factors, communication factors, stressful symptoms, and the effectiveness of interventions. The studies reviewed in this article showed four stressors commonly identified by mechanically ventilated patients including dyspnea, anxiety, fear, and pain. Few interventional studies to reduce these stressors are available in the literature. Four interventions including hypnosis and relaxation, patient education and information sharing, music therapy, and supportive touch have been investigated in the literature and may be helpful in reducing patient stress. The advanced practice nurse is instrumental in the assessment of patient-perceived stressors while on the ventilator, and in the planning and implementation of appropriate interventions to reduce stressors and facilitate optimal ventilation, weaning, or both.

[0672]

Human hypnosis: autonomic and electroencephalographic correlates of a guided multimodal cognitive-emotional imagery

Neurosci Lett 2003 Feb 20;338(1):41-4

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The effects of a guided neutral and unpleasant imagery involving several sensory modalities were studied in hypnotized subjects. Heart rate (HR), respiratory frequency (RF), tonic skin resistance and different electroencephalographic rhythms were evaluated during a long-lasting hypnotic session including the guided suggestion of a neutral (NS) and an unpleasant (US) imagery, each preceded by a hypnotic relaxation rest period. During NS, the absence of autonomic changes, associated with electroencephalographic gamma power decrement and theta1 power increment, indicated the prevalence of relaxation on the expected task-related modifications. In contrast, US elicited HR and RF increments together with higher electroencephalographic gamma, beta3 and beta2 activities. Thus, hypnotic state appears to prevent the autonomic responses expected during the neutral stimulation, while the emotional valence of the unpleasant imagery overwhelms the hypnosis-related relaxation.

[0673]

Gut-focused hypnotherapy normalizes disordered rectal sensitivity in patients with irritable bowel syndrome

Aliment Pharmacol Ther 2003 Mar;17(5):635-42

Lea R, Houghton LA, Calvert EL, Larder S, Gonsalkorale WM, Whelan V, Randles J, Cooper P, Cruickshanks P, Miller V, Whorwell PJ

**BACKGROUND:** We have previously shown that hypnotherapy alters rectal sensitivity in some patients with irritable bowel syndrome. However, this previous study used incremental volume distension of a latex balloon, which might be susceptible to subject response bias and might compromise the assessment of compliance. In addition, the study group was symptomatically rather than physiologically

defined. AIM: To assess the effect of hypnotherapy on rectal sensitivity in hypersensitive, hyposensitive and normally sensitive irritable bowel syndrome patients using a distension technique (barostat) that addresses these technical issues. METHODS: Twenty-three irritable bowel syndrome (Rome I) patients (aged 24-72 years) were assessed before and after 12 weeks of hypnotherapy in terms of rectal sensitivity, symptomatology, anxiety and depression. Normal values for sensitivity were established in 17 healthy volunteers (aged 20-55 years). RESULTS: Compared with controls, 10 patients were hypersensitive, seven hyposensitive and six normally sensitive before treatment. Following hypnotherapy, the mean pain sensory threshold increased in the hypersensitive group ( $P = 0.04$ ) and decreased in the hyposensitive group, although the latter failed to reach statistical significance ( $P = 0.19$ ). Normal sensory perception was unchanged. Sensory improvement in the hypersensitive patients tended to correlate with a reduction in abdominal pain ( $r = 0.714$ ,  $P = 0.07$ ). CONCLUSION: Hypnotherapy improves abnormal sensory perception in irritable bowel syndrome, leaving normal sensation unchanged.

[0674]

Frequency of occurrence of the F wave in distal flexor muscles as a function of hypnotic susceptibility and hypnosis  
Brain Res Cogn Brain Res 2003 Mar;16(1):99-103  
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The aim of the experiment was to assess whether the membrane excitability of flexor cervical and/or lumbar motoneurons is related to hypnotic susceptibility (measured with the Stanford Hypnotic Susceptibility Scale, Form A) and hypnosis. During the experimental sessions, hypnotized subjects were given only suggestions of relaxation (neutral hypnosis) while awake subjects were given instructions to be quiet and relaxed (simple relaxation). F waves were recorded from the abductor digiti minimi and abductor hallucis of both sides after electrical stimulation of the ulnar or tibial nerve, respectively, and were used as an index of motoneuron membrane excitability in three groups of subjects: highly susceptible under neutral hypnosis, highly susceptible and non-susceptible during simple relaxation sessions. In lower limbs, there was no difference among the groups in the frequency of occurrence of F waves. In upper limbs, hypnosis selectively reduced F frequency of occurrence in flexor motoneurons on the right side. This reduction persisted after the end of hypnosis and also occurred during the last period of relaxation in highly susceptible non-hypnotized subjects. Results support the idea that hypnotic phenomena develop along a continuum in which some trait differences can be more easily revealed by the induction of hypnosis.

[0675]

Mind-body medicine: state of the science, implications for practice  
J Am Board Fam Pract 2003 Mar-Apr;16(2):131-47  
Astin JA, Shapiro SL, Eisenberg DM, Forsy KL  
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BACKGROUND: Although emerging evidence during the past several decades suggests that psychosocial factors can directly influence both physiologic function and health outcomes, medicine had failed to move beyond the biomedical model, in part because of lack of exposure to the evidence base supporting the biopsychosocial model. The literature was reviewed to examine the efficacy of representative psychosocial-mind-body interventions, including relaxation, (cognitive) behavioral therapies, meditation, imagery, biofeedback, and hypnosis for several common clinical conditions. METHODS: An electronic search was undertaken of the MEDLINE, PsycLIT, and the Cochrane Library databases and a manual search of the reference sections of relevant articles for related clinical trials and reviews of the literature. Studies examining mind-body interventions for psychological disorders were excluded. Owing to space limitations, studies examining more body-based therapies, such as yoga and tai chi chuan, were also not included. Data were extracted from relevant systematic reviews, meta-analyses, and randomized controlled trials. RESULTS: Drawing principally from systematic reviews and meta-analyses, there is considerable evidence of efficacy for several mind-body therapies in the treatment of coronary artery disease (eg, cardiac rehabilitation), headaches, insomnia, incontinence, chronic low back pain disease and treatment-related symptoms of cancer, and improving postsurgical outcomes. We found moderate evidence of efficacy for mind-body therapies in the areas of hypertension and arthritis. Additional research is required to clarify the relative efficacy of different mind-body therapies, factors (such as specific patient characteristics) that might predict more or less successful outcomes, and mechanisms of action. Research is also necessary to examine the cost offsets associated with mind-body therapies. CONCLUSIONS: There is now considerable evidence that an array of mind-body therapies can be used as effective adjuncts to conventional medical treatment for a number of common clinical conditions.

[0676]

[Effect of autogenic training on glucose regulation and lipid status in non-insulin dependent diabetics]  
Med Pregl 2000 May-Jun;53(5-6):285-8  
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INTRODUCTION: The objective of this study was to examine the benefits of autogenic training in patients with type 2 diabetes and 40 diabetics treated with oral antidiabetic agents were assigned to receive autogenic training. Treatment effects on GHb levels, glycemia, lipids and lipid peroxidases were evaluated after 12 weeks. RESULTS: Subjects demonstrated significant improvements of GHb level ( $8.94 \pm 2.21\%$  vs.  $7.9 \pm 2.395$ ) ( $p < 0.005$ ). Fasting glucose was significantly lower after treatment ( $11.6 \pm 6.1$  mmol/l vs.  $8.32 \pm 4.53$  mmol/l) ( $p < 0.005$ ). The serum level of HDL cholesterol was significantly higher after autogenic training ( $1.21 \pm 0.11$  vs.  $1.36 \pm 1.42$ ) ( $p < 0.005$ ). Cholesterol level was significantly lower after training ( $6.63 \pm 1.66$  mmol/l vs.  $6.10 \pm 1.12$  mmol/l) ( $p < 0.05$ ). Lipid peroxidase was significantly lower after treatment ( $4.05 \pm 0.58$  vs.  $3.69 \pm 1.26$ ) ( $p < 0.005$ ). CONCLUSION: Autogenic training in selected patients, especially those who are most responsive to stress would provide benefits for glucose control and lipid metabolism that are not always achieved by conventional treatment.

[0677]

[Efficacy of stress management classes at a health center]  
Nippon Koshu Eisei Zasshi 2000 Jun;47(6):476-85  
Noda T, Oono T, Hamada H  
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Although interest in mental health promotion has recently been increasing, the most appropriate approaches remain to be determined. Therefore we conducted Stress Management Classes (SMCs) at Higashi Osaka City Naka Health Center in an attempt to help residents to improve their mental health. The purpose of this study was to evaluate the efficacy of SMCs, held four times over 2 months, with an educational program including the concept of stress and instruction in autogenic training as a relaxation technique. Subjects who

attended a Health Promotion Class (HPC) at Osaka Prefectural Kaizuka Health Center were used as controls for the study. The aim of the HPC was to prevent chronic physical diseases such as hypertension, diabetes, and hyperlipidemia, with the program consisting mainly of exercise once a week for 3 months. The results were as follows: 1) People who attended SMCs were more likely to have mental health problems than those who attended the HPC. As a result, mentally ill patients could be diagnosed and receive psychiatric treatment at an early stage in the SMC group. 2) Both SMC and HPC attenders reported improvement of their mental health status with the use of POMS (Profile of Mood States). 3) Both SMC and HPC attenders exhibited significant decrease of blood pressure. Although attenders of both classes improved their mental health status, it is important to be able to attract individuals who are in a poor mental condition in case of mental health promotion. In this trial, we found that the term "stress management" was very useful because people who suffered stress were likely to be interested in it. After the Community Health Law was established in 1994, the flow of community health activities has been shifting from the prefectural government to the municipality. However, promoting mental health and welfare is still mainly the role of the prefectural government. In this sense, health centers are appropriate institutions to hold classes as in this trial.

[0678]

A holistic approach to meeting students' needs: using hypnotherapy techniques to assist students in managing their health  
J Sch Nurs 1998 Oct;14(4):44-8  
Watters KH  
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Nursing education has long been holistic in its approach to aiding the client or family. Further, most nurses, especially school nurses, are holistic by nature. That is, school nurses see a person as a whole being, physical, emotional, mental, and spiritual. The more conscious nurses become of their holistic nature and the more they expand their knowledge and skills in holistic methods, the more they can assist students and families in having greater control over their health. Examples of selected holistic techniques and their positive effects when used by students with diabetes and asthma are illustrated in case studies.

[0679]

[Autogenic training in children and adolescents with type 1 diabetes mellitus]  
Prax Kinderpsychol Kinderpsychiatr 1997 Apr;46(4):288-303  
Gohr M, Ropcke B, Pistor K, Eggers C

This paper discusses psychosocial influences of diabetes mellitus type 1 on children and young patients. A group of 21 patients, age 9 to 14 years with Diabetes mellitus type 1 attended a course in "Autogenic Training" for a period of 11 weeks. From the multidimensional questionnaire for children (PFK 9-14, SETZ U. RAUSCHE 1976) 15 dimensions of personality and 5 second rank factors were extracted at the beginning and at the end of training and 5 months later. Additionally HbA1-scores were assessed at the beginning and at the end at a 2 month and a 5 month-follow-up. At the beginning of the course only on one of the 15 scales a significant difference could be observed between experimental group and age related normal population. After training 5 scales and one second rank factor showed significant changes. Significant reduction was observed in: "need for aggressive forms of dominance behaviour" "feeling of submission with respects to other:", "emotional lability" and "tendency for dependence on adults". A significantly increased score was observed in the scale measuring "self confidence regarding one's own meaning, decisions and planning ability". The second rank faktor "neuroticism" was significantly reduced. Against expectations there was no reduction in HbA1 scores. At the end of training HbA1 scores even had increased significantly. But this might have been related to the high frequency of infections during this course. In subjective ratings of training evaluation most of the course members and their parents described fewer problems with attention, less test-anxiety and less aggression and nervousness. The results of this prospective pilot-study are discussed in terms of the psychodynamic influence on diabetes.

[0680]

A hypnotherapeutic approach to the improvement of compliance in adolescent diabetics  
Am J Clin Hypn 1990 Jan;32(3):154-9  
Ratner H, Gross L, Casas J, Castells S  
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Adolescents with insulin-dependent diabetes mellitus (IDDM) have a rate of noncompliance in our clinic of approximately 20% despite all of the usual measures aimed at securing compliance. Seven IDDM patients ranging in age from 11 to 19 years were managed in our clinic with all of our usual modalities, but all remained in long-term poor control during the 6 months immediately prior to the study. To ensure that each patient would serve as his/her own control, no changes were made in his/her management other than the addition of hypnosis. Six of the seven patients were followed for more than 6 months. No changes were made in insulin, diet, or exercise as prescribed. Posttreatment, the average HgbA1C dropped from 13.2% to 9.7%, and the average fasting blood sugar from 426 mg/dl to 149 mg/dl, values which are consistent with good compliance.

[0681]

Hypnosis in high risk ophthalmic surgery  
Ophthalmic Surg 1981 Jan;12(1):39-41  
Lewenstein LN, Iwamoto K, Schwartz H

Hypnosis is an effective tool in many areas of medicine and surgery. The exacting demands of ophthalmic surgery require good patient cooperation and strict adherence to treatment regimens. Multisystemic diseases compounded by the physiological stress of surgery make it essential that already strained homeostatic mechanisms are interfered with minimally. The cases presented in this report illustrate the beneficial use of hypnosis in the treatment of several high risk patients in unusual situations.

[0682]

The Prevalence and Pattern of Complementary and Alternative Medicine Use in Individuals With Diabetes  
Diabetes Care 25:324-329, 2002  
Leonard E. Egede, MD, MS, Xiaobou Ye, MD, MS, Deyi Zheng, MB, PHD and Marc D. Silverstein, MD  
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OBJECTIVE-This study compared the prevalence and pattern of use of complementary and alternative medicine (CAM) in individuals with and without diabetes and identified factors associated with CAM use. RESEARCH DESIGN AND METHODS-The 1996 Medical Expenditure Panel Survey, a nationally representative sample of the U.S. noninstitutionalized civilian population, was analyzed. Estimates of CAM use in individuals with common chronic conditions were determined, and estimates of CAM use in patients with diabetes were compared with that in individuals with chronic medical conditions. Patterns of use and costs of CAM use in patients with



diabetes were compared with those in nondiabetic individuals. Multiple logistic regression was used to determine independent predictors of CAM use in individuals with diabetes, controlling for age, sex, race/ethnicity, household income, educational level, and comorbidity. RESULTS-Individuals with diabetes were 1.6 times more likely to use CAM than individuals without diabetes (8 vs. 5%,  $P < 0.0001$ ). In the general population, estimates of CAM use were not significantly different across selected chronic medical conditions, but diabetes was an independent predictor of CAM use. Among individuals with diabetes, older age (65 years) and higher educational attainment (high school education or higher) were independently associated with CAM use. CONCLUSIONS-Diabetes is an independent predictor of CAM use in the general population and in individuals with diabetes. CAM use is more common in individuals aged 65 years and those with more than high school education.

[0683]

The Cephalic Insulin Response to Meal Ingestion in Humans Is Dependent on Both Cholinergic and Noncholinergic Mechanisms and Is Important for Postprandial Glycemia  
Diabetes 50:1030-1038, 2001  
Bo Ahrén and Jens J. Holst

We studied the mechanisms and physiological relevance of the cephalic insulin response to meal ingestion in 12 healthy women (age  $63 \pm 0.4$  years; BMI  $27.7 \pm 1.7$  kg/m<sup>2</sup>). The ganglionic antagonist, trimethaphan, which impairs neurotransmission across parasympathetic and sympathetic autonomic ganglia, or atropine or saline was given intravenously during the first 15 min after ingestion of a standard meal (350 kcal). During saline infusion, insulin levels increased during the first 10 min after meal ingestion, whereas the first increase in glucose was evident at 15 min. The preabsorptive 10-min insulin response was reduced by  $73 \pm 11\%$  by trimethaphan ( $P = 0.009$ ), accompanied by impaired reduction of glucose levels from 25 to 60 min after meal ingestion (glucose =  $-1.27 \pm 0.5$  [with saline] vs.  $0.1 \pm 0.4$  mmol/l [with trimethaphan];  $P = 0.008$ ). This reduction at 25-60 min in glucose levels correlated significantly to the 10-min insulin response ( $r = 0.65$ ,  $P = 0.024$ ). The 10-min insulin response to meal ingestion was also reduced by atropine, but only by  $20 \pm 9\%$  ( $P = 0.045$ ), which was lower than the reduction with trimethaphan ( $P = 0.004$ ). The preabsorptive insulin response was not accompanied by any increase in circulating levels of gastric inhibitory polypeptide (GIP) or glucagon-like peptide 1 (GLP-1). In conclusion, 1) the early preabsorptive insulin response to meal ingestion in humans can be largely attributed to autonomic activation mediated by noncholinergic and cholinergic mechanisms, 2) this cephalic insulin response is required for a normal postprandial glucose tolerance, and 3) GIP and GLP-1 do not contribute to the preabsorptive cephalic phase insulin response to meal ingestion.

[0684]

Irritable bowel syndrome: a little understood organic bowel disease?  
Lancet 2002; 360: 555-64  
Nicholas J Talley, Robin Spiller

Irritable bowel syndrome affects 10% of adults with an unexplained female predominance. Although only a few people see their family doctor, the disease causes reduced quality of life and represents a multi-billion pound health-care problem. The disorder clusters in families, which is possibly because of intra-familial learning and a genetic predisposition. Visceral hypersensitivity is a key feature in most patients. Results of imaging studies of regional cerebral blood flow during rectal distension suggest underlying disturbances of central processing of afferent signals, though this is not unique to the disorder, since it is seen in other chronic pain syndromes. Environmental factors that are strongly implicated in at least some patients include gastrointestinal infection and inflammation and chronic stress. Diagnosis is based on positive symptoms and absence of any alarm indicators. Treatment remains unsatisfactory and hinges on an excellent doctor-patient relationship, with drugs for symptom exacerbations. Cognitive behavioural treatment, psychotherapy, and hypnosis could provide long-lasting benefit in some patients. Tricyclic antidepressants in low doses seem to be the most effective class of drugs for the disorder on the basis of limited data. Irritable bowel syndrome is a frequent yet little understood disorder. Patients present to family doctors, gynaecologists, surgeons, and gastroenterologists with abdominal pain or discomfort and an erratic bowel habit; they frequently undergo extensive testing before a diagnosis is reached. The disorder substantially impairs quality of life, and overall health-care costs are high. Irritable bowel syndrome has therefore gained increased attention from clinicians, researchers, payers, and industry. Relegated in the past to the realm of the psychosomatic and unimportant, research is now beginning to define the mechanisms of this heterogeneous disorder. Genetics, infection, mucosal inflammation, and disturbed central processing of abnormal sensory afferent signals all play a part, their importance varying from one patient to another. These insights could lead to new diagnostic approaches and therapeutic targets. We aim here to review published work, focusing on approaches to diagnosis and management on the basis of relevant pathophysiological insights.

[0685]

Awareness during anaesthesia: a prospective case study  
Lancet 2000; 355: 707-11  
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Background. Patients who are given general anaesthesia are not guaranteed to remain unconscious during surgery. Knowledge about the effectiveness of current protective measures is scarce, as is our understanding of patients' responses to this complication. We did a prospective case study to assess conscious awareness during anaesthesia. Methods. 11785 patients who had undergone general anaesthesia were interviewed for awareness on three occasions: before they left the post-anaesthesia care unit, and 1-3 days and 7-14 days after the operation. Findings. We identified 18 cases of awareness and one case of inadvertent muscle blockade that had occurred before unconsciousness. Incidence of awareness was 0-18% in cases in which neuromuscular blocking drugs were used, and 0-10% in the absence of such drugs. 17 cases of awareness were identified at the final interview, but no more than 11 would have been detected if an interview had been done only when the patients left the post-anaesthesia care unit. Four non-paralysed patients recalled intraoperative events, but none had anxiety during wakefulness or had delayed neurotic symptoms. This finding contrasts with anaesthesia with muscle relaxants, during which 11 of 14 patients had pain, anxiety, or delayed neurotic symptoms. After repeated discussion and information, the delayed neurotic symptoms resolved within 3 weeks in all patients. Analysis of individual cases suggests that a reduced incidence of recall of intraoperative events would not be achieved by monitoring of end-tidal anaesthetic gas concentration or by more frequent use of benzodiazepines. Interpretation. The inability to prevent awareness by conventional measures may advocate monitoring of cerebral activity by neurophysiological techniques. However, the sensitivity of such techniques is not known, and in the light of our findings, at least 861 patients would need to be monitored to avoid one patient from suffering due to awareness during relaxant anaesthesia.

[0686]

Adjunctive non-pharmacological analgesia for invasive medical procedures: a randomised trial  
Lancet, Volume 355, Number 9214, 29 April 2000

Elvira V Lang, Eric G Benotsch, Lauri J Fick, Susan Lutgendorf, Michael L Berbaum, Kevin S Berbaum, Henrietta Logan, David Spiegel

Background. Non-pharmacological behavioural adjuncts have been suggested as efficient safe means in reducing discomfort and adverse effects during medical procedures. We tested this assumption for patients undergoing percutaneous vascular and renal procedures in a prospective, randomised, single-centre study. Methods. 241 patients were randomised to receive intraoperatively standard care (n=79), structured attention (n=80), or self-hypnotic relaxation (n=82). All had access to patient-controlled intravenous analgesia with fentanyl and midazolam. Patients rated their pain and anxiety on 0-10 scales before, every 15 min during and after the procedures. Findings. Pain increased linearly with procedure time in the standard group (slope 0.09 in pain score/15 min,  $p < 0.0001$ ), and the attention group (slope 0.04/15 min;  $p = 0.0425$ ), but remained flat in the hypnosis group. Anxiety decreased over time in all three groups with slopes of -0.04 (standard), -0.07 (attention), and -0.11 (hypnosis). Drug use in the standard group (1.9 units) was significantly higher than in the attention and hypnosis groups (0.8 and 0.9 units, respectively). One hypnosis patient became haemodynamically unstable compared with ten attention patients ( $p = 0.0041$ ), and 12 standard patients ( $p = 0.0009$ ). Procedure times were significantly shorter in the hypnosis group (61 min) than in the standard group (78 min,  $p = 0.0016$ ) with procedure duration of the attention group in between (67 min). Interpretation. Structured attention and self-hypnotic relaxation proved beneficial during invasive medical procedures. Hypnosis had more pronounced effects on pain and anxiety reduction, and is superior, in that it also improves haemodynamic stability.

[0687]

Working with Dissociative Fugue in a general psychotherapy practice: a cautionary tale

Am J Clin Hypn 2003 Apr;45(4):311-22

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Dissociative Fugue is a somewhat rare condition that therapists may see only once or twice over the course of a professional career. A brief review of the uses of hypnosis in the treatment of Dissociative Fugue is followed by a presentation of the case of a 51-year-old man who presented with the clinical picture of Dissociative Fugue State and who experienced complete amnesia for the time prior to the fugue state. This article focuses on the pitfalls that the psychotherapist in a general practice may face when working with such a patient and offers specific recommendations and scripts that may be useful in proceeding with treatment.

[0688]

Can medical hypnosis accelerate post-surgical wound healing? Results of a clinical trial

Am J Clin Hypn 2003 Apr;45(4):333-51

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Although medical hypnosis has a long history of myriad functional applications (pain reduction, procedural preparation etc.), it has been little tested for site-specific effects on physical healing per se. In this randomized controlled trial, we compared the relative efficacy of an adjunctive hypnotic intervention, supportive attention, and usual care only on early post-surgical wound healing. Eighteen healthy women presenting consecutively for medically recommended reduction mammoplasty at an ambulatory surgery practice underwent the same surgical protocol and postoperative care following preoperative randomization (n = 6 each) to one of the three treatment conditions: usual care, 8 adjunctive supportive attention sessions, or 8 adjunctive hypnosis sessions targeting accelerated wound healing. The primary outcome data of interest were objective, observational measures of incision healing made at 1.7 weeks postoperatively by medical staff blind to the participants' group assignments. Data included clinical exams and digitized photographs that were scored using a wound assessment inventory (WAI). Secondary outcome measures included the participants' subjectively rated pain, perceived incision healing (VAS Scales), and baseline and post-surgical functional health status (SF-36). Analysis of variance showed the hypnosis group's objectively observed wound healing to be significantly greater than the other two groups',  $p < .001$ , through 7 postoperative weeks; standard care controls showed the smallest degree of healing. In addition, at both the 1 and 7 week post-surgical observation intervals, one-way analyses showed the hypnosis group to be significantly more healed than the usual care controls,  $p < 0.02$ . The mean scores of the subjective assessments of postoperative pain, incision healing and functional recovery trended similarly. Results of this preliminary trial indicate that use of a targeted hypnotic intervention can accelerate postoperative wound healing and suggest that further tests of using hypnosis to augment physical healing are warranted.

[0689]

Autonomic and EEG correlates of emotional imagery in subjects with different hypnotic susceptibility

Brain Res Bull 2003 Apr 15;60(1-2):151-60

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The autonomic and EEG correlates of the response to a cognitive unpleasant stimulation (US) verbally administered to awake hypnotizable and non hypnotizable subjects were studied. They were compared with the values obtained during a resting condition immediately preceding the stimulus and with those produced by a cognitive neutral stimulation (NS), also administered after a basal resting period. Results showed hypnotic trait effects on skin resistance, heart and respiratory rate as well as on EEG theta, alpha, beta and gamma relative power changes. The autonomic and EEG patterns observed indicated different strategies in the task execution for hypnotizable and non hypnotizable subjects and a discrepancy between the autonomic and EEG changes associated to the US in susceptible subjects. Results support dissociation theories of hypnosis and suggest for hypnotizable persons an active mechanism of protection against cardiac hazard.

[0690]

Neural circuitry underlying pain modulation: expectation, hypnosis, placebo

Trends Cogn Sci 2003 May;7(5):197-200

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The ability to predict the likelihood of an aversive event is an important adaptive capacity. Certainty and uncertainty regarding pain cause different adaptive behavior, emotional states, attentional focus, and perceptual changes. Recent functional neuroimaging studies indicate that certain and uncertain expectation are mediated by different neural pathways-the former having been associated with activity in the rostral anterior cingulate cortex and posterior cerebellum, the latter with activation changes in the ventromedial prefrontal cortex, mid-cingulate cortex and hippocampus. Expectation plays an important role not only in its modulation of acute and chronic pain, but also in other disorders which are characterized by certain expectation (specific phobias) or uncertain expectation (generalized

anxiety disorder) of aversive events.

[0691]

[The efficacy of smoking cessation methods available in the Netherlands: a systematic review based on Cochrane data]  
Ned Tijdschr Geneeskd. 2003 May 10;147(19):922-7  
Willemsen MC, Wagena EJ, van Schayck CP  
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OBJECTIVE: To obtain an overview of data from the Cochrane Library on smoking-cessation methods and aids available in the Netherlands. DESIGN: Systematic literature review. METHOD: Common smoking-cessation methods in the Netherlands in 1999 and 2000 were selected from previous research. Data from relevant Cochrane reviews about these cessation methods were collected, after which the efficacy was calculated as a pooled odds ratio and the effectiveness as a percentage of 12 months' continuous abstinence. RESULTS: The following methods were found to be more efficacious than placebo: tailored written advice, individual counselling, telephonic counselling, group courses, all forms of nicotine-replacement therapy, bupropion and nortriptyline. Acupuncture was not superior to placebo. It was not possible to draw any unequivocal conclusions about hypnotherapy. No randomised studies were found with respect to the 'Allen Carr method'. Rates of 12 months' continuous abstinence were as follows for those methods with proven efficacy: tailored advice: 7%, individual counselling: 16%, telephonic counselling: 7.5%, nicotine gum: 17%, nicotine patch: 13%, nicotine inhaler: 17%, nicotine tablets: 20%, bupropion: 17%, and nortriptyline: 24%. The success rates for nicotine tablets and nortriptyline were based on only 2 and 1 study respectively. CONCLUSION: Several effective smoking-cessation methods are available in the Netherlands. In trials the long-term effectiveness of these methods was between 7-24%.

[0692]

[Hypnosis in gastroenterology]  
Z Gastroenterol. 2003 May;41(5):405-12  
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Hypnosis is one of the oldest remedies against physical diseases and mental disorders of mankind. The term hypnosis is used for the description of a technique as well as for the description of an altered state of consciousness which is induced by this technique. Hypnosis is a scientific tool in psychophysiological studies of gastrointestinal functions (secretion, motility, visceral sensitivity) and their processing in the central nervous system. Hypnosis is an empirically validated treatment of the irritable bowel syndrome even refractory to medical treatment which is recommended by international expert groups (Rome II) and the British Society of Gastroenterology. In diagnostic upper gastrointestinal endoscopy the relevance of hypnosis as an alternative of intravenous sedation needs to be clarified. Hypnosis cannot be recommended as an alternative for intravenous analgesedation in painful endoscopic therapeutic procedures of the gastrointestinal tract.

[0693]

Paranormal phenomena in the medical literature sufficient smoke to warrant a search for fire  
Med Hypotheses. 2003 Jun;60(6):864-8  
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Paranormal phenomena - events that cannot be explained by existing science - are regularly reported in medicine. Surveys have shown that a majority of the population of the United States and Great Britain hold at least one paranormal belief. Information was retrieved by MEDLINE searches using keywords 'paranormal' and 'psychic', and from the author's own collection. Reports are predominantly by physicians, and from peer-reviewed, MEDLINE-indexed literature. This is a representative sample, as there is no database for paranormal medical phenomena. Presented and discussed are: a case of systemic lupus erythematosus ameliorated by witchcraft; an analysis of studies on distant healing; acupuncture, as a bridge between what is now accepted but recently would have been deemed paranormal; a carefully-done study of a psychic; auditory hallucinations informing a patient, correctly, that she had a brain tumor; two nearly-identical lay press reports of self-predicted death; lycanthropy (the delusion of being an animal); the development of Carl Jung's collective unconscious; hypnosis - still questioned despite documented therapeutic benefit, and a well-researched report of a person speaking a foreign language, apparently unlearned (xenoglossy) while hypnotized; and multiple examples of children who spout the details of the life of an unknown, deceased person. The inability of existing paradigms to explain these observations does not negate them; rather, it elucidates a need for more research.

[0694]

Seeing is believing: The reality of hypnotic hallucinations  
Conscious Cogn. 2003 Jun;12(2):219-30  
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Two experiments investigated the reality attributed to hypnotic suggestion through subtle projection of a visual image during simultaneous suggestion for a visual hallucination that resembled the projected image. In Experiment 1, high and low hypnotizable participants were administered either a hypnotic induction or wake instructions, given a suggestion to hallucinate a shape, and then the projected image was subsequently introduced. Although highs in both conditions rated the projected image more vividly than lows, highs in the hypnosis (but not wake) condition made comparable reality ratings when the projected image was absent and present. In Experiment 2, high hypnotizable participants were administered a suggestion to see a shape on a wall. For half the participants the suggested image was projected on the wall and then removed, and for half the projection was initially absent and then introduced. Participants who had the projection absent and then present reported comparable reality and vividness ratings when the projection was absent and present. These findings indicate that elevated hypnotizability and hypnosis are associated with attributions of external reality to suggested experiences.

[0695]

Functional neuroanatomy of altered states of consciousness: The transient hypofrontality hypothesis  
Conscious Cogn. 2003 Jun;12(2):231-56  
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It is the central hypothesis of this paper that the mental states commonly referred to as altered states of consciousness are principally

due to transient prefrontal cortex deregulation. Supportive evidence from psychological and neuroscientific studies of dreaming, endurance running, meditation, daydreaming, hypnosis, and various drug-induced states is presented and integrated. It is proposed that transient hypofrontality is the unifying feature of all altered states and that the phenomenological uniqueness of each state is the result of the differential viability of various frontal circuits. Using an evolutionary approach, consciousness is conceptualized as hierarchically ordered cognitive function. Higher-order structures perform increasingly integrative functions and thus contribute more sophisticated content. Although this implies a holistic approach to consciousness, such a functional hierarchy localizes the most sophisticated layers of consciousness in the zenithal higher-order structure: the prefrontal cortex. The hallmark of altered states of consciousness is the subtle modification of behavioral and cognitive functions that are typically ascribed to the prefrontal cortex. The theoretical framework presented yields a number of testable hypotheses.

[0696]

Therapy and cognitive-behaviour therapy in cancer care: the patients' view  
Eur J Cancer Care (Engl). 2003 Jun;12(2):137-42  
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Psychological intervention is not widely available for emotionally distressed patients with cancer. The purpose of this study is to investigate and report on the experiences of eight patients who participated in a programme consisting of hypnotherapy and cognitive-behaviour therapy. Following the 12-session intervention, qualitative analysis of interview data demonstrated that patients had acquired the skills to enable them to cope, both with invasive medical procedures and the psychological traumas they faced. The findings also indicated some initial misconceptions about hypnotherapy and the need to provide a therapy setting sensitive to the needs of cancer patients undergoing active medical treatment.

[0697]

Subliminal processes, dissociation and the 'I'  
J Anal Psychol. 2003 Jun;48(3):307-16  
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The study of unconscious processes leads to the hypothesis of the limit of consciousness, which involves two main kinds of psychic activity. The first represents psychic contents which are subliminal for their low energy, the second subliminal contents which are inaccessible to consciousness because they are dissociated in the subliminal region. Dissociation is a concept introduced by Pierre Janet for splitting consciousness due to traumatic events or during hypnosis. It takes a more general form in Hilgard's neo-dissociation theory of hypnotic phenomena and also in Jung's theory of the collective unconscious. Further generalization links it to the modern findings of explicit and implicit perception, leading to a shift in dissociation from hypothesis to clinical, experimental and theoretical reality. Studies in hypnosis also point to the existence of an integrative psychic entity, that comprises the conscious 'I'. Hilgard called this the hidden observer, and his findings represent empirical confirmation of Jung's term for the Self as mirror 'I', which leads to many important consequences for self-discovery and the meaning of life.

[0698]

Brain function and conditioning in posttraumatic stress disorder  
J R Soc Health. 2003 Jun;123(2):120-3  
Redgrave K

Post-traumatic stress disorder (PTSD) is commonly treated by psychotherapy, which may draw upon behavioural psychology or cognitive-behavioural psychology, thereby making use of desensitisation techniques--amongst others; hypnotherapy may also be used. Hypnotherapy and psychotherapy are also available for helping patients who suffer from symptoms associated with general stress or who show phobic symptoms, such as a fear of heights or of walking across bridges. Studies of patients with such disorders have not always linked emotional (affective) and behavioural symptoms with psychophysical factors, which correlate with the symptoms. The present article not only does this, but also shows that it is possible for brain function and psychoemotional outcome to mislead a person and 'trick' him or her into believing that certain fears or panics appear 'out of the blue' or might be due to experiences other than the true cause. These may be important when, for instance, childhood memories form an issue in any court case.

[0699]

Psychosocial aspects of functional gastrointestinal disorders  
Gastroenterol Clin North Am. 2003 Jun;32(2):477-506  
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Psychosocial factors, such as stress, abuse history, psychiatric disturbance, coping style, and learned illness behaviors, play an important role in functional GI disorders in terms of symptom experience and clinical outcome. These psychosocial factors are influenced by and influence GI symptoms in a bidirectional manner as mediated through the brain-gut axis (CNS and ENS pathways). Entering the patient encounter using a biopsychosocial approach and a care (versus cure) style can help avoid excessive diagnostic testing, and elicit crucial information about potential abuse history or psychiatric symptoms that can help guide therapy. Finally, for patients with severe, refractory symptoms, multicomponent treatment involving psychological therapy, such as CBT, relaxation, or hypnotherapy, can be beneficial.

[0700]

Role of spirituality in patients with sickle cell disease  
J Am Board Fam Pract. 2001 Mar-Apr;14(2):116-22  
Cooper-Effa M, Blount W, Kaslow N, Rothenberg R, Eckman J  
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**BACKGROUND:** Patients with sickle cell disease cope with their disease in various ways, such as psychological counseling, hypnosis, medication, and prayer. Spirituality is a coping mechanism in a variety of diseases. This study evaluates the role of spirituality in patients coping with the pain of sickle cell disease. **METHODS:** Seventy-one patients from the Georgia Sickle Cell Clinic completed a questionnaire addressing their ability to cope with the pain of sickle cell disease and their degree of spirituality. A descriptive cross-sectional design was used. Correlation and multiple regression analyses were calculated for the relation between coping with the pain of sickle cell disease and spirituality. **RESULTS:** The questionnaire provided several scales with high internal consistency for measuring

spiritual well-being and its two components, existential well-being and religious well-being, that show a correlation between high levels of spirituality and life control. The study population exhibited high levels of spirituality and religiosity, but the influence of these feelings on coping with sickle cell disease was variable. Spiritual well-being was correlated with life-control but not with perceived pain severity. CONCLUSIONS: Existential well-being was associated with general coping ability. Spiritual well-being is important for some patients who must cope with the pain of sickle cell disease.

[0701]

Use and expenditure on complementary medicine in England: a population based survey

Complement Ther Med. 2001 Mar;9(1):2-11

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OBJECTIVES: Many claims are made that complementary medicine use is a substantial and growing part of health-care behaviour. Estimates of practitioner visits in the USA and Australia indicate high levels of use and expenditure. No reliable population-based estimates of practitioner use are available for the UK. METHODS: In 1998, a previously piloted postal questionnaire was sent to a geographically stratified, random sample of 5010 adults in England. The questionnaire focuses on practitioner contacts, but also asked about the purchase of over-the-counter remedies. Additional information was requested on socio-demographic characteristics, perceived health, and recent NHS resource use. Information on use included reason for encounter, expenditure, insurance, and location of visit. MAIN OUTCOMES MEASURES: Population estimates (by age group and sex) of lifetime use and use in the past 12 months for acupuncture, chiropractic, homoeopathy, hypnotherapy, medical herbalism, osteopathy. Estimates for two additional therapies (reflexology and aromatherapy), and homoeopathic or herbal remedies purchased over-the-counter. Estimates of annual out-of-pocket expenditure on practitioner visits in 1998. RESULTS: A crude response rate of 60% was achieved (adjusted response rate 59%). Responders were older and more likely to be female than non-responders. Usable responses (n = 2669) were weighted using the age/sex profile of the sample frame. From these adjusted data we estimate that 10.6% (95% CI 9.4 to 11.7) of the adult population of England had visited at least one therapist providing any one of the six more established therapies in the past 12 months (13.6% for use of any of the eight named therapies, 95% CI 12.3 to 14.9). If all eight therapies, and self-care using remedies purchased over the counter are included, the estimated proportion rises to 28.3% (95% CI 26.6 to 30.0) for use in the past 12 months, and 46.6% (95% CI 44.6 to 48.5) for lifetime use. All types of use declined in older age groups, and were more commonly reported by women than men (P < 0.01 for all comparisons). An estimated 22 million visits were made to practitioners of one of the six established therapies in 1998. The NHS provided an estimated 10% of these contacts. The majority of non-NHS visits were financed through direct out-of-pocket expenditure. Annual out-of-pocket expenditure on any of the six more established therapies was estimated at pound 450 million (95% CI 357 to 543). CONCLUSION: This survey has demonstrated substantial use of practitioner-provided complementary therapies in England in 1998. The findings suggest that CAM is making a measurable contribution to first-contact primary care. However, we have shown that 90% of this provision is purchased privately. Further research into the cost-effectiveness of different CAM therapies for particular patient groups is now urgently needed to facilitate equal and appropriate access via the NHS.

[0702]

Unconventional therapies for cancer and cancer-related symptoms

Lancet Oncol. 2001 Apr;2(4):226-32

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A significant proportion of cancer patients try unconventional therapies and many use 'complementary' therapies, as adjuncts to mainstream care, for management of symptoms and to improve quality of life. A smaller proportion use 'alternative' therapies, which are typically invasive, biologically active, and commonly promoted as replacements for, rather than adjuncts to, mainstream therapy. Many alternative therapies, including high-dose vitamin C, the Di Bella regimen, and laetrile have been shown not to be effective. For others, such as metabolic therapy, evidence is extremely limited. Conversely, most complementary therapies are well studied and of proven benefit. There is evidence from randomised trials supporting the value of hypnosis for cancer pain and nausea; relaxation therapy, music therapy, and massage for anxiety; and acupuncture for nausea. Such complementary therapies are increasingly provided at mainstream cancer centres.

[0703]

Nurses' perceptions of complementary and alternative medical therapies

J Community Health. 2001 Jun;26(3):175-89

Brolinson PG, Price JH, Ditmyer M, Reis D

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The purpose of this study was to identify the perceptions of nurses toward the effectiveness and safety, as well as their recommendations for and personal use of complementary and alternative medical therapies. A random sample of 1000 nurses throughout the United States were surveyed using a three-wave mailing. About half of the respondents perceived there was conclusive evidence or preponderance of evidence that five therapies were effective: biofeedback, chiropractic, meditation/relaxation, multi-vitamins, and massage therapy. The same amount of nurses also perceived five therapies as definitely safe: hypnotherapy, chiropractic, acupressure, acupuncture, and healing touch. However, the nurses were most likely to recommend (regularly or periodically) four therapies: multivitamins, massage, meditation/relaxation, and pastoral/spiritual counseling. The vast majority (79%) of nurses perceived their professional preparation in this area to be fair or poor.

[0704]

Cortical representation of the sensory dimension of pain

J Neurophysiol. 2001 Jul;86(1):402-11

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It is well accepted that pain is a multidimensional experience, but little is known of how the brain represents these dimensions. We used positron emission tomography (PET) to indirectly measure pain-evoked cerebral activity before and after hypnotic suggestions were given to modulate the perceived intensity of a painful stimulus. These techniques were similar to those of a previous study in which we gave suggestions to modulate the perceived unpleasantness of a noxious stimulus. Ten volunteers were scanned while tonic warm and noxious heat stimuli were presented to the hand during four experimental conditions: alert control, hypnosis control, hypnotic suggestions for increased-pain intensity and hypnotic suggestions for decreased-pain intensity. As shown in previous brain imaging studies, noxious thermal stimuli presented during the alert and hypnosis-control conditions reliably activated contralateral structures,

including primary somatosensory cortex (S1), secondary somatosensory cortex (S2), anterior cingulate cortex, and insular cortex. Hypnotic modulation of the intensity of the pain sensation led to significant changes in pain-evoked activity within S1 in contrast to our previous study in which specific modulation of pain unpleasantness (affect), independent of pain intensity, produced specific changes within the ACC. This double dissociation of cortical modulation indicates a relative specialization of the sensory and the classical limbic cortical areas in the processing of the sensory and affective dimensions of pain.

[0705]

Posthypnotic responding: the relevance of suggestion and test congruence  
Int J Clin Exp Hypn. 2001 Jul;49(3):207-19  
Barnier AJ, McConkey KM  
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Thirty real, hypnotized subjects and 34 simulating, un hypnotized subjects were given either a suggestion to respond when they heard a cue (general) or a suggestion to respond when they heard a cue after hypnosis (posthypnotic). Half the subjects were given the cue during hypnosis (hypnotic test) and half were given it after hypnosis (posthypnotic test). Those who were given the cue during hypnosis were also given it after hypnosis. Between- and within-group comparisons were made of subjects' behavioral responses, latencies to respond, and ratings of experiential compulsion. The findings indicated that subjects' behavior and experience were influenced by congruence between information conveyed by the suggestion and the test about when and how they should respond.

[0706]

Treating adolescent conversion disorders: are hypnotic techniques reusable?  
Int J Clin Exp Hypn. 2001 Jul;49(3):243-56  
Bloom PB  
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When treating disabling conversion disorders in hospitalized adolescents, clinicians must act to restore function as rapidly as possible. After attempting to rule out physical causes for the symptoms and trying to find persuasive psychological reasons that the patient will accept and use to resolve the condition, the inpatient staff of a multidisciplinary therapeutic milieu must seek additional approaches to the care of these seriously ill individuals. This clinical forum reports the author's experience treating 2 young patients, a 12-year-old girl and a 15-year-old boy, with hypnosis. Therapists of every experience level find hypnotic techniques that work for them in a variety of patients, but are hypnotic techniques really reusable? The author reports what he learned once again.

[0707]

Irritable bowel syndrome: an update on therapeutic modalities  
Expert Opin Investig Drugs. 2001 Jul;10(7):1211-22  
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Irritable bowel syndrome (IBS) is the most common condition that a physician faces in the GI clinic. Of the general population, 10 - 25% suffer from symptoms judged to be IBS. The negative impact of this disease includes not only pain, suffering and direct medical expenses but also significant social and job-related consequences. IBS can be the result of dysfunction in any part of the brain-gut axis: alterations in the CNS caused by psychological or other factors, abnormal gastrointestinal motility, or heightened visceral sensations. Diagnosis is based on either the Manning or Rome-II criteria. Education, reassurance and emotional support are the cornerstones of successful treatment. The mainstays of the current therapeutic approach continue to be: stress management strategies, dietary modification entailing addition of dietary fibre and pharmacotherapy. Pharmacotherapy is still limited to treating symptoms. Newer drugs that modulate motility or drugs that modulate visceral sensation may be useful in selected cases. Psychopharmacological agents are useful in the treatment of IBS, especially in those with psychological co-morbidity. Alternative therapies such as homeopathy, acupuncture, special diets, herbal medication and several forms of psychological treatments and hypnotherapy are sought by many patients and are now being offered by physicians as treatment options, either alone or in conjunction with conventional forms of therapy in patients with refractory symptoms.

[0708]

Rapid self-hypnosis: a new self-hypnosis method and its comparison with the Hypnotic Induction Profile (HIP)  
Am J Clin Hypn. 2001 Jul;44(1):3-11  
Martinez-Tendero J, Capafons A, Weber V, Cardena E  
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Despite its clinical importance, there are few systematic studies on the application of self-hypnosis. Rapid Self-Hypnosis (RSH) was created to provide a new procedure that is easy, comfortable, fosters alertness, and can be done covertly in everyday life. We present it as an alternative to the self-hypnosis version of the Hypnosis Induction Profile (HIP). Using a crossover design, we found in an experimental session that the RSH and the HIP produced comparable objective and subjective scores in the Barber Suggestibility Scale (BSS). However, as compared with the HIP, participants rated RSH as significantly more coherent, pleasant, faster and easier to learn, more likely to be used in everyday life and go unnoticed by others, less bothersome to use, and more likely to be used in private. Additional research should clarify whether these differences are reliable and have clinical significance. Our results suggest that RSH will be a valuable addition to the clinician's arsenal.

[0709]

Improved recovery after music and therapeutic suggestions during general anaesthesia: a double-blind randomised controlled trial  
Acta Anaesthesiol Scand. 2001 Aug;45(7):812-7  
Nilsson U, Rawal N, Unestahl LE, Zetterberg C, Unosson M  
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PURPOSE: This study was designed to determine whether music or music in combination with therapeutic suggestions in the intra-operative period under general anaesthesia could improve the recovery of hysterectomy patients. METHODS: In a double-blind randomised clinical investigation, 90 patients who underwent hysterectomy under general anaesthesia were intra-operatively exposed to music, music in combination with therapeutic suggestion or operation room sounds. The anaesthesia was standardised. Postoperative analgesia was provided by a patient-controlled analgesia (PCA). The pain scores were recorded by means of a visual analogue scale. Nausea, emesis, bowel function, fatigue, well-being and duration of hospital stay were studied as outcome variables. RESULTS: On the

day of surgery, patients exposed to music in combination with therapeutic suggestions required less rescue analgesic compared with the controls. Patients in the music group experienced more effective analgesia the first day after surgery and could be mobilised earlier after the operation. At discharge from the hospital patients in the music and music combined with therapeutic suggestion group were less fatigued compared to the controls. No differences were noted in nausea, emesis, bowel function, well-being or length of hospital stay between the groups. CONCLUSION: This double-blind study has demonstrated that intra-operative music and music in combination with therapeutic suggestions may have some beneficial effects on postoperative recovery after hysterectomy. Further controlled studies are necessary to confirm our results.

[0710]

Which complementary and alternative therapies benefit which conditions? A survey of the opinions of 223 professional organizations  
Complement Ther Med. 2001 Sep;9(3):178-85  
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With the increasing demand and usage of complementary/alternative medicine (CAM) by the general public, it is vital that healthcare professionals can make informed decisions when advising or referring their patients who wish to use CAM. Therefore they might benefit from advice by CAM-providers as to which treatment can be recommended for which condition. AIM: The primary aim of this survey was to determine which complementary therapies are believed by their respective representing professional organizations to be suited for which medical conditions. METHOD: 223 questionnaires were sent out to CAM organizations representing a single CAM therapy. The respondents were asked to list the 15 conditions they felt benefited most from their CAM therapy, the 15 most important contra-indications, the typical costs of initial and any subsequent treatments and the average length of training required to become a fully qualified practitioner. The conditions and contra-indications quoted by responding CAM organizations were recorded and the top five of each were determined. Treatment costs and hours of training were expressed as ranges. RESULTS: Of the 223 questionnaires sent out, 66 were completed and returned. Taking undelivered questionnaires into account, the response rate was 34%. Two or more responses were received from CAM organizations representing twelve therapies: aromatherapy, Bach flower remedies, Bowen technique, chiropractic, homoeopathy, hypnotherapy, magnet therapy, massage, nutrition, reflexology, Reiki and yoga. The top seven common conditions deemed to benefit by all twelve therapies, in order of frequency, were: stress/anxiety, headaches/migraine, back pain, respiratory problems (including asthma), insomnia, cardiovascular problems and musculoskeletal problems. Aromatherapy, Bach flower remedies, hypnotherapy, massage, nutrition, reflexology, Reiki and yoga were all recommended as suitable treatments for stress/anxiety. Aromatherapy, Bowen technique, chiropractic, hypnotherapy, massage, nutrition, reflexology, Reiki and yoga were all recommended for headache/migraine. Bowen technique, chiropractic, magnet therapy, massage, reflexology and yoga were recommended for back pain. None of the therapies cost more than £60 for an initial consultation and treatment. No obvious correlation between length of training and treatment cost was apparent. CONCLUSION: The recommendations by CAM organizations responding to this survey may provide guidance to health care professionals wishing to advise or refer patients interested in using CAM.

[0711]

Assessment of the effects of a taped cognitive behavior message on postoperative complications (therapeutic suggestions under anesthesia)  
Obes Surg. 2001 Oct;11(5):589-93  
Cowan GS Jr, Buffington CK, Cowan GS 3rd, Hathaway D  
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BACKGROUND: The authors studied whether playing a taped cognitive-behavior message during and immediately following bariatric surgery will improve performance of a postoperative regimen designed to enhance recovery. METHODS: The double-blinded placebo-controlled study consisted of 27 morbidly obese bariatric surgical patients randomly assigned to listen to either a blank (Controls) or a positive therapeutic message audiotape (Tape). A Postoperative Regimen Checklist (PRC) quantified different parts of the postoperative recovery regimen. RESULTS: The data showed that patients in the Tape group, compared to the Controls: 1) achieved better scores at most PRC assessment points ( $p < 0.05$ ), 2) required less encouragement to perform tasks ( $p < 0.05$ ), and 3) were discharged from the hospital a mean of 1.6 days earlier. CONCLUSIONS: A taped cognitive-behavioral message, played to patients repetitively during and immediately following bariatric surgery, is effective in enhancing postoperative compliance and reducing in-patient length of stay.

[0712]

How events are reviewed matters: effects of varied focus on eyewitness suggestibility  
Mem Cognit. 2001 Oct;29(7):940-7  
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Witnesses to a crime or an accident perceive that event only once, but they are likely to think or talk about it multiple times. The way in which they review the event may affect their later memory. In particular, some types of review may increase suggestibility if the witness has been exposed to postevent misleading information. In Experiment 1, participants viewed a videotaped crime and then received false suggestions about the event. We found that participants who were then asked to focus on specific details when reviewing the event were more suggestible on a later source memory test than participants asked to review the main points. The findings of Experiment 2 suggest that this effect was not due to a criterion shift at test. These findings indicate that the type of rehearsal engaged in after witnessing an event can have important consequences for memory and, in particular, suggestibility.

[0713]

Interviewing witnesses: forced confabulation and confirmatory feedback increase false memories  
Psychol Sci. 2001 Nov;12(6):473-7  
Zaragoza MS, Payment KE, Ackil JK, Drivdahl SB, Beck M  
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In two experiments, adults who witnessed a videotaped event subsequently engaged in face-to-face interviews during which they were forced to confabulate information about the events they had seen. The interviewer selectively reinforced some of the participants' confabulated responses by providing confirmatory feedback (e.g., "Yes, \_\_\_\_\_ is the correct answer") and provided neutral (uninformative) feedback for the remaining confabulated responses (e.g., "O.K. \_\_\_\_\_"). One week later participants developed false memories for the events they had earlier confabulated knowingly. However confirmatory feedback increased false memory for forcibly confabulated events, increased confidence in those false memories, and increased the likelihood that participants would freely report the confabulated events 1 to 2 months later. The results illustrate the powerful role of social-motivational factors in promoting the development of false memories.

[0714]

First-line treatment for osteoarthritis. Part 2: Nonpharmacologic interventions and evaluation  
Orthop Nurs. 2001 Nov-Dec;20(6):13-8; quiz 18-20  
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Because of the chronic nature of osteoarthritis, nonpharmacologic interventions provide the client with self-care strategies that may lessen pain, improve physical functioning, and increase independence and sense of control. Nonpharmacologic interventions include exercise, rest and joint protection, heat and cold, hydrotherapy, therapeutic touch, acupuncture/acupressure, biofeedback, hypnotherapy, cognitive-behavioral techniques, activity and home maintenance modification, nutrition, and transportation interventions. Most of these therapies are very useful for nurses as independent interventions. Suggestions for evaluation of interventions are made.

[0715]

Information processing in chronic fatigue syndrome: a preliminary investigation of suggestibility  
J Psychosom Res. 2001 Nov;51(5):679-86  
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This study examines the effects of certain types of information processing on the subjective experience of cognitive deficits in persons with chronic fatigue syndrome (CFS). Two groups of participants, persons with CFS and a group of healthy controls, were administered a symptom inventory and measures of intellectual functioning, memory, automatic processing, and suggestibility. The groups differed significantly on number and severity of reported symptoms and on measures of global suggestibility and automatic processing, but not on measures of intellectual functioning and memory. Suggestibility was related to number and severity of reported symptoms, as well as the inability to inhibit the automatic processing of information. Implications of these findings are discussed, as well as directions for future research and treatment of symptoms associated with CFS.

[0716]

Biopsychosocial approaches to the treatment of chronic pain  
Clin J Pain. 2001 Dec;17(4 Suppl):S114-27  
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**BACKGROUND:** Biopsychosocial treatments address the range of physical, psychological, and social components of chronic pain. **OBJECTIVE:** This review sought to determine how effective unimodal and multimodal biopsychosocial approaches are in the treatment of chronic pain. **METHODOLOGY:** The literature search identified three systematic reviews of the literature and 21 randomized controlled trials to provide the evidence for this review. **RESULTS:** The systematic reviews and 12 randomized controlled trials reported on chronic low back pain. Other randomized controlled trials studied fibromyalgia (three trials) and back or other musculoskeletal disorders (five trials). Biopsychosocial components reviewed were electromyogram feedback and hypnosis as unimodal approaches, and behavioral and cognitive-behavioral treatments and back school, or group education, as multimodal approaches for chronic low back pain. For other chronic pain disorders, cognitive-behavioral treatments were reviewed. Comparisons were hindered by studies with heterogeneous subjects, varied comparison groups, different cointerventions and follow-up times, variable outcomes, and a range of analytic methods. **CONCLUSIONS:** Multimodal biopsychosocial treatments that include cognitive-behavioral and/or behavioral components are effective for chronic low back pain and other musculoskeletal pain for up to 12 months (level 2). There is limited evidence (level 3) that electromyogram feedback is effective for chronic low back pain for up to 3 months. The remaining evidence of longer-term effectiveness and of effectiveness of other interventions was inadequate (level 4a) or contradictory (level 4b). Future studies of cognitive-behavioral treatments should be condition specific, rather than include patients with different pain conditions.

[0717]

Dental distress. A possible relief  
Aust Endod J. 2001 Dec;27(3):123-5  
Boundy M

The exacting task of endodontics can be considerably complicated by the behaviour of patients who have heightened fears and reactions to the manipulations involved. Hypnotherapy may offer a way to reduce these fears and enhance the comfort of both patient and dentist.

[0718]

A primer of complementary and alternative medicine and its relevance in the treatment of mental health problems  
Psychiatr Q. 2002 Winter;73(4):367-81  
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The use of complementary and alternative medicine (CAM) is widespread. Those with psychiatric disorders are more likely to use CAM than those with other diseases. There are both benefits and limitations to CAM. Many controlled studies have yielded promising results in the areas of chronic pain, insomnia, anxiety, and depression. There is sufficient evidence, for example, to support the use of a) acupuncture for addiction problems and chronic musculoskeletal pain, b) hypnosis for cancer pain and nausea, c) massage therapy for anxiety, and the use of d) mind-body techniques such as meditation, relaxation, and biofeedback for pain, insomnia, and anxiety. Large doses of vitamins, herbal supplements, and their interaction with conventional medications are areas of concern. Physicians must become informed practitioners so that they can provide appropriate and meaningful advice to patients concerning benefits and limitations of CAM.

[0719]

Treatment of childhood eczema  
Paediatr Drugs. 2002;4(11):729-35  
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Eczema in childhood is almost always atopic eczema, a common disease with huge impact on the quality of life of the child and family.



Although atopic eczema constitutes part of the atopic syndrome, avoidance of allergens is never enough for disease control. Treatment of eczema in childhood has the same components as in adults. Emollients constitute the preventive background therapy in all stages of eczema, and topical corticosteroids are still the mainstay of treatment. Infectious exacerbation may require the use of a short course of topical or systemic antimicrobials. UV phototherapy should be considered as an adjunctive treatment to assist topical corticosteroids after an acute exacerbation of the disease. Cyclosporine can also be used in the treatment of childhood eczema in severe cases. Maternal allergen avoidance for disease prevention, oral antihistamines, Chinese herbs, dietary restriction in established atopic eczema, homeopathy, house-dust mite reduction, massage therapy, hypnotherapy, evening primrose oil, emollients, and topical coal tar are other temporarily used treatment modalities, without, however, firm evidence of efficacy from proper controlled trials. Calcineurin inhibitors constitute a new generation of drugs for both adult and childhood eczema already marketed in some countries. It is postulated that they will replace topical corticosteroids as first-line treatment of eczema.

[0720]

Video-hypnosis--the provision of specialized therapy via videoconferencing

J Telemed Telecare. 2002;8 Suppl 2:78-9

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Hypnosis is not normally accessible to patients living in remote areas. We conducted a pilot study to evaluate the feasibility of providing hypnosis via videoconferencing, using ISDN at 384 kbit/s. Eleven of 15 patients invited to do so took part. Ten of the 11 stated that they were satisfied with the video-hypnosis session and all indicated that they would like to have further video-hypnosis sessions in the future. Sound quality and image quality were acceptable during nearly all sessions, in spite of some interference as a result of technical problems and weather conditions. The results suggest that hypnosis can be provided successfully via videoconferencing.

[0721]

Verrucae vulgares in children: successful simulated X-ray treatment (a suggestion-based therapy)

Dermatology. 2002;204(4):287-9

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**BACKGROUND:** Treatment of verrucae vulgares is sometimes difficult. Invasive methods should not be used for young children. **OBJECTIVE:** Evaluation of a special suggestion therapy for treatment of verrucae vulgares in children. **METHODS:** Nine children with warts on the hands and/or feet and in the face were treated with a simulated X-ray treatment. **RESULTS:** Five children showed a complete remission of warts, 3 children a partial remission. For 1 child, there was no response. On average, 3 treatment sessions were needed for children showing a complete remission. **CONCLUSION:** This therapy offers an easy-to-perform, alternative treatment option. It is noninvasive and does not depend on special psychological techniques for which training is required. Copyright 2002 S. Karger AG, Basel

[0722]

Methods for assessing adequacy of anesthesia

Crit Rev Biomed Eng. 2002;30(1-3):99-130

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Assessing adequacy of anesthesia requires evaluation of its components: hypnosis, analgesia, and neuromuscular transmission. In order to do this, many methods have been developed that process signals representing different modalities. Assessment of hypnosis requires cortical measures of the central nervous system (CNS); methods that assess analgesia concentrate on subcortical and spinal levels of the CNS; and neuromuscular transmission is a peripheral phenomenon. This article presents an overview of the current state of methods available for measuring each of these components. We conclude that, whereas important gains have been made in the area of assessment of hypnosis, mainly owing to the advancement of methods using EEG and auditory evoked potentials, and whereas neuromuscular transmission can be objectively monitored using motor nerve stimulation, assessment of analgesia still contains many challenges.

[0723]

[Oxytocin: a natural means of treating psychological stress]

Bull Mem Acad R Med Belg. 2002;157(7-9):383-9; discussion 389-90

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Oxytocin as an endogenous antistress hormone. The neurohypophysial peptide oxytocin (OT), besides its well known uterotonic and milk ejection activity, share also an inhibitory action on corticotrope activity. This has been demonstrated not only in pharmacological (perfusion) but also in physiological (lactation) conditions. This action is opposite to that of its "sister" hormone vasopressin (AVP) thus bringing arguments favouring the ago-antagonist ying-yang hypothesis. A non pharmacological stimulation of oxytocin secretion, as we have recently demonstrated in a preliminary study, related to hypnosis, could induce a beneficial inhibition of corticotrop axis and needs further rigorous experimental approach.

[0724]

Seeing is believing? The form and substance of French medical debates over Lourdes

Bull Hist Med. 2002 Summer;76(2):199-230

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Recent works on Lourdes have tended to emphasize the positive personal, social, and spiritual aspects of a pilgrimage, while downplaying the role of religious politics in (over)determining discussions around the events taking place there over the course of the Third Republic. This paper seeks to reassert the extent to which the medical community remained divided, along religious lines, over the existence and nature of the cures taking place at Lourdes well into the twentieth century, while analyzing how Catholic physicians were able to create an aura of therapeutic credibility around the cures.

[0725]

High resolution EEG indicators of pain responses in relation to hypnotic susceptibility and suggestion

Biol Psychol. 2002;60(1):17-36

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In this report we use a dense array (129 electrodes) EEG procedure to examine the effects of hypnotic susceptibility and hypnotic suggestions on electrocortical and self-report measures of painful stimuli. Self-report and event-related potential measures of six high and six low hypnotic susceptible individuals in response to pain were examined during an initial baseline condition and following a standard hypnotic induction under suggestions to either increase (hyperalgesia) or decrease (hypoalgesia) the painful stimulation. Our results show that high and low hypnotically susceptible individuals: (1) show few self-report or psychophysiological differences in response to baseline pain stimuli; (2) report differential pain experiences depending on hypnotic suggestions and (3) display differential psychophysiological indicators following an hypnotic induction with a suggestion of hypoalgesia. Overall, the findings suggest that hypnotic suggestions with high susceptible individuals modulate the later components of the evoked potential in a global manner and point up the importance of using both high and low hypnotically susceptible individuals preceding and following an hypnotic induction.

[0726]

The Video Suggestibility Scale for Children: how generalizable is children's performance to other measures of suggestibility?

Behav Sci Law. 2002;20(6):699-716

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This study explored the generalizability of the Video Suggestibility Scale for Children (VSSC), which was developed by Scullin and colleagues (Scullin & Ceci, 2001; Scullin & Hembrooke, 1998) as a tool for discriminating among children (aged three to five years) who have different levels of suggestibility. The VSSC consists of two subscales; Yield (a measure of children's willingness to acquiesce to misleading questions) and Shift (a measure of children's tendency to change their responses after feedback from the interviewer). Children's (N = 77) performance on each of the subscales was compared with their performance using several other measures of suggestibility. These measures included children's willingness to assent to a false event as well as the number of false interviewer suggestions and false new details that the children provided when responding to cued-recall questions about an independent true-biased and an independent false (non-experienced) event. An independent samples t-test revealed that those children who assented to the false event generated higher scores on the Yield measure. Hierarchical regression analyses revealed that Yield was a significant predictor of the number of false details reported about the false activity, but not the true-biased activity. There was no significant relationship between the Shift subscale and any of the dependent variables. The potential contribution of the VSSC for forensic researchers and practitioners is discussed. Copyright 2002 John Wiley & Sons, Ltd.

[0727]

Complementary/alternative medicine in dermatology: evidence-assessed efficacy of two diseases and two treatments

Am J Clin Dermatol. 2002;3(5):341-8

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The objective of this article is to provide a brief, but critical, overview of the evidence related to complementary/alternative medicine (CAM) use, and to offer valid and useful information for dermatologists in clinical practice. Systematic literature searches were conducted on these databases: Medline, EMBASE, The Cochrane Library, CISCOP and AMED (until October 2000). Where appropriate, the evaluation of the published literature was based on systematic reviews and randomized controlled trials. After scanning the literature it was decided to focus on a selection of two conditions (atopic dermatitis and chronic venous insufficiency) and two treatment modalities (aloe vera gel and tea tree oil). Data for the life-time prevalence of CAM use by patients with dermatological disease ranges between 35 to 69%. The most popular modalities include herbalism and (other) dietary supplements, while atopic dermatitis is one of the conditions most frequently treated with CAM. For patients with atopic dermatitis the evidence relates to autogenic training, hypnotherapy, diet, herbal medicine, and dietary supplements. Compelling evidence of effectiveness exists for none of these therapies. However, some promising data have been reported for those with a psychological component: autogenic training, biofeedback and hypnotherapy. For chronic venous insufficiency there is relatively convincing evidence for the effectiveness of oral horse chestnut seed extract. The data for aloe vera gel and tea tree oil indicate that for neither is there compelling evidence of effectiveness. The use of CAM treatments is not free of risk; direct and indirect risks associated with CAM must be considered.

[0728]

The urge to smoke depends on the expectation of smoking

Addiction. 2002 Jan;97(1):87-93

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AIMS: An earlier study (Dols et al. 2000) suggested that cue-induced urge to smoke depends on the expectation of smoking. The present study tried to replicate the findings under stringently controlled conditions. DESIGN: A 2 (context) x 2 (cues) x 6 (trial) within-subject design. Each smoker entered two different contexts; one context predicted the future occurrence of smoking (i.e. one puff of a cigarette) and one context predicted the non-occurrence of smoking. In each context smokers were exposed to smoking cues (i.e. cigarettes and lighter) or not. SETTING: Laboratory at Maastricht University. PARTICIPANTS: Thirty-two daily smokers, smoking at least five cigarettes a day for at least 2 years. MEASUREMENTS: Participants reported their urge to smoke in each context in the presence and absence of smoking cues using a computerized visual analogue scale (VAS). FINDINGS: The results revealed that the urge to smoke was higher in a context in which smoking was expected relative to a context in which it was not expected. As in the previous study the urge-inducing effect of smoking cues was larger in the smoking context than in the non-smoking context. Moreover, smoking cues did not have a significant effect in the non-smoking context. CONCLUSIONS: It was shown that smoking cues elicit craving due mainly to a generated expectation of the occurrence of smoking and less due to salience or long history of associative learning. Theoretical and practical implications of the results are discussed.

[0729]

Hypnotic susceptibility and alterations in subjective experiences

Acta Biol Hung. 2002;53(4):499-514

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Pavlov has described hypnosis as a partial sleep. A contemporary approach to this altered state of consciousness will be discussed.

Under laboratory conditions subjective and behavioral data will be analyzed after hypnotic induction, shamanic trance and relaxation with listening to music. Role of different cortical regions will be shown after different hypnotic inductions as a function of hypnotic susceptibility. The importance of context will be underlined as an important factor in the possible alteration of consciousness.

[0730]

Modulation and experience of external stimuli: toward a science of experience and interoception

Acta Biol Hung. 2002;53(4):551-8

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The concept of interoception can be found in various writing over the past 100 or more years dating back to Sherrington, James and Lange. Professor Gyorgy Adam that made American scientists increasingly aware of the importance of interoception with his 1967 book *Interoception and Behavior*. In this article we want to discuss two areas of research from our laboratory that have been influenced from this perspective. First, we will focus on electrocortical correlates of error detection during visual-motor task and examine the manner in which an individual becomes aware of making an error as well as the way in which this awareness directs behavior on an ongoing basis. Second, we will examine hypnotic modulation of the pain experience and describe the manner in which electrocortical processes reflect the modulation and experience of pain. In this discussion, we suggest the importance of the anterior cingulate in not only modulating these processes in particular but also in its more general role as an interface between the limbic system and the neocortex and the integration of cognitive with emotional stimuli.

[0731]

[Development of Autogenic Training Clinical Effectiveness Scale (ATCES)]

Shinrigaku Kenkyu. 2002 Feb;72(6):475-81

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The purpose of the present study was to develop a scale measuring clinical effectiveness of autogenic training. In Study 1, 167 undergraduates completed a survey of items concerning physical and mental states, which were thought to vary in the course of autogenic training. With item and factor analyses, 20 items were selected, and the resulting scale (ATCES) had high discrimination and clear factor structure. In Study 2, reliability and concurrent and clinical validity of the scale were examined with three groups of respondents: 85 mentally healthy, 31 control, 13 clinical persons. The scale showed a high test-retest correlation ( $r = .83$ ) and alpha coefficient ( $\alpha = .86$ ). ATCES had a Pearson correlation coefficient of  $r = .56$  with General Health Questionnaire (GHQ-12), and  $r = .73$  with trait anxiety (STAI-T). And ATCES successfully discriminated the mentally healthy and clinical groups in terms of clinical effectiveness. These results demonstrated high reliability and sufficient concurrent and clinical validity of the new scale.

[0732]

Reducing child witnesses' false reports of misinformation from parents

J Exp Child Psychol. 2002 Feb;81(2):117-40

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This study explored whether a source-monitoring training (SMT) procedure, in which children distinguished between events they recently witnessed versus events they only heard described, would help 3- to 8-year-olds to report only experienced events during a target interview. Children ( $N = 132$ ) who witnessed science demonstrations and subsequently heard their parents describe nonexperienced events received SMT before or after a forensic-style interview. SMT reduced the number of false reports that 7- and 8-year-old children reported in response to direct questions but had no impact on the performance of younger children. Combined with earlier results, these data suggest a transition between 3 and 8 years of age in the strategic use of source-monitoring information to support verbal reports, such that only 7- and 8-year-olds generalize training to a difficult memory task that does not include mention of specific alternative sources. Copyright 2002 Elsevier Science.

[0733]

The role of suggestions and personality characteristics in producing illness reports and desires for suing the responsible party

J Psychol. 2002 Mar;136(2):125-40

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For this project, 92 students entered an abandoned theater room in an old basement of the university where sand was scattered throughout. The purpose of the study was to experimentally demonstrate that psychological suggestions could produce illness reports and to explore who is most likely to say that they would sue for personal damages. The students filled out the Trait-State Anger Scale and two subscales, Anger Temperament and Anger Reaction (C. D. Spielberger, G. A. Jacobs, S. Russell, & R. S. Crance, 1983) as well as the Costello-Comrey Anxiety Scale (G. C. Costello & A. L. Comrey, 1967), the Hardiness Inventory (S. C. Kobasa, 1982), the Pennebaker Inventory of Limbic Languidness (J. W. Pennebaker, 1982), and, embedded in the Hardiness Inventory, measures of current illness as a result of exposure to the basement room. Half the participants were met by a confederate student who claimed to be cleaning up the remains of a production of "Lawrence of Arabia," and the other half were met by a confederate construction worker who claimed that "The stuff will tear up your skin and your lungs." Those in the experimental groups who perceived danger and scored low in the hardiness dimension of challenge were more likely to report symptoms of illness. Willingness to file a law suit was predicted by a model including perceived danger and the personality characteristic of anger reactivity.

[0734]

The effects of a caffeine placebo and suggestion on blood pressure, heart rate, well-being and cognitive performance

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We studied the effect of suggestion and different instructions in a balanced placebo design. One hundred and fifty-nine subjects were randomized into a 2\*4 factorial design. All subjects except a control group received a caffeine placebo. Subjects were randomized to a condition which was identical to an earlier study, or received an information about scientifically proven effects of caffeine (factor 1). The second factor varied instructions: subjects were either made to expect coffee, no coffee or were in a double blind condition and were told either coffee or placebo would be applied. Dependent measures were blood pressure, heart rate, well-being and a cognitive task.

There was one main effect of the instruction factor ( $P=0.03$ ) on diastolic blood pressure, with the group 'told caffeine' reporting significantly smaller decrease in diastolic blood pressure than controls and subjects in the double blind condition. There were no other main effects on both the instruction or suggestion factor, and no interactions. Contrary to the literature, instruction effects were very small. This was apparently due to the fact that placebo-caffeine in the dose used in this study—one cup of strong 'coffee'—did not produce expectancy effects strong enough to affect the parameters measured. It is concluded that the placebo-caffeine research paradigm is not suitable for researching instruction effects in Germany, and that reported effects should be reproduced with tighter controls.

[0735]

First year medical students' perceptions and use of complementary and alternative medicine  
Complement Ther Med. 2002 Mar;10(1):27-32  
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**OBJECTIVES:** To explore First Year medical students' rating of CAM therapies following a core teaching session. To determine the influence of student gender and previous experience of CAM and therapist/teacher gender and professional background on ratings. **DESIGN:** Survey; self-administered questionnaire following a teaching session. **SETTING:** First Year medical students Behavioural Science module CAM teaching session, University of Birmingham Medical School, UK. **RESULTS:** One hundred and fifty (71.0%) students completed a questionnaire. 56 (37.3%) students had previous experience of CAM, particularly where a family member already used it ( $P = < 0.001$ ). Aromatherapy (29/56, 51.7%) and homoeopathy (17/56, 30.3%) were the most common therapies listed. Females were more likely than males to have used aromatherapy ( $P = 0.038$ ) or reflexology ( $P = 0.007$ ). Students using aromatherapy were more likely to have self treated ( $P = 0.01$ ). Of 82 episodes of CAM use, most (67/82, 81.7%) were stated to have been helpful. Hypnotherapy ( $P = 0.003$ ) and aromatherapy ( $P = 0.015$ ) were most helpful. Following the teaching session students rated therapies observed on a 10 point scale, 1 (extremely sceptical) to 10 (totally convinced). All were rated above the mid-point; highest rated was chiropractic (median score = 8), lowest, reflexology (median score = 5.06). Students who had previously used hypnotherapy gave it higher scores ( $P = 0.018$ ). Students whose family used CAM were more likely to rate aromatherapy highly ( $P = .027$ ) and to give homoeopathy a low score ( $P = 0.003$ ). **CONCLUSIONS:** A short CAM teaching session early in the curriculum can inform students about the relationship of CAM with current medical practice. It can be used as a 'taster' prior to selection of Special Study Module choices in later years.

[0736]

Autogenic training: a meta-analysis of clinical outcome studies  
Appl Psychophysiol Biofeedback. 2002 Mar;27(1):45-98  
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Autogenic training (AT) is a self-relaxation procedure by which a psychophysiological determined relaxation response is elicited. A meta-analysis was performed to evaluate the clinical effectiveness of AT. Seventy-three controlled outcome studies were found (published 1952-99). Sixty studies (35 randomized controlled trials [RCT]) qualified for inclusion in the meta-analysis. Medium-to-large effect sizes (ES) occurred for pre-post comparisons of disease-specific AT-effects, with the RCTs showing larger ES. When AT was compared to real control conditions, medium ES were found. Comparisons of AT versus other psychological treatment mostly resulted in no effects or small negative ES. This pattern of results was stable at follow-up. Unspecific AT-effects (i.e., effects on mood, cognitive performance, quality of life, and physiological variables) tended to be even larger than main effects. Separate meta-analyses for different disorders revealed a significant reduction of the heterogeneity of ES. Positive effects (medium range) of AT and of AT versus control in the meta-analysis of at least 3 studies were found for tension headache/migraine, mild-to-moderate essential hypertension, coronary heart disease, asthma bronchiale, somatoform pain disorder (unspecified type), Raynaud's disease, anxiety disorders, mild-to-moderate depression/dysthymia, and functional sleep disorders.

[0737]

[Effects of autogenic training in elderly patients]  
Z Gerontol Geriatr. 2002 Apr;35(2):157-65  
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Autogenic training (AT) is a widely available relaxation method with beneficial outcome on physiological and psychological functioning. In our study, we wanted to test the effects of an AT course in cognitively impaired, frail elderly. After a 3 month waiting period (control), AT courses (intervention) of 3 months duration were offered in 2 nursing homes. Thirty-two frail elderly took part in the study, 24 of them had a psychiatric diagnosis (mean age 82.1 +/- 7.2 years, CAMCOG 75.5 +/- 15.7, MMSE 23.3 +/- 4.3, HAMD 10.0 +/- 3.6, NOSGER 57.2 +/- 18.4, AT-SYM 32.9 +/- 17.6 points). Eight participants dropped out during the waiting period, 8 during the course. From the 16 participants, 15 (94%) were able to learn the AT according to subjective, 9 (54%) according to objective criteria. The ability to practice the AT successfully correlated with the CAMCOG ( $p = 0.001$ ) and the NOSGER ( $p = 0.01$ ) score. Participants with a dementia syndrome had major difficulties, whereas age, depressiveness, and number of complaints (AT-SYM) had no influence on the ability to learn the AT. There was no intervention effect, measured with the HAMD, NOSGER, AT-SYM and MMSE. In the pre-post comparison of training sessions, a significant improvement in general well being was found ( $p < 0.001$ ). Mentally impaired, frail elderly participants are able to learn the AT. Cognitive impairment is disadvantageous for a successful participation.

[0738]

[Distinguishing between the self-descriptive task and the autobiographical retrieval task: evidence from the conceptually-driven test on the implicit instruction]  
Shinrigaku Kenkyu. 2002 Apr;73(1):82-7  
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Klein and Loftus (1993) claimed that both trait-descriptive and autobiographical information about the self is available in memory, and that each can be addressed independently (the former is in the semantic memory system, the later is in the episodic memory system). In order to examine the validity of their claim, the conceptually-driven test on the implicit instruction was used. In Experiment 1, the self-descriptive task ("Does this word describe you?") produced better performance than the semantic task. However, in Experiment 2, there was no difference in performance between the autobiographical task ("Can you access a personal experience?") and the semantic task. These results were discussed in terms of a principle of transfer-appropriate processing, and it was interpreted that the difference in the

results of the two experiments should support Klein and Loftus's (1993) claim.

[0739]

Psychotherapeutic approaches with survivors of childhood trauma

Semin Clin Neuropsychiatry. 2002 Apr;7(2):120-8

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The development and evaluation of psychotherapeutic approaches for survivors of childhood trauma has been complicated by numerous conceptual and methodological challenges. Randomized controlled clinical trials are rare, and most of these test cognitive behavioral therapy with sexually abused children. This article reviews psychosocial (nonpharmacological) treatment approaches with child and adult survivors of childhood trauma, highlighting methodologically sound studies of treatment efficacy. Implications of efficacy data for clinical practice and future research are discussed. Copyright 2002, Elsevier Science.

[0740]

The contribution of suggestibility and expectation to placebo analgesia phenomenon in an experimental setting

Pain. 2002 Apr;96(3):393-402

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This study reports how placebo analgesia was produced by conditioning whereby the intensity of electric stimulation was surreptitiously reduced in order to examine the contribution of psychological factors of suggestibility and expectancy on placebo analgesia. This strategy was used in order to manipulate expectancy for pain reduction. The magnitudes of the placebo effects were estimated after a manipulation procedure and during experimental trials in which stimulus intensities were reset to original baseline levels. Individual differences in suggestibility, verbal expectancy for drug efficacy and manipulation procedure for pain reduction were tested as possible mediators of placebo analgesia. The following dependent variables were measured: (a) subjective expectancy for drug efficacy in pain relief, (b) expected pain intensity and unpleasantness, (c) concurrent pain intensity and unpleasantness and (d) remembered pain intensity and unpleasantness. Statistically significant placebo effects on sensory and affective measures of pain were obtained independently of the extent of the surreptitious lowering of stimulus strength during manipulation trials. The pairing of placebo administration with painful stimulation was sufficient to produce a generalized placebo analgesic effect. However, verbal expectancy for drug efficacy and individual differences in suggestibility were found to contribute significantly to the magnitude of placebo analgesia. The highest placebo effect was shown by the most pronounced reductions in pain ratings in highly suggestible subjects who received suggestions presumed to elicit high expectancy for drug efficacy. The results also demonstrated that placebo effects established on remembered pain were at least twice as great as those obtained on concurrent placebo effects. This was mainly because baseline pain was remembered as being much more intense than it really was. Moreover, remembered placebo effects, like the concurrent placebo effects, were highly correlated with expected pain scores obtained just after manipulation trials. These results indicate that multiple factors contribute to the placebo effect, including suggestibility, expectancy and conditioning, and that the judgement of placebo analgesia is critically determined by whether pain relief is assessed concurrently or after treatment.

[0741]

Hypnorelaxation as treatment for myofascial pain disorder: a comparative study

Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2002 Apr;93(4):429-34

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**BACKGROUND:** Hypnorelaxation has a potentially beneficial effect in the treatment of masticatory myofascial pain disorders (MPD). However, there are no data regarding the efficacy of hypnorelaxation in the treatment of MPD compared with other accepted modes of treatment (such as occlusal appliance) or with the mere effect of time. **OBJECTIVE AND SUBJECTS:** The purpose of the present study was to evaluate the effectiveness of hypnorelaxation in the treatment of MPD compared with the use of occlusal appliance and/or to minimal treatment. The study population consisted of 40 female patients with myofascial pain who were allocated to 1 of 3 possible treatment groups: (1) hypnorelaxation ( $n = 15$ ), (2) occlusal appliance ( $n = 15$ ), and (3) minimal treatment group ( $n = 10$ ). **RESULTS:** Both active treatment modes (hypnorelaxation and occlusal appliance) were more effective than minimal treatment regarding alleviating muscular sensitivity to palpation. However, only hypnorelaxation (but not occlusal appliance) was significantly more effective than minimal treatment with regard to the patient's subjective report of pain on the Visual Analog Scale. **CONCLUSION:** Hypnorelaxation is an effective mode of treatment in MPD, especially with regard to some of the subjective pain parameters.

[0742]

Outpatient video EEG recording in the diagnosis of non-epileptic seizures: a randomised controlled trial of simple suggestion techniques

J Neurol Neurosurg Psychiatry. 2002 Apr;72(4):549-51

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**OBJECTIVE:** To assess the yield of recorded habitual non-epileptic seizures during outpatient video EEG, using simple suggestion techniques based on hyperventilation and photic stimulation. **DESIGN:** Randomised controlled trial of "suggestion" v "no suggestion" during outpatient video EEG recording. **SETTING:** Regional epilepsy service (tertiary care; single centre). **PARTICIPANTS:** 30 patients (22 female, 8 male), aged over 16 years, with a probable clinical diagnosis of non-epileptic seizures; 15 were randomised to each group. **MAIN OUTCOME MEASURES:** Yield of habitual non-epileptic seizures recorded, and requirement for additional inpatient video EEG. **RESULTS:** 10/15 patients had habitual non-epileptic seizures with suggestion; 5/15 had non-epileptic seizures with no suggestion ( $p = 0.058$ ; NS); 8/9 patients with a history of previous events in medical settings had non-epileptic seizures recorded during study. Logistic regression analysis with an interaction clause showed a significant effect of suggestion in patients with a history of previous events in medical settings ( $p = 0.003$ ). An additional inpatient video-EEG was avoided in 14 of the 30 patients (47%). **CONCLUSIONS:** Habitual non-epileptic seizures can be recorded reliably during short outpatient video EEG in selected patients. Simple (non-invasive) suggestion techniques increase the yield at least in the subgroup with a history of previous events in medical settings. Inpatient video EEG can be avoided in some patients.

[0743]

Does the nature of the experience influence suggestibility? A study of children's event memory

J Exp Child Psychol. 2002 Apr;81(4):502-30

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Two experiments examined the effects of event modality on children's memory and suggestibility. In Experiment 1, 3- and 5-year-old children directly participated in, observed, or listened to a narrative about an event. In an interview immediately after the event, free recall was followed by misleading or leading questions and, in turn, test recall questions. One week later children were reinterviewed. In Experiment 2, 4-year-old children either participated in or listened to a story about an event, either a single time or to a criterion level of learning. Misleading questions were presented either immediately or 1 week after learning, followed by test recall questions. Five-year-old children were more accurate than 3-year-olds and those participating were more accurate than those either observing or listening to a narrative. However, method of assessment, level of event learning, delay to testing, and variables relating to the misled items also influenced the magnitude of misinformation effects. Copyright 2002 Elsevier Science (USA).

[0744]

How practitioners (and others) can make scientifically viable contributions to clinical-outcome research using the single-case time-series design

Int J Clin Exp Hypn. 2002 Apr;50(2):114-48

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Although clinicians typically possess considerable interest in research, especially about which interventions do and do not work, all too often they dismiss the notion that they themselves can make viable scientific contributions to the outcome literature. This derives from an unfortunate assumption that the only true experiment is a between-groups experiment. There is another form of true experiment that is perfectly compatible with real-world clinical practice: the single-case time-series design. Intensive and systematic tracking of one or a few patients over time can yield viable inferences about efficacy, effectiveness, and, under some circumstances, mechanism of change. This paper describes how clinicians working with hypnosis can carry out such research. The rationale and essential features of time-series studies are outlined; each design is illustrated with actual studies from the hypnosis literature; and new methods of statistical analysis, well within the statistical competence of practitioners, are described.

[0745]

Source monitoring reduces the suggestibility of preschool children

Psychol Sci. 2002 May;13(3):288-91

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The relation between source monitoring and suggestibility was examined among preschool children. Thirty-two 3- to 5-year-olds were simultaneously presented with a brief story in two different modalities, as a silent video vignette and a spoken narrative. Each modality presented unique information about the story, but the information in the two versions was mutually compatible. The children were then asked a series of questions, including questions about the source (modality) of story details, and leading questions about story details (to assess suggestibility). Performance on the source-monitoring questions was highly correlated with the ability to resist suggestion. In addition, children who were asked source-monitoring questions prior to leading questioning were less susceptible to suggestion than were those who were asked the leading questions first. This study provides evidence that source monitoring can play a causal role in reducing the suggestibility of preschool children.

[0746]

[Recall and pseudo-memory. On the yearning to be a trauma victim]

Nervenarzt. 2002 May;73(5):445-51

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Memories are not called up from "storage" but instead are constructed anew in each case. Although many experiments have proven that memories are visual and inaccurate, many psychotherapists still assume that memories which surface during therapy are realistic representations of facts. They do not take into account that reminiscences (pseudomemories) of events can be planted in the memory by the imagination or through behavioral pressure. In light of this, the question arises as to why some patients during therapy tend to invent in particular memories of traumatic early childhood experiences. The authors assume that certain suggestive elements come to bear with victimization. The advantage gained is of great importance and has many facets. The case of Wilkomirski proves that mystification of the ego via identification with victims is not only provoked in psychotherapeutic treatment but also is a means of gaining public attention and support. As concerns the therapeutic handling of actual emotional traumatization (whose pathogenic significance and long-term effects used to be underestimated), suggestive and autosuggestive processes play a large role. In this respect, modern trauma research and psychotherapy are faced with special challenges.

[0747]

Predictors of response to a behavioral treatment in patients with chronic gastric motility disorders

Dig Dis Sci. 2002 May;47(5):1020-6

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Chronic gastric motility disorders have proven intractable to most traditional therapies. Twenty-six patients with chronic nausea and vomiting were treated with a behavioral technique, autonomic training (AT) with directed imagery (verbal instructions), to help facilitate physiological control. After treatment, gastrointestinal symptoms decreased by >30% in 58% of the treated patients. We compared those improved patients to the 43% who did not improve significantly. No significant differences existed in baseline symptoms and autonomic measures between both groups. However, baseline measures of gastric emptying and autonomic function predicted treatment outcome. Patients who improved manifested mild to moderate delay in baseline gastric emptying measures. The percent of liquid gastric emptying at 60 mins and the sympathetic adrenergic measure of percent of change in the foot cutaneous blood flow in response to cold stress test predicted improvement in AT outcome, with clinical diagnostic values of 77% and 71%, respectively. We conclude that AT treatment can be efficacious in some patients with impaired gastric emptying and adrenergic dysfunction. More work is warranted to compare biofeedback therapy with gastric motility patients and controls in population-based studies.

[0748]

Source-monitoring training facilitates preschoolers' eyewitness memory performance

Dev Psychol. 2002 May;38(3):428-37  
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Preschool children are more susceptible to misleading postevent information than are older children and adults. One reason for young children's suggestibility is their failure to monitor the source of their memories, as in, for example, discriminating whether an event was seen live versus on television. The authors investigated whether source-monitoring training would decrease preschoolers' suggestibility. Thirty-six 3-4-year-olds observed target live and video events and were then given source-monitoring or recognition (control) training on nontarget events. Following training, all children answered 24 misleading and nonmisleading target-event questions. Children given source-monitoring training were more accurate than control group children in response to misleading and nonmisleading yes-no questions and in response to nonmisleading, open-ended questions. Implications for strategy development, dual representation, and child witness interviewing are discussed.

[0749]

Psychological factors in the etiology and treatment of severe nausea and vomiting in pregnancy  
Am J Obstet Gynecol. 2002 May;185(5 Suppl Understanding):S210-4  
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The assumption is frequently made that women with severe nausea and vomiting during pregnancy are transforming psychological distress into physical symptoms. Psychoanalytic theory supporting this assumption is reviewed, along with the few methodologically flawed empirical studies that have been conducted. Little support can be found for the hypothesis that nausea and vomiting during pregnancy is such a conversion disorder, but there are suggestions that psychological responses to the physiologic condition(s) underlying this problem may become entrenched, or conditioned. This possibility is supported by findings that psychological treatments, such as hypnosis, can be effective. This implies that psychological responses can interact with the physiology of nausea and vomiting during pregnancy to exacerbate the condition. As such, psychological treatments for the symptoms of this disorder need to be further explored.

[0750]

Medical, social, and legal implications of treating nausea and vomiting of pregnancy  
Am J Obstet Gynecol. 2002 May;185(5 Suppl Understanding):S262-6.  
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This article will deal with medical, social, and legal implications of treating nausea and vomiting of pregnancy (NVP). Clinical problems occur when the symptoms become exaggerated and result in debilitation, dehydration, and hospitalization. The treatment of NVP in its early stages has the implication that it will prevent the more serious complications, including hospitalization. Therapeutic modalities discussed in this conference that have been used or are being tested are primarily symptomatic treatments (antihistamines, Bendectin (Merrell Dow; Cincinnati, Ohio), phenothiazines, hypnosis, accupressure, relaxation behavioral modification, audiogenic feedback training, newer medications, diet, and nutritional support). Bendectin is probably the most studied medication with regard to its reproductive effects, and the studies clearly demonstrate that therapeutic doses of Bendectin have no measurable reproductive risks to the mother or the fetus. In spite of Bendectin's record of safety, numerous nonmeritorious congenital malformation lawsuits were filed and went to trial, and that junk science was presented at these trials. The Bendectin era focused our attention on the area of nonmeritorious litigation and junk science, which could have an effect on any new or less well-studied therapies, because such a high percentage of women are treated for NVP. Because 3% of the offspring will be affected with birth defects, the potential for litigation is immense. The solutions are (1) for legal problems, the medical community should focus their attention on junk scientists and their junk science, over which physicians should have some authority, and (2) for the treatment problem, it would seem most logical that a major research effort should be directed toward brain receptors that are involved in these physiologic effects. Furthermore, it would be imperative to study the array of molecules, both natural and manufactured, that can interact with these receptors for the amelioration of nausea. Until we understand the mechanism and specific therapy for NVP, it would appear that the reintroduction of Bendectin is the logical intermediate course to follow. We should also accompany the introduction of Bendectin with an educational campaign with regard to the lack of reproductive risks for this medication. The Food and Drug Administration has set the stage for the reintroduction of Bendectin by republishing their conclusion that Bendectin does not represent an increase in reproductive risks to the fetuses of pregnant women.

[0751]

[Essential hypertension and stress. When do yoga, psychotherapy and autogenic training help?]  
MMW Fortschr Med. 2002 May 9;144(19):38-41  
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Psychosocial factors play an important role in the development and course of essential hypertension, although "stress" can account for only 10% of blood pressure variance. A variety of psychotherapeutic interventions, such as relaxation techniques (autogenic training or progressive muscular relaxation), behavioral therapy or biofeedback techniques, can lower elevated blood pressure by an average of 10 mmHg (systolic) and 5 mmHg (diastolic). As a "secondary effect", such measures may also prompt the hypertensive to adopt a more health-conscious lifestyle.

[0752]

Public knowledge and attitudes regarding smoking and smoking cessation treatments  
N Z Med J. 2002 May 10;115(1153):219-22  
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AIMS: To investigate current public knowledge and attitudes to tobacco smoking and smoking cessation treatments. METHOD: A telephone survey of 250 individuals randomly selected from the Christchurch Electoral Roll and assigned into one of three groups: current, ex and life-time never smokers. RESULTS: Significantly more current than ex-smokers cited habit as a major reason for continuing to smoke and a greater number reported using nicotine transdermal patches during a cessation attempt. Fewer ever smokers than never smokers stated health as a likely major motivation for cessation by smokers and believed doctors' advice and illness of a significant other highly influenced quit attempts. 55.7% of respondents believed nicotine patches to be the most effective smoking

cessation method followed by 'cold turkey' (49.4%) and hypnotherapy (33.9%). While the majority of participants supported banning tobacco advertising (69.6%), banning tobacco sponsorship (59.6%), lower insurance rates for non-smokers (89.1%) and fully subsidised smoking cessation programmes (71.9%), significant differences were detected between groups regarding attitudes to tobacco control initiatives. CONCLUSIONS: This sample were relatively ill informed regarding smoking practices in New Zealand and unaware of useful information to aid cessation. While evidence emerged to support current smokers being slightly better informed regarding proven strategies for cessation than ex-smokers, few current smokers were aware of efficacious interventions for smoking cessation.

[0753]

A review of the impact of hypnosis, relaxation, guided imagery and individual differences on aspects of immunity and health  
Stress. 2002 Jun;5(2):147-63  
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This review considers psychological interventions involving relaxation and guided imagery targeting immune functions. The review provides evidence of immune control accompanied by reports of enhanced mood and well-being. Three recent investigations of the author and his colleagues with self-hypnosis training incorporating imagery of the immune system are outlined. In two studies, hypnosis buffered the effects of stress on immune functions in medical students at exam time, and the comparison of self-hypnosis with and without immune imagery confirmed advantages to targeted imagery for both immune function and mood, and importantly, fewer winter viral infections. The implications for health were investigated in a third study in patients with virulent and chronic herpes simplex virus-2 (HSV-2). Six weeks of training almost halved recurrence, improved mood and reduced levels of clinical depression and anxiety. Immune functions were up-regulated, notably functional natural killer cell activity to HSV-1. Individual differences in hypnotic susceptibility and absorption have typically been found to predict efficacy. New replicable evidence is reviewed of the importance of cognitive activation, a personality difference whose neurophysiological underpinning is consistent with left hemispheric preferential influences over the immune system. Now that the validation of psychological interventions includes advantages for health, this field of enquiry, which has been characterised by modest, small scale, largely preliminary studies, warrants a greater investment in research.

[0754]

[Primary headache in childhood and adolescence. The association between changes in family interaction patterns and therapy success--a pilot study]  
Schmerz. 2002 Jun;16(3):179-85  
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INTRODUCTION: Family interaction patterns are often involved in diseases and disorders in childhood and adolescence in complex ways (e.g in their development, maintenance and cure). The present study deals with the role of family factors in success in a pediatric headache therapy consisting of group hypnotherapy and systemic family consultation. METHODS: A sample of 12 outpatients, aged 9-15 years and balanced in sex, is investigated. Patients were diagnosed by IHS-criteria. Global symptom strain was measured by numeric rating scale (NRS) at pre-appointment and at 9-months follow-up appointment. Also family interaction patterns associated with the occurrence of headache symptoms were measured by content analysis. RESULTS: We found an association between changes in two independently assessed variables: global symptom strain and family interaction patterns. (1) When patients assessed global symptom strain as unchanged, family interaction patterns associated with headache were also assessed as unchanged by observers; (2) when patients assessed their global symptom strain as positively changed, family interaction pattern associated with headache were also assessed as positively changed by observers. CONCLUSION: These data provide empirical evidence about when to include family in treatment of pediatric headache: when rigid family interaction patterns associated with headache complicate a symptom change.

[0755]

Diabetes mellitus and obesity  
Prim Care. 2002 Jun;29(2):279-95  
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Numerous vitamins, herbs, supplements, and other agents are readily available for the treatment of diabetes and obesity. Many of these products have little evidence-based medical support to prove the efficacy of these supplements. The physician must be aware that their patients are using these products and must be knowledgeable about their side effects and drug-herb interactions. Our patients have tremendous access to medical information in the lay literature and on the internet. They are using this information to gain access to various diet therapies. Numerous fad diets consisting of various combinations of protein, carbohydrate, and fat are widely publicized but not grounded in evidence. Liquid diets and supplements are readily available and widely used by the public with little long-term beneficial effects on obese patients. Other alternative methods, such as hypnotherapy, acupuncture, biofeedback, and electrogalvanic therapy, have become widely available and seem to have little adverse reaction, but whose benefits remain to be proved. The physician must recognize the widespread use of these products and work with patients and alternative practitioners to deliver comprehensive quality care. Physicians who become comfortable with these products should consider their judicious use while monitoring for side effects and drug interaction. It is hoped that with further evidence-based study many of these products and techniques will enter mainstream medicine.

[0756]

Respiratory and allergic diseases: from upper respiratory tract infections to asthma  
Prim Care. 2002 Jun;29(2):231-61  
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Patients with asthma and allergic rhinitis may benefit from hydration and a diet low in sodium, omega-6 fatty acids, and transfatty acids, but high in omega-3 fatty acids (i.e., fish, almonds, walnuts, pumpkin, and flax seeds), onions, and fruits and vegetables (at least five servings a day). Physicians may need to be more cautious when prescribing antibiotics to children in their first year of life when they are born to families with a history of atopy. More research is needed to establish whether supplementation with probiotics (lactobacillus and bifidobacterium) during the first year of life or after antibiotic use decreases the risk of developing asthma and allergic rhinitis. Despite a theoretic basis for the use of vitamin C supplements in asthmatic patients, the evidence is still equivocal, and long-term studies are needed. The evidence is stronger for exercise-induced asthma, in which the use of vitamin C supplementation at a dosage of 1 to 2 g



per day may be helpful. It is also possible that fish oil supplements, administered in a dosage of 1 to 1.2 g of EPA and DHA per day, also may be helpful to some patients with asthma. Long-term studies of fish oil and vitamin C are needed for more definite answers. For the patient interested in incorporating nutritional approaches, vitamin C and fish oils have a safe profile. However, aspirin-sensitive individuals should avoid fish oils, and red blood cell magnesium levels may help in making the decision whether to use additional magnesium supplements. Combination herbal formulas should be used in the treatment of asthma with medical supervision and in collaboration with an experienced herbalist or practitioner of TCM. Safe herbs, such as Boswellia and ginkgo, may be used singly as adjuncts to a comprehensive plan of care if the patient and practitioner have an interest in trying them while staying alert for drug-herb interactions. No data on the long-term use of these single herbs in asthma exist. For the motivated patient, mind-body interventions such as yoga, hypnosis, and biofeedback-assisted relaxation and breathing exercises are beneficial for stress reduction in general and may be helpful in further controlling asthma. Encouraging parents to learn how to massage their asthmatic children may appeal to some parents and provide benefits for parents and children alike. Acupuncture and chiropractic treatment cannot be recommended at this time, although some patients may derive benefit because of the placebo effect. For patients with allergic rhinitis, there are no good clinical research data on the use of quercetin and vitamin C. Similarly, freeze-dried stinging nettle leaves may be tried, but the applicable research evidence also is poor. Further studies are needed to assess the efficacy of these supplements and herbs. Homeopathic remedies based on extreme dilutions of the allergen may be beneficial in allergic rhinitis but require collaboration with an experienced homeopath. There are no research data on constitutional homeopathic approaches to asthma and allergic rhinitis. Patients with COPD are helped by exercise, pulmonary rehabilitation, and increased caloric protein and fat intake. Vitamin C and n-3 supplements are safe and reasonable; however, studies are needed to establish their efficacy in COPD. On the other hand, there are convincing data in favor of N-acetyl-cysteine supplementation for the patient with COPD at doses ranging between 400 and 1200 mg daily. Red blood cell magnesium levels may guide the use of magnesium replacement. The use of L-carnitine and coenzyme Q10 in patients with COPD needs further study. The addition of essential oils to the dietary regimen of patients with chronic bronchitis is worth exploring. Patients with upper respiratory tract infections can expect a shorter duration of symptoms by taking high doses of vitamin C (2 g) with zinc supplements, preferably the nasal zinc gel, at the onset of their symptoms. Adding an herb such as echinacea or Andrographis shortens the duration of the common cold. The one study on Elderberry's use for the flu was encouraging, and the data on the homeopathic remedy Oscilloccinum interesting, but more studies should be performed. Saline washes may be helpful to patients with allergic rhinitis and chronic sinusitis. Patients also may try the German combination (available in the United States) of elderberry, vervain, gentian, primrose, and sorrel that has been tested in randomized clinical trials. Bromelain is safe to try; the trials of bromelain supplementation were promising but were never repeated. The preceding suggestions need to be grounded in a program based on optimal medical management. Patients need to be well educated in the proper medical management of their disease and skilled at monitoring disease stability and progress. Asthmatic patients need to monitor their bronchodilator usage and peak flow meter measurements to step up their medical treatment in a timely manner, if needed. Patients welcome physician guidance when exploring the breadth of treatments available today. A true patient-physician partnership is always empowering to patients who are serious about regaining their function and health.

[0757]

Psychosocial aspects of assessment and treatment of irritable bowel syndrome in adults and recurrent abdominal pain in children  
J Consult Clin Psychol. 2002 Jun;70(3):725-38  
Blanchard EB, Scharff L  
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This article presents a selective review of psychosocial research on irritable bowel syndrome (IBS) in adults and on a possible developmental precursor, recurrent abdominal pain (RAP), in children. For IBS the authors provide a summary of epidemiology, of the psychological and psychiatric disturbances frequently found among IBS patients, and of the possible role of early abuse in IBS. A review of the psychosocial treatments for IBS finds strong evidence to support the efficacy of hypnotherapy, cognitive therapy, and brief psychodynamic psychotherapy. The research relating RAP to IBS is briefly reviewed, as is the research on its psychological treatment. Cognitive-behavioral therapy that combines operant elements and stress management has the strongest support as a treatment for RAP.

[0758]

Hysteria. Pretending to be sick and its consequences  
Eur Child Adolesc Psychiatry. 2002 Jun;11(3):123-8  
Jureidini J, Taylor DC  
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Hysteria, as it involves the medical profession, is a form of sickness that is defined as being without disease or illness. This lack of a biomedical explanation has limited progress in its understanding. In this essay we propose that hysteria might be better thought of as a form of pretending, elaborated in transaction with the medical system. In medicine, to pretend usually means to deceive. From the perspective of play, however, pretend is a state more akin to acting, magic, belief, and hypnosis. We provide a number of reasons why sickness is an attractive focus for pretending. We show how enactments of sickness can be scripted by a group of involved persons, each contributing from their own perspective, as occurs in the parlour game of 'Consequences', except in hysteria the consequences are often dire.

[0759]

Hypnotic imagery as a treatment for phantom limb pain: two case reports and a review  
Clin Rehabil. 2002 Jun;16(4):368-77  
Oakley DA, Whitman LG, Halligan PW  
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OBJECTIVE: To provide a theoretical background, to review existing literature and to present new case material relevant to the treatment of phantom limb pain using hypnotic imagery. METHOD: This paper presents two new case reports involving the use of hypnotic imagery procedures in the alleviation of phantom limb pain and reviews 10 previous clinical studies which have involved a similar approach. The earlier studies were identified by electronic and manual searches of the relevant literature. RESULTS: Two main treatment strategies can be identified: (1) ipsative/imagery-based approaches and (2) movement/imagery-based approaches. A common finding is the need to treat the phantom limb as a 'real' body part, to accept its existence as a valid mental representation and to avoid treating the amputation stump as the sole source of the phantom pain sensations. CONCLUSION: Hypnotic procedures appear to be a useful adjunct to established strategies for the treatment of phantom limb pain and would repay further, more systematic, investigation. Suggestions are provided as to the factors which should be considered for a more systematic research programme.

[0760]

["Animal hypnosis" and defensive dominant, behavioral aspect]  
Zh Vyssh Nerv Deiat Im I P Pavlova. 2002 Jul-Aug;52(4):508-10  
Pavlygina RA, Galashina AG, Bogdanov AV  
Institute of Higher Nervous Activity and Neurophysiology, Russian Academy of Sciences, Moscow

A stationary excitation focus produced in the sensorimotor cortex of a rabbit by rhythmic electrodermal paw stimulation was manifested in the reaction to a testing sound stimulus earlier indifferent for the animal. Regardless of the stimulated paw (left or right), reactions to the testing stimuli appeared approximately in the equal percent of cases (70.7% and 71.5%, respectively). After a single-trial induction of the "animal hypnosis" state, it was difficult to produce the dominant focus by simulation of the left paw, whereas the results of the right-paw stimulation did not differ from those obtained during control stimulation. Consequently, the influence of hypnosis on defensive stationary excitation foci in different hemispheres was not the same.

[0761]

Nearly 4 years after an event: children's eyewitness memory and adults' perceptions of children's accuracy  
Child Abuse Negl. 2002 Aug;26(8):849-84  
Goodman GS, Batterman-Faunce JM, Schaaf JM, Kenney R  
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OBJECTIVE: The current study examined children's eyewitness memory nearly 4 years after an event and the ability of adults to evaluate such memory. METHOD: In Phase 1, 7- and 10-year olds were interviewed about a past event after a nearly 4-year delay. The interview included leading questions relevant to child abuse as well as statements designed to implicate the original confederate. In Phase 2, laypersons and professionals watched a videotaped interview (from Phase 1) that they were misled to believe was from an ongoing abuse investigation. Respondents then rated the child's accuracy and credibility, and the probability that the child had been abused. RESULTS: In Phase 1, few significant age differences in memory accuracy were found, perhaps owing in part to small sample size. Although children made a variety of commission errors, none claimed outright to have been abused. Nevertheless, some of the children's answers (e.g., saying that their picture had been taken, or that they had been in a bathtub) might cause concern in a forensic setting. In Phase 2, professional and nonprofessional respondents were unable to reliably estimate the overall accuracy of children's statements. However, respondents were able to reasonably estimate the accuracy of children's answers to abuse questions. Respondents were also more likely to think that 7-year olds compared to 10-year olds had been abused. Professionals were significantly less likely than nonprofessionals to believe that credible evidence of abuse existed. Professionals who indicated personal experience with child abuse or a close relationship with an abuse victim were more likely to rate children as abused. A gender bias to rate boys as more accurate than girls was apparent among laypersons but not professionals. CONCLUSIONS: Children were generally resistant to suggestions that abuse occurred during a long-ago generally forgotten event, but some potentially concerning errors were made. Both professionals and non-professionals had difficulty estimating the accuracy of children's reports, but adults were more likely to rate children as accurate if the children answered abuse-related questions correctly. Training and personal experience were associated with adults' ratings of children's reports. Implications for evaluations of child abuse reports are discussed.

[0762]

"I saw it with my own ears": the effects of peer conversations on preschoolers' reports of nonexperienced events  
J Exp Child Psychol. 2002 Sep;83(1):1-25  
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The study was designed to explore the effects of naturally occurring peer interactions and repeated suggestive interviews on preschoolers' (N=96, Meanage=54 months) memories for a personally experienced event, namely a staged archaeological dig. During the dig, one third of the children witnessed two "target" activities. A second third of the children were the classmates of those in the first group, but did not witness the target activities. The remaining children were not the classmates of those who witnessed the target activities, nor did they witness the target activities themselves, and thus served to provide a baseline against which to assess the effects of peer contact. Following the dig, the children were interviewed in either a neutral or suggestive manner on three occasions. Results from a fourth interview by a new examiner revealed that the combination of suggestive interviews and peer exposure led to claims of witnessing the target activities by the classmate group that were comparable to the children who actually did witness these activities. Further, assent rates to misleading questions employing peer pressure and false claims of actually seeing versus merely hearing about the target activities were elevated following opportunities to discuss these activities with peers.

[0763]

Changes in public awareness of, attitudes to, and use of complementary therapy in North East Scotland: surveys in 1993 and 1999  
Complement Ther Med. 2002 Sep;10(3):148-53  
Emslie MJ, Campbell MK, Walker KA  
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OBJECTIVE: To assess changes in awareness of, use of, attitudes to, and opinions about complementary and alternative medicine (CAM) amongst residents of North East Scotland and to obtain details about CAM use from respondents. STUDY DESIGN: Population survey carried out in 1999, 6 years after the initial study. Postal survey to 800 people to examine eight CAMs; acupuncture, aromatherapy, chiropractic, herbalism, homeopathy, hypnotherapy, osteopathy, and reflexology. RESULTS: A total of 432/800 (54%) responded, of whom 175 (41%) had used at least one type of CAM compared to 29% in 1993. Increases in use were statistically significant for aromatherapy (18% versus 9%), acupuncture (10% versus 6%) and reflexology (9% versus 3%). A greater proportion of 1999 respondents thought CAM should be available on the NHS but a smaller proportion of respondents had concerns about using CAM (25% in 1993 and 20% in 1999). Overall concerns about effectiveness of therapies had increased from 36 to 45%, but fewer individuals were concerned about the cost of therapy in the 1999 survey (52% in 1993 to 22% in 1999). A total of 175 individuals provided details about one CAM they had used. The self-reported primary reasons for using CAM were relief of pain due to headaches or musculoskeletal problems, and for relaxation and relief of stress. The majority of CAM was therapist administered (103/166) as opposed to a bought product. Effectiveness ratings were self-reported but overall 80/166 found CAM very effective and 62/166 partially effective. A total of 65% had consulted their GP about their health problem before using CAM, 59/157 indicated their GP knew they were using CAM and of these, 14 indicated their GP was administering the therapy. CONCLUSIONS: The study has provided further baseline data on which to assess trends in CAM use and highlighted issues for patients and the NHS about the use of CAM to relieve health problems. Results indicate a greater proportion of the population of North East Scotland are both aware of and using CAM to relieve health problems. More research into the implications for the NHS of concurrent use of CAM with conventional medicine is required.

[0764]

Assessing complementary therapy services in a hospice program  
Am J Hosp Palliat Care. 2002 Sep-Oct;19(5):306-14  
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Increasing numbers of people have been supplementing their health care needs with complementary therapies. Complementary therapies have been used to promote health and treat patients with a variety of ailments. Types of complementary therapies used with terminally ill patients have included massage, therapeutic touch, Reiki, art and music therapy, aromatherapy, and hypnotherapy. The purpose of this study was to survey primary caregivers (PCGs) regarding their perceptions and satisfaction with a hospice complementary therapy program. Perhaps this study's most interesting finding is that patients who received complementary therapies were generally more satisfied with overall hospice services.

[0765]

A phase I study on the feasibility and acceptability of an acupuncture/hypnosis intervention for chronic pediatric pain  
J Pain Symptom Manage. 2002 Oct;24(4):437-46  
Zeltzer LK, Tsao JC, Stelling C, Powers M, Levy S, Waterhouse M  
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The purpose of the present study was to conduct a Phase I investigation examining the feasibility and acceptability of a complementary and alternative medicine (CAM) package combining acupuncture and hypnosis for chronic pediatric pain. Thirty-three sequentially referred children (21 girls) aged 6-18 years were offered 6 weekly sessions consisting of individually tailored acupuncture treatment together with a 20-minute hypnosis session (conducted while the needles were in place). Parent and child ratings of pain and pain-related interferences in functioning, as well as child ratings of anxiety and depression, were obtained at pre- and post-treatment. The treatment was highly acceptable (only 2 patients refused; &gt; or = 90% completed treatment) and there were no adverse effects. Both parents and children reported significant improvements in children's pain and interference following treatment. Children's anticipatory anxiety declined significantly across treatment sessions. Our results support the feasibility and acceptability of a combined acupuncture/hypnosis intervention for chronic pediatric pain.

[0766]

The believability of children and their interviewers' hearsay testimony: when less is more  
J Appl Psychol. 2002 Oct;87(5):846-57  
Warren AR, Nunez N, Keeney JM, Buck JA, Smith B  
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Hearsay testimony from children's interviewers is increasingly common in sexual abuse trials, but little is known about its effects on juries. In 2 studies, the authors examined college students' perceptions of 3 types of hearsay testimony (an actual interview with a child or an adult interviewer providing either the gist of what that child had said or a verbatim account of the interview). Interviewers were rated as more accurate and truthful than the children. The interview was rated as higher quality, and children's statements, including their false statements, were sometimes rated as more believable in the interviewer gist hearsay condition. Mock jurors reacted differently to various types of hearsay testimony, and interviewer gist testimony may favor a child's case.

[0767]

Benjamin Franklin and Mesmerism, revisited  
Int J Clin Exp Hypn. 2002 Oct;50(4):320-31  
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The authors revisit and update their previous historiographical note (McConkey & Perry, 1985) on Benjamin Franklin's involvement with and investigation of animal magnetism or mesmerism. They incorporate more recent literature and offer additional comment about Franklin's role in and views about mesmerism. Franklin had a higher degree of personal involvement with and a more detailed opinion of mesmerism than has been previously appreciated.

[0768]

Memory and suggestibility in maltreated children: age, stress arousal, dissociation, and psychopathology  
J Exp Child Psychol. 2002 Nov;83(3):167-212  
Eisen ML, Qin J, Goodman GS, Davis SL  
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The present study was designed to assess children's memory and suggestibility in the context of ongoing child maltreatment investigations. One hundred eighty-nine 3-17-year-olds involved in evaluations of alleged maltreatment were interviewed with specific and misleading questions about an anogenital examination and clinical assessment. For the anogenital examination, children's stress arousal was indexed both behaviorally and physiologically. For all children, individual-difference data were gathered on intellectual and short-term memory abilities, general psychopathology, and dissociative tendencies. Interviewers' ratings were available for a subset of children concerning the amount of detail provided in abuse disclosures. Results indicated that general psychopathology, short-term memory, and intellectual ability predicted facets of children's memory performance. Older compared to younger children evinced fewer memory errors and greater suggestibility resistance. Age was also significantly related to the amount of detail in children's abuse disclosures. Neither dissociation nor stress arousal significantly predicted children's memory. Implications for understanding maltreated children's eyewitness memory are discussed.

[0769]

[Summary of systematic revisions of the efficacy of smoking cessation therapy]  
Epidemiol Prev. 2002 Nov-Dec;26(6):287-92  
Davoli M, Minozzi S  
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Smoking cessation can be considered the most effective strategy to reduce smoking related mortality at medium term. The aim of this study is to conduct an overview of systematic reviews of effectiveness of smoking cessation interventions in the general population. Medline, Embase and the Cochrane Library for the years 1990-march 2001 have been searched for those systematic reviews of primary

studies evaluating the effectiveness of smoking cessation interventions in the general population, adult smokers. The outcome measure was abstinence from smoking at 6 months after the start of the intervention. Thirty papers were found, 15 Cochrane reviews and 15 other systematic reviews. The present overview focuses on Cochrane reviews, because they were more recent and followed a standardised methodology. The interventions which proved to be successful were: the simple medical advice, a structured intervention from nurses, individual counselling, group therapy, nicotine replacement therapy, and bupropion. There is not enough evidence yet that one strategy is better than another. Even though there is evidence that it is possible to quit smoking without any intervention, we can recommend that every physician register the smoking habits of his patients, encourage smokers to quit and offer all the available effective strategies.

[0770]

Confidence judgments in children's and adults' event recall and suggestibility  
Dev Psychol. 2002 Nov;38(6):1052-67  
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The present work investigated the role of children's and adults' metacognitive monitoring and control processes for unbiased event recall tasks and for suggestibility. Three studies were conducted in which children and adults indicated their degree of confidence that their answers were correct after (Study 1) and before (Study 2) answering either unbiased or misleading questions or (Study 3) forced-choice recognition questions. There was a strong tendency for overestimation of confidence regardless of age and question format. However, children did not lack the principal metacognitive competencies when these questions were asked in a neutral interview. Under misleading questioning, in contrast, children's monitoring skills were seriously impaired. Within each age group, better metacognitive differentiation was positively associated with recall accuracy in the suggestive interview.

[0771]

The effect of hypnotic-guided imagery on psychological well-being and immune function in patients with prior breast cancer  
J Psychosom Res. 2002 Dec;53(6):1131-7  
Bakke AC, Purtzer MZ, Newton P  
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OBJECTIVE: To determine the effect of hypnotic-guided imagery on immune function and psychological parameters in patients being treated for Stage I or II breast cancer. METHODS: To determine the effects of hypnotic-guided imagery on immune function and psychological parameters, the following study was undertaken. Psychological profiles, natural killer (NK) cell number and activity were measured at baseline, after the 8-week imagery training program and at the 3-month follow-up. RESULTS: There were significant increases in improvement in depression ( $P < .04$ ) and increase in absolute number of NK cells, but these were not maintained at the 3-month follow-up. Hypnotic-guided imagery did cause some transient changes in psychological well-being and immune parameters. However, these changes were not retained after the treatment ended. CONCLUSIONS: Many studies during the last 15 years have demonstrated interactions between the central nervous and the immune systems. While a negative effect of stress on immune responses has been demonstrated, there have also been published reports that psychological treatments can positively alter the immune system. However, given the complexities of immune system kinetics, the transient nature of any psychological effect and the insensitivity of immune assays, our study indicates that there is a role for hypnotic-guided imagery as an adjuvant therapy.

[0772]

Measurement of individual differences in children's suggestibility across situations  
J Exp Psychol Appl. 2002 Dec;8(4):233-46  
Scullin MH, Kanaya T, Ceci SJ  
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The authors attempted to use scores on the Video Suggestibility Scale for Children (VSSC, M. H. Scullin & S. J. Ceci, 2001) to predict 50 preschool children's performance during a field study in which they were interviewed suggestively 4 times about both a true event and a suggested event. Among the 25 children over age 4 years 6 months, tendencies on the VSSC to respond affirmatively to suggestive questions ("yield"), change answers in response to negative feedback ("shift"), and the sum of these ("total suggestibility") were all related to lack of accuracy about the true event in the field study and to both accuracy and lack of accuracy about the suggested event. Results support a 2-factor model of suggestibility.

[0773]

The role of attachment and cognitive inhibition in children's memory and suggestibility for a stressful event  
J Exp Child Psychol. 2002 Dec;83(4):262-90  
Weede Alexander K, Goodman GS, Schaaf JM, Edelstein RS, Quas JA, Shaver PR  
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There has been increasing interest in children's abilities to report memories of and resist misleading suggestions about distressing events. Individual differences among children and their parents may provide important insight into principles that govern children's eyewitness memory and suggestibility for such experiences. In the present study, 51 children between the ages of 3 and 7 years were interviewed about an inoculation after a delay of approximately 2 weeks. Results indicated that parents' attachment Avoidance was associated with children's distress during the inoculation. Parental attachment Anxiety and the interaction between parental Avoidance and children's stress predicted children's memory for the inoculation. Cognitive inhibition was also a significant predictor of children's memory errors and suggestibility. Theoretical implications concerning effects of stress and individual differences on children's eyewitness memory and suggestibility are discussed.

[0774]

Children's memories of experienced and nonexperienced events following repeated interviews  
J Exp Child Psychol. 2002 Dec;83(4):304-38  
Quas JA, Schaaf JM  
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The present study compared 3- and 5-year-olds' reports of a true or false play interaction following repeated interviews. Final interviews were conducted either by the same researcher or by a new researcher. Age-related improvements in performance were evident. Also, 3-year-olds questioned repeatedly about an entirely false event made more errors in response to specific questions than 3-year-olds questioned repeatedly about false details of a true event. Five-year-olds who were questioned about the false event, however, were

particularly accurate when answering questions about never-experienced body touch. Interviewer familiarity was associated with decreases in the amount of narrative detail 5-year-olds provided in free-recall and with increases in 3-year-olds' accuracy in response to direct questions. Both errors and response latency on a cognitive matching task were related to children's suggestibility.

[0775]

Subjective and objective assessment methods of mental imagery control: construct validation of self-report measures  
J Clin Exp Neuropsychol. 2002 Dec;24(8):1103-16  
Lequerica A, Rapport L, Axelrod BN, Telmet K, Whitman RD  
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A study was conducted to examine the relationship between subjective and objective measures of mental imagery control. Eighty college undergraduates completed a battery of imagery tests and self-report measures to examine whether questionnaires that purport to measure imagery control or dynamic imagery ability (imagery of movement) would show a stronger relationship with objective measures of mental manipulation than would subjective measures that tap vividness of static imagery. Neither subjective measures of movement imagery nor subjective measures of stationary imagery showed meaningful relationships with objective measures of visuospatial manipulation. Additionally, subjective and objective imagery measures generally tended to dissociate. Basic component skills thought to be involved in mental manipulation, however, showed a much stronger relationship with the objective imagery tasks than did the self-report questionnaires. Findings suggest that subjective measures of imagery control do not tap the same cognitive processes involved in objective tests that require accurate imagery manipulation.

[0776]

Nonulcer dyspepsia  
Curr Gastroenterol Rep. 2002 Dec;4(6):455-8  
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Nonulcer dyspepsia is a common condition in clinical practice. It is a heterogeneous disorder, and no single therapeutic agent is effective in all patients. The treatment of nonulcer dyspepsia is still dissatisfactory. Eradication of *Helicobacter pylori* organisms has a limited role and little effect. Antisecretory therapy has a modest effect in alleviating symptoms. Prokinetic agents may be effective, but selection bias in the trials performed to date may exaggerate their benefit. Partial 5-HT(4) agonists stimulate gastric emptying and may also affect gastric accommodation. They are promising but need further study. Data are limited on 5-HT(3) antagonists and hypnotherapy. New treatment approaches are necessary for this common and often chronic condition.

[0777]

[Medical hypnosis]  
Wien Med Wochenschr. 2003;153(7-8):174-7  
Ebell H

As doctors we are required to pursue symptom complaints and treat them, no matter whether they bear objectively verifiable evidence of specific disorders or not. In treatment we also take Hypnosis background feelings, conflicts or fatigue into account as contributing components. This fact pertaining to the practice of medical psychotherapy is central to the treatment of all patients suffering from psychosomatic disorders--i.e. approximately one half of all patients being treated by general practitioners. Here hypnosis and self-hypnosis can serve well in the formulation of therapeutic goals as well as in diagnostic clarification. Hypnosis is above all else useful in encouraging patients to contribute their very own individual resources to a multi-modal and interdisciplinary comprehensive therapy concept. This proves itself in the long run to be a factor that promotes a significant emancipation of the patient from those dependencies that are an outgrowth of illness (see hypnosis and self-hypnosis for symptom control) as well as the treatment system (optimal coping, self management) through the application of personal skills. A bio-psycho-social understanding of disorder is--both for ourselves as medical doctors (as "specialists of the objective dimension of the body") and for our patients (as "specialists of the subjective dimension of person")--a "conditio sine qua non".

[0778]

[Hypnosis in medicine]  
Rev Belge Med Dent. 2003;58(2):99-104  
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Hypnosis can be a valuable technique in the management of patients who fear medical treatment. Hypnosis leads to a stronger concentration and a more focussed attention, and thus to a better acceptance and greater effectiveness of suggestions. Literature indicates that hypnotherapy can reduce pain and fear in case of dental or medical phobia. After a short review of the existing literature on the topic, the practical aspects of the hypnotic approach are explained.

[0779]

[Hypnodontism]  
Rev Belge Med Dent. 2003;58(2):118-25  
Schaerlaekens M

At first sight a combination of hypnosis and dentistry may very well appear not to be evident at all. Nevertheless, it works quite well in the everyday dental practice. In this article the author provides an overview of indications in which hypnosis can be used. Anxiety and pain are among the most common indications. Hypnotic techniques in dental practice can be explained at two levels: as a general way of communication between the dentist and his or her patient. Or as an advanced technique in the treatment of severe anxiety. The author discusses the several stages related to the latter technique: the intake interview, the induction, the deepening, the therapeutic stage and the deduction. The author also briefly mentions the disadvantages of hypnosis, but on the other hand encourages every dentist to become a hypnodontist. Not only for the benefit of his patient but also, and not the least, for his or her own well-being. All the more because hypnosis has become a scientific issue involving serious research at many renowned universities, including in Belgium.

[0780]

Options for the prevention and management of acute chemotherapy-induced nausea and vomiting in children  
Paediatr Drugs. 2003;5(9):597-613

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The current standard of care with respect to preventing acute chemotherapy-induced nausea and vomiting (CINV) in children includes the administration of a 5-HT(3) antagonist with or without a corticosteroid, depending on the emetogenicity of the chemotherapy to be given. Problems in assessing the emetogenicity of chemotherapy regimens and nausea severity in children may influence the degree of success of CINV prophylaxis. Nevertheless, the majority of children who receive chemotherapy today experience moderate to complete control of acute CINV when given appropriate antiemetic prophylaxis. If children vomit or experience nausea despite appropriate prophylaxis, then measures must be taken to treat these symptoms since these children are likely to go on to experience delayed or anticipatory CINV. However, appropriate selection of interventions to treat acute CINV in children is limited by the lack of rigorous evidence to support one approach over another. Lorazepam is suggested as an immediate agent for the treatment of acute CINV. Doses and frequencies of the 5-HT(3) antagonist and corticosteroid administered for initial prophylaxis should also be maximized. Further treatment must be tailored to the circumstances and preferences of each child and family. Options include crossover to another 5-HT(3) antagonist, or administration of an adjunctive antiemetic such as metopimazine, low dose metoclopramide, domperidone, alizapride, nabilone, scopolamine, prochlorperazine, or chlorpromazine. Complementary interventions such as acupuncture, hypnosis, counseling, or ginger may also be of benefit. Further study is required to establish optimal antiemetic strategies in children.

[0781]

Delusions of alien control in the normal brain

Neuropsychologia. 2003;41(8):1058-67

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Delusions of alien control, or passivity experiences, are symptoms associated with schizophrenia in which patients misattribute self-generated actions to an external source. In this study hypnosis was used to induce a similar misattribution of self-generated movement in normal, healthy individuals. Positron Emission Tomography (PET) was employed to investigate the neural correlates of active movements correctly attributed to the self, compared with identical active movements misattributed to an external source. Active movements attributed to an external source resulted in significantly higher activations in the parietal cortex and cerebellum than identical active movements correctly attributed to the self. We suggest that, as a result of hypnotic suggestion, the functioning of this cerebellar-parietal network is altered so that self-produced actions are experienced as being external. These results have implications for the brain mechanisms underlying delusions of control, which may be associated with overactivation of the cerebellar-parietal network.

[0782]

Rapid hypnotic inductions and therapeutic suggestions in the dental setting

Int J Clin Exp Hypn. 2003 Jan;51(1):77-85

Finkelstein S

For dentists to use hypnosis on a regular basis, the time spent on the nonreimbursed segment of treatment should be minimal. The basis for rapid utilization of hypnosis is outlined. Rapid inductions are defined with examples. Some therapeutic suggestions are given with a rationale for their use.

[0783]

Romanian norms for the Harvard Group Scale of Hypnotic Susceptibility, Form A

Int J Clin Exp Hypn. 2003 Jan;51(1):66-76

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A Romanian-language version of the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A) was administered to 340 subjects (218 females and 122 males) recruited from 1998 to 1999 in Romania. Data were collected from three samples of participants to provide greater heterogeneity within the sample. The results from the Romanian version of the HGSHS:A were compared to those from Australian, Canadian, Danish, Finnish, German, Italian, Spanish, and original U.S. samples. The Romanian normative data are consistent with earlier normative studies in score distribution, item difficulty levels, and reliability. The mean score of the Romanian sample did not differ from those in the German and Italian samples but did significantly differ from the remaining samples. The total score reliability (.71) and item reliability of the Romanian sample was also comparable with published reference samples. No differences between women and men were found.

[0784]

Hypnosis and performance standards

Int J Clin Exp Hypn. 2003 Jan;51(1):51-65

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Participants received 1 of 3 instructional sets designed to manipulate their performance standards (i.e., criteria used to evaluate hypnotic performance): (a) stringent set (n = 33), these subjects were told that responsive subjects respond immediately to hypnosis and imagine realistically, (b) lenient set (n = 30), these subjects were told that responsive subjects do not necessarily respond immediately or imagine realistically, and (c) control set (n = 34), standard prehypnotic information. As expected, compared to controls, stringent set participants were less responsive to hypnosis, as indexed by measures of actual and estimated suggestibility, subjective involvement, involuntariness, quickness of responding, satisfaction, and imaginative ability. Stringent set participants estimated they passed fewer suggestions, were less satisfied with their performance, and reported less subjective involvement than individuals in the lenient condition.

[0785]

A randomized controlled clinical trial of a hypnosis-based treatment for patients with conversion disorder, motor type

Int J Clin Exp Hypn. 2003 Jan;51(1):29-50

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This study tested whether a hypnosis-based intervention showed promise as a treatment for patients with conversion disorder, motor type. Forty-four outpatients with conversion disorder, motor type, or somatization disorder with motor conversion symptoms, were randomly assigned to a hypnosis or a waiting-list condition. The hypnosis-condition patients were more improved relative to baseline and the waiting-list controls. Improvement was evident on an observational index of behavioral symptoms associated with the motor conversion and on an interview measure of extent of motor disability. No effect was obtained on a nonspecific measure of broad psychopathology immediately posttreatment. At 6-month follow-up, improvement was maintained across the behavioral and interview measures. The effect size of hypnotizability as a predictor of treatment outcome was comparable to that found for other individual patient differences associated with psychotherapy outcome although non-significant. Hypnotizability scored above patient expectations as a predictor of treatment outcome.

[0786]

Clinical hypnosis in the alleviation of procedure-related pain in pediatric oncology patients  
Int J Clin Exp Hypn. 2003 Jan;51(1):4-28  
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This prospective controlled trial investigated the efficacy of a manual-based clinical hypnosis intervention in alleviating pain in 80 pediatric cancer patients (6-16 years of age) undergoing regular lumbar punctures. Patients were randomly assigned to 1 of 4 groups: direct hypnosis with standard medical treatment, indirect hypnosis with standard medical treatment, attention control with standard medical treatment, and standard medical treatment alone. Patients in the hypnosis groups reported less pain and anxiety and were rated as demonstrating less behavioral distress than those in the control groups. Direct and indirect suggestions were equally effective, and the level of hypnotizability was significantly associated with treatment benefit in the hypnosis groups. Therapeutic benefit degraded when patients were switched to self-hypnosis. The study indicates that hypnosis is effective in preparing pediatric oncology patients for lumbar puncture, but the presence of the therapist may be critical.

[0787]

Three core hypnotic phenomena studied with both scientific precision and clinical savvy  
Int J Clin Exp Hypn. 2003 Jan;51(1):86-90  
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Three especially interesting and important studies on hypnosis have appeared in the scientific and medical literatures over the past few months. They are in the finest tradition of the field. Each study examines a phenomenon that is at once core to scientific hypnosis but also of keen interest to clinicians: conversion disorder, amnesia, and pain. It is testimony to the vigor of the field that these 3 phenomena endure as topics of discourse within and across disciplines. Further, the 3 studies make use of sophisticated designs and methodologies to render findings more (not less) relevant to clinical work. These 3 studies are wonderful examples of the field at its best: eschewing the partisan, embracing discourse, and in so doing mapping the domain of hypnosis with imagination and passion.

[0788]

Optimising postoperative pain management in the ambulatory patient  
Drugs. 2003;63(9):855-67  
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Over 60% of surgery is now performed in an ambulatory setting. Despite improved analgesics and sophisticated drug delivery systems, surveys indicate that over 80% of patients experience moderate to severe pain postoperatively. Inadequate postoperative pain relief can prolong recovery, precipitate or increase the duration of hospital stay, increase healthcare costs, and reduce patient satisfaction. Effective postoperative pain management involves a multimodal approach and the use of various drugs with different mechanisms of action. Local anaesthetics are widely administered in the ambulatory setting using techniques such as local injection, field block, regional nerve block or neuraxial block. Continuous wound infusion pumps may have great potential in an ambulatory setting. Regional anaesthesia (involving anaesthetising regional areas of the body, including single extremities, multiple extremities, the torso, and the face or jaw) allows surgery to be performed in a specific location, usually an extremity, without the use of general anaesthesia, and potentially with little or no sedation. Opioids remain an important component of any analgesic regimen in treating moderate to severe acute postoperative pain. However, the incorporation of non-opioids, local anaesthetics and regional techniques will enhance current postoperative analgesic regimens. The development of new modalities of treatment, such as patient controlled analgesia, and newer drugs, such as cyclo-oxygenase-2 inhibitors, provide additional choices for the practitioner. While there are different routes of administration for analgesics (e.g. oral, parenteral, intramuscular, transmucosal, transdermal and sublingual), oral delivery of medications has remained the mainstay for postoperative pain control. The oral route is effective, the simplest to use and typically the least expensive. The intravenous route has the advantages of a rapid onset of action and easier titratability, and so is recommended for the treatment of acute pain. Non-pharmacological methods for the management of postoperative pain include acupuncture, electromagnetic millimetre waves, hypnosis and the use of music during surgery. However, further research of these techniques is warranted to elucidate their effectiveness in this indication. Pain is a multifactorial experience, not just a sensation. Emotion, perception and past experience all affect an individual's response to noxious stimuli. Improved postoperative pain control through innovation and creativity may improve compliance, ease of delivery, reduce length of hospital stay and improve patient satisfaction. Patient education, early diagnosis of symptoms and aggressive treatment of pain using an integrative approach, combining pharmacotherapy as well as complementary technique, should serve us well in dealing with this complex problem.

[0789]

Complementary and alternative therapies for pain management in labour  
Cochrane Database Syst Rev. 2003;(2):CD003521  
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**BACKGROUND:** Many women would like to avoid pharmacological or invasive methods of pain management in labour and this may contribute towards the popularity of complementary methods of pain management. This review examined currently available evidence supporting the use of alternative and complementary therapies for pain management in labour. **OBJECTIVES:** To examine the effectiveness of complementary and alternative therapies for pain management in labour on maternal and perinatal morbidity. **SEARCH STRATEGY:** We searched the Cochrane Pregnancy and Childbirth Group trials register (July 2002), the Cochrane Controlled Trials

Register (The Cochrane Library Issue 2, 2002), MEDLINE (1966 to July 2002), EMBASE (1980 to July 2002) and CINAHL (1980 to July 2002). SELECTION CRITERIA: The inclusion criteria included published and unpublished randomised controlled trials comparing complementary and alternative therapies with placebo, no treatment or pharmacological forms of pain management in labour. All women whether primiparous or multiparous, and in spontaneous or induced labour, in the first and second stage of labour were included. DATA COLLECTION AND ANALYSIS: Meta-analysis was performed using relative risks for dichotomous outcomes and weighted mean differences for continuous outcomes. The outcome measures were maternal satisfaction, use of pharmacological pain relief and maternal and neonatal adverse outcomes. MAIN RESULTS: Seven trials involving 366 women and using different modalities of pain management were included in this review. The trials included one involving acupuncture (n = 100), one involving audio-analgesia (n = 25), one involving aromatherapy (n = 22), three trials of hypnosis (n = 189) and one trial of music (n = 30). The trial of acupuncture decreased the need for pain relief (relative risk (RR) 0.56, 95% confidence interval (CI) 0.39 to 0.81). Women receiving hypnosis were more satisfied with their pain management in labour compared with controls (RR 2.33, 95% CI 1.55 to 4.71). No differences were seen for women receiving aromatherapy, music or audio analgesia. REVIEWER'S CONCLUSIONS: Acupuncture and hypnosis may be beneficial for the management of pain during labour. However, few complementary therapies have been subjected to proper scientific study and the number of women studied is small.

[0790]

Children's suggestibility in relation to their understanding about sources of knowledge  
Child Dev. 2003 Jan-Feb;74(1):48-62  
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In the experiments reported here, children chose either to maintain their initial belief about an object's identity or to accept the experimenter's contradicting suggestion. Both 3- to 4-year-olds and 4- to 5-year-olds were good at accepting the suggestion only when the experimenter was better informed than they were (implicit source monitoring). They were less accurate at recalling both their own and the experimenter's information access (explicit recall of experience), though they performed well above chance. Children were least accurate at reporting whether their final belief was based on what they were told or on what they experienced directly (explicit source monitoring). Contrasting results emerged when children decided between contradictory suggestions from two differentially informed adults: Three- to 4-year-olds were more accurate at reporting the knowledge source of the adult they believed than at deciding which suggestion was reliable. Decision making in this observation task may require reflective understanding akin to that required for explicit source judgments when the child participates in the task.

[0791]

Child-management techniques. Are there differences in the way female and male pediatric dentists in Israel practice?  
Braz Dent J. 2003;14(2):82-6  
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The purpose of this study was to assess differences in the management techniques used by Israeli female and male pediatric dentists. All 112 participants of the meeting of the Israeli Society of Dentistry for Children that was held in February 1999 received a questionnaire which sought information regarding age, sex, behavioral and pharmacological methods used to treat children, having a course in nitrous oxide, general anesthesia, and feelings towards pediatric patients. No differences between female and male dentists were found regarding most management techniques. The majority of dentists used tell-show-do, and gave presents at the end of the appointments. Hypnosis was the least used technique. Papoose board was more prevalent among male dentists than among female dentists. Most dentists reported having the parents present during treatment, and more male dentists used their assistance when restraint was needed. General anesthesia was significantly more prevalent among males than among females ( $p = 0.01$ ). One-third of the dentists reported feeling aggression toward the pediatric patient. Although not statistically significant, more female dentists reported about feeling aggression than male dentists. Most dentists felt authority towards the pediatric patient. Our findings imply that female and male dentists use similar management techniques when treating children.

[0792]

[Individual characteristics of correction of the cosmonauts' vegetative status with a method of adaptive biofeedback]  
Aviakosm Ekolog Med. 2003;37(1):67-72  
Kornilova LN, Cowings P, Arlashchenko NI, Korneev Dlu, Sagalovich SV, Sarantseva AV, Toscano W, Kozlovskaja IB

The ability of 4 cosmonauts to voluntarily control their physiological parameters during the standing test was evaluated following a series of the adaptive feedback (AF) training sessions. Vegetative status of the cosmonauts during voluntary "relaxation" and "straining" was different when compared with its indices determined before these sessions. In addition, there was a considerable individual variability in the intensity and direction of the AF effects, and the range of parameters responding to AF. It was GCR which was the easiest one for the AF control.

[0793]

Utilization Sobriety: brief, individualized substance abuse treatment employing ideomotor questioning  
Am J Clin Hypn. 2003 Jan;45(3):217-24  
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This article presents a substance abuse treatment method that acknowledges and accommodates the personal needs that are being addressed by substance. This method, Utilization Sobriety, bypasses perceived resistances and employs idiosyncratic psychobiological learning to achieve a body-mind gestalt that is complementary to the client's sobriety. It develops a safe framework for addressing any subsequent mental health themes directly or indirectly related to substance misuse. A treatment protocol for the use of Utilization Sobriety as well as relevant clinical material illustrating its application and a discussion of its implications are offered.

[0794]

A character in search of character: Narcissistic Personality Disorder and Ego State Therapy  
Am J Clin Hypn. 2003 Jan;45(3):233-43  
McNeal S

The individual diagnosed with Narcissistic Personality Disorder presents with grandiosity, extreme self-involvement, and lack of interest in and empathy for others. This paper reviews current theories concerning the development and treatment of Narcissistic Personality Disorder, and introduces the use of Ego State Therapy for its treatment. The ego state model of treatment will be described and



demonstrated with case material. Initially ego states that reveal the grandiosity will be accessed. As therapy progresses, ego states that hold the underlying feelings of emptiness, rage, and depression are able to emerge. With further treatment, transformation and maturation of the ego states occur, reflecting the changes in internal structure and dynamics as well as improvement in external interpersonal relationships. Issues concerning Ego State Therapy as utilized with personality disorders will be discussed and contrasted with more traditional methods of treatment.

[0795]

[The effects of hypnosis on emotional responses of depressed students in frustrating situations]

Shinrigaku Kenkyu. 2003 Feb;73(6):457-63

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The present study examined the effects of hypnosis on aggression and depression in depressed undergraduate students. Six frustrating situations were presented to 13 mildly depressed subjects as well as to 13 non-depressed subjects. All subjects were studied both in light trance and in the waking state. Their emotions were measured by numeric rating scales and open-ended questions. On scores using with numeric rating scales, depressed subjects were less depressive under trance as compared to the waking state. Responses to open-ended questions, which were scored by four raters, indicated that depressed subjects were less aggressive during trance than during the waking state, while non-depressed subjects were more aggressive under trance. Furthermore, the depression score was lower during trance than during the waking state. These findings suggested that depressed subjects were not repressive, while non-depressed subjects were repressive and exhibited controlled anger in the waking state.

[0796]

Mind control of menopause

Womens Health Issues. 2003 Mar-Apr;13(2):74-8

Younus J, Simpson I, Collins A, Wang X

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The primary objective of this study was to observe the effect of hypnosis on hot flashes (HF) and overall quality of life in symptomatic patients. A secondary objective was to observe the effect of hypnosis on fatigue. Ten healthy volunteers and four breast cancer patients (total 14 patients) with symptoms of HF were treated with four, 1 h/wk sessions of hypnosis. The same physician, with the help of a nurse, conducted every session. All subjects recorded frequency, duration, and severity of HF in a HF diary. The QLQ-C30 and Brief Fatigue Inventory forms were used to assess the impact on quality of life and fatigue, respectively. The statistical evaluations were performed, including analysis of variance and nonparametric procedures. The frequency ( $p < 0.0001$ ), duration ( $p < 0.0001$ ), and severity ( $p < 0.0001$ ) of HF were significantly reduced. The overall quality of life was also improved ( $p = 0.05$ ). The subjects enjoyed better sleep and had less insomnia ( $p = 0.012$ ). There was a significant improvement on current fatigue level ( $p = 0.017$ ), but we did not find a statistically significant reduction in the total fatigue level. We conclude that hypnosis appears to be a feasible and promising intervention for HF, with a potential to improve quality of life and insomnia. Although improvement in current level of fatigue was observed in this pilot study, total fatigue improvement did not reach statistical significance.

[0797]

Imagination can create false autobiographical memories

Psychol Sci. 2003 Mar;14(2):186-8

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Previous studies have shown that imagining an event can alter autobiographical beliefs. The current study examined whether it can also create false memories. One group of participants imagined a relatively frequent event and received information about an event that never occurs. A second group imagined the nonoccurring event and received information about the frequent event. One week before and again 1 week immediately after the manipulation, participants rated the likelihood that they had experienced each of the two critical events and a series of noncritical events, using the Life Events Inventory. During the last phase, participants were also asked to describe any memories they had for the events. For both events, imagination increased the number of memories reported, as well as beliefs about experiencing the event. These results indicate that imagination can induce false autobiographical memories.

[0798]

Children who speak of past-life experiences: is there a psychological explanation?

Psychol Psychother. 2003 Mar;76(Pt 1):55-67

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Children who claim to remember fragments of a past life are found in some countries. Various explanations have been put forward as to why the alleged memories develop, ranging from reincarnation to 'therapeutic resource'. This study puts to the test the role of some psychological characteristics and the circumstances in which the children live, such as fantasy, suggestibility, social isolation, dissociation, and attention-seeking. Thirty children in Lebanon who had persistently spoken of past-life memories, and 30 comparison children, were administered relevant tests and questionnaires. The target group obtained higher scores for daydreaming, attention-seeking, and dissociation, but not for social isolation and suggestibility. The level of dissociation was much lower than in cases of multiple personality and not clinically relevant. There was some evidence of post-traumatic stress disorder-like symptoms. Eighty per cent of the children spoke of past-life memories of circumstances leading to a violent death (mostly accidents, also war-related deaths and murder). It is discussed if this imagery-when experienced repeatedly-may serve as a stressor.

[0799]

Comparisons of three different investigative interview techniques with young children

J Genet Psychol. 2003 Mar;164(1):5-28

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After viewing a film of a mother hitting her son, a film not seen by the college student interviewers, children were misinformed about a detail (via exposure to a misleading question) as well as explicitly coached to disclose 3 false details. The children were then interviewed by interviewers who had previously learned 1 of 3 different interviewing procedures: the Yuille Step-Wise Interview developed by J. C. Yuille, R. Hunter, R. Joffe, & J. Zapamiuk (1993); a doll play interview developed by Action for Child Protection

Inc. (1994); or the Modified Structured Interview developed for this study. The Modified Structured Interview yielded more "where" information and was better at detecting if coaching had occurred. However, the interviewers were not very good at discriminating suggested versus coached versus correct witnessed information. The authors found that the deeper one digs for memories, the more one uncovers incorrect versus correct items. They concluded that although the Modified Structured Interview was superior to the techniques currently in use, cautions are necessary.

[0800]

Effect of autogenic training on drug consumption in patients with primary headache: an 8-month follow-up study  
Headache. 2003 Mar;43(3):251-7

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**OBJECTIVE:** To examine the effects of Schultz-type autogenic training on headache-related drug consumption and headache frequency in patients with migraine, tension-type, or mixed (migraine plus tension-type) headache over an 8-month period.

**BACKGROUND:** Behavioral treatments often are used alone or adjunctively for different types of headache. There are, however, only a few studies that have compared the efficacy and durability of the same treatment in different types of primary headache, and the effects of treatment on headache-related drug consumption rarely have been assessed even in these studies. **METHODS:** Twenty-five women with primary headache (11 with mixed headache, 8 with migraine, and 6 with tension-type headache) were evaluated via an open-label, self-controlled, 8-month, follow-up study design. After an initial 4 months of observation, patients began learning Schultz-type autogenic training as modified for patients with headache. They practiced autogenic training on a regular basis for 4 months. Based on data from headache diaries and daily medication records, headache frequencies and the amounts of analgesics, "migraine-specific" drugs (ergots and triptans), and anxiolytics taken by the patients were compared in the three subgroups over the 8-month period. **Results-**From the first month of implementation of autogenic training, headache frequencies were significantly reduced in patients with tension-type and mixed headache. Significant reduction in frequency was achieved in patients with migraine only from the third month of autogenic training. Decreases in headache frequencies were accompanied by decreases in consumption of migraine drugs and analgesics resulting in significant correlations among these parameters. Reduction in consumption of anxiolytic drugs was more rapid and robust in patients with tension-type headache compared to patients with migraine, and this outcome failed to show any correlation with change in headache frequency. **CONCLUSION:** Schultz-type autogenic training is an effective therapeutic approach that may lead to a reduction in both headache frequency and the use of headache medication.

[0801]

Analgesia following music and therapeutic suggestions in the PACU in ambulatory surgery; a randomized controlled trial

Acta Anaesthesiol Scand. 2003 Mar;47(3):278-83

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**BACKGROUND:** This study was designed to determine whether music (M), or music in combination with therapeutic suggestions (M/TS) could improve the postoperative recovery in the immediate postoperative in daycare surgery. **METHODS:** One-hundred and eighty-two unpremedicated patients who underwent varicose vein or open inguinal hernia repair surgery under general anaesthesia were randomly assigned to (a). listening to music (b). music in combination with therapeutic suggestions or (c). blank tape in the immediate postoperative period. The surgical technique, anaesthesia and postoperative analgesia were standardized. Analgesia, the total requirement of morphine, nausea, fatigue, well-being, anxiety, headache, urinary problems, heart rate and oxygen saturation were studied as outcome variables. **RESULTS:** Pain intensity (VAS) was significantly lower ( $P = 0.002$ ) in the M (2.1), and the M/TS (1.9) group compared with the control group (2.9) and a higher oxygen saturation in M (99.2%) and M/TS (99.2%) group compared with the control (98.0%),  $P < 0.001$ , were found. No differences were noted in the other outcome variables. **CONCLUSION:** This controlled study has demonstrated that music with or without therapeutic suggestions in the early postoperative period has a beneficial effect on patients' experience of analgesia. Although statistically significant, the improvement in analgesia is modest in this group of patients with low overall pain levels.

[0802]

Perceptually oriented hypnosis

Psychol Rep. 2003 Apr;92(2):515-28

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This theoretical article explores postulates representative of a perceptual frame of reference for a better understanding of hypnotic experiencing. This author contends that Perceptual Psychology, a theory first conceptualized by Snygg and Combs, as revised by Combs, Richards, and Richards in 1988, and Perceptually Oriented Hypnosis provide an effective way of understanding hypnosis, the therapist-client relationship, and has some implications as well for better comprehending psychopathology. Perceptually oriented hypnotic principles are shown to enhance the characteristics of the adequate personality, expand the phenomenal field, change personal meanings, and change aspects of the phenomenal self in the context of hypnosis. Implications for understanding differing views and conflicting perceptions of reality held by scientists and researchers are discussed. Implications for Dissociative Identity Disorder are also addressed. Research utilizing Giorgi's research methodology and Wasicko's qualitative procedure for assessing educators' dispositions is suggested.

[0803]

Taking responsibility for an act not committed: the influence of age and suggestibility

Law Hum Behav. 2003 Apr;27(2):141-56

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Inherent in false confessions is a person taking responsibility for an act he or she did not commit. The risk of taking such responsibility may be elevated in juveniles. To study possible factors that influence individuals' likelihood for taking responsibility for something they did not do, participants in a laboratory experiment were led to believe they crashed a computer when in fact they had not. Participants from 3 age groups were tested: 12- and 13-year-olds, 15- and 16-year-olds, and young adults. Half of the participants in each age group were presented with false evidence indicating liability. Additionally, suggestibility was investigated as a potential individual-difference factor affecting vulnerability to admissions of guilt. Results showed that younger and more suggestible participants were more likely than older and less suggestible participants to falsely take responsibility. Implications of these findings for juvenile justice are discussed.

[0804]

Brain imaging techniques

Int J Clin Exp Hypn. 2003 Apr;51(2):97-104

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In the last decade, functional brain imaging techniques ranging from fMRI to PET to EEG have added to understanding the mechanisms involved in cognitive, affective, and motoric processes. More recently, as demonstrated by papers in a variety of neuroscience journals, the hypnotic experience and its modulation of critical human processes such as pain have added hypnotic procedures to the experimental techniques available for the neuroscience community. For this interplay to be manifested, it is critical that readers understand brain imaging procedures and the types of questions they can and cannot answer. In this spirit, the present article is an overview of the major brain imaging techniques available to a researcher interested in hypnosis.

[0805]

Hypnosis phenomenology and the neurobiology of consciousness

Int J Clin Exp Hypn. 2003 Apr;51(2):105-29

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Recent developments in the philosophical and neurobiological studies of consciousness provide promising frameworks to investigate the neurobiology of hypnosis. A model of consciousness phenomenology is described to demonstrate that the experiential dimensions characterizing hypnosis (relaxation and mental ease, absorption, orientation and monitoring, and self-agency) reflect basic phenomenal properties of consciousness. Changes in relaxation-mental ease and absorption, produced by standard hypnotic procedures, are further associated with changes in brain activity within structures critically involved in the basic representation of the body-self and the regulation of states of consciousness. The combination of experiential and modern brain imaging methods offers a unique perspective on hypnotic phenomena and provides new observations consistent with the proposition that hypnosis is an altered state of consciousness.

[0806]

Negative and positive visual hypnotic hallucinations: attending inside and out

Int J Clin Exp Hypn. 2003 Apr;51(2):130-46

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Hypnotic perceptual alteration affects brain function. Those hypnotic instructions that reduce perception by creating an illusory obstruction to it reduce brain response to perception in the cognate sensory cortex, as measured by event-related potential (ERP) amplitude and regional blood flow (PET). Those hypnotic instructions that affect the subject's reaction to perception activate the anterior attentional system, especially the anterior cingulate cortex in PET studies. Hypnosis involves activation without arousal and may be particularly mediated via dopaminergic pathways. Hypnotic alteration of perception is accompanied by measurable changes in both perceptual and attentional function of those specific regions of the brain that process these activities, modulated by the nature of the specific hypnotic instruction. Positive obstructive hallucinations seem to allow for a hypnotic focus inward, activating the functioning of attentional neural systems and reducing perceptual ones.

[0807]

The fox, the hedgehog, and hypnosis

Int J Clin Exp Hypn. 2003 Apr;51(2):166-89

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Isaiah Berlin's contrast between the fox, who "knows many things," and the hedgehog, who "knows one big thing," is the starting point for a consideration of monolithic and pluralistic approaches to hypnosis.

[0808]

Temporal aspects of hypnotic processes

Int J Clin Exp Hypn. 2003 Apr;51(2):147-65

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The authors examine the cortical processes underlying the process of hypnosis, especially as related to the temporal appearance of specific waveforms in relation to pain. Nonhypnotic pain research suggests that in terms of temporal processing early EEG components are more sensory in nature, and later components are of a more emotional or evaluative nature. In the present work, the authors report that the influence of hypnosis is less on the EEG components associated with the initial sensory experience itself and more on the later components that carry with them rich cognitive/emotional information. The research reviewed in this paper clearly suggests an inhibitory process for the high susceptible individuals associated with the hypnotic analgesia.

[0809]

Cleaning up the river: a metaphor for functional digestive disorders

Am J Clin Hypn. 2003 Apr;45(4):353-9

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The irritable bowel syndrome is characterized by abdominal pain, altered bowel habits and various other digestive symptoms. Emotional factors are important in some patients. I describe here a metaphor which links the altered motility of the digestive system to the emotional contents it may embody. A metaphor of a river is used to evoke both a smooth, coordinated flow through the normal digestive tract and a normal flow in the management of the patient's emotions. The possibility that some blockage has occurred in the river, resulting in perturbation of the normal flow is then suggested to the patient. This is followed by a suggestion for the patient to clear the blockage. This approach may lead patients to work on the emotional components of their symptoms, resulting in their subsequent resolution. I have used this approach with several patients and it proved very effective. This paper demonstrates the use of this

metaphor in one of the patients.

[0810]

Binaural beat induced theta EEG activity and hypnotic susceptibility: contradictory results and technical considerations  
Am J Clin Hypn. 2003 Apr;45(4):295-309  
Stevens L, Haga Z, Queen B, Brady B, Adams D, Gilbert J, Vaughan E, Leach C, Nockels P, McManus P  
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The present study offered a constructive replication of an earlier study which demonstrated significant increases in theta EEG activity following theta binaural beat (BB) entrainment training and significant increases in hypnotic susceptibility. This study improved upon the earlier small-sample, multiple-baseline investigation by employing a larger sample, by utilizing a double-blind, repeated-measures group experimental design, by investigating only low and moderate susceptible participants, and by providing 4 hours of binaural beat training. With these design improvements, results were not supportive of the specific efficacy of the theta binaural beat training employed in this study in either increasing frontal theta EEG activity or in increasing hypnotic susceptibility. Statistical power analyses indicated the theta binaural beat training to be a very low power phenomenon on theta EEG activity. Furthermore, we found no significant relationship between frontal theta power and hypnotizability, although the more hypnotizable participants showed significantly greater increases in hypnotizability than the less hypnotizables. Results are discussed within the context of participant selection and classification factors, technical considerations in the presentation of TBB training, and theta blocking.

[0811]

Gourmand savants and environmental determinants of obesity  
Obes Rev. 2003 May;4(2):121-8  
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Obesity is an embodiment of a multifactorial problem with several intermediates in its casual pathway. Virtually all who have written on obesity have responded to four inter-related factors: genetic, perinatal, environmental, and consumption-expenditure energy imbalance. The message to take home is that while a molecular description of each participant of the obesity machinery seems achievable in principle, a complex model describing all of them is currently beyond our grasp. That is why the eradication of the obesity epidemic is seen in a more precise neuropsychological description of what is wrong with each subset of patients. This review proposes that the neuropsychiatric experience might be the most fundamental for it could help to refocus the view of obesity from 'traditional' environmental factors and lifestyle changes to those dominated by a more 'individual-centred' perspective in which different modes of causal attribution are appropriate. This review advocates the idea of environmental dependency as a determinant of obesity, which has been an important idea in neurosciences for more than 30 years with roots in three important areas: psychological, neuropsychiatric, and experimental. The neuropsychology of obesity is yet to become part of today's agenda of obesity research.

[0812]

Chronic headache in young patients: clinical aspects and treatment suggestions  
Neurol Sci. 2003 May;24 Suppl 2:S112-4  
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The term "chronic daily headache" (CDH) is used to describe a patient who suffers from recurrent headache, at an average frequency of 15 days per month without an underlying serious medical condition. CDH, sometimes referred to as chronic non-progressive headache, was described in adults by Mathew et al. in 1987. Estimating the incidence and prevalence of this disorder has been difficult, because universally agreed criteria regarding the classification of CDH in children and adolescents have not been reached. This condition is a source of concern and disability both for the patient as well as their family. CDH may be associated with comorbid anxiety or depression, resulting in a tremendous amount of dysfunction for the youngster and the family.

[0813]

Posthypnotic amnesia for a first romantic relationship: Forgetting the entire relationship versus forgetting selected events  
Memory. 2003 May;11(3):307-18  
Cox RE, Barnier AJ  
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This experiment investigated the impact of suggestion focus on posthypnotic amnesia (PHA) for memories of a first romantic relationship. During hypnosis, high and low hypnotisable participants recalled specific memories from this period in response to 10 cue phrases (Elicitation). They then received a PHA suggestion that targeted either the entire period or specific memories from that period. Participants' explicit memory was indexed by cued recall after PHA was administered (memories recalled to "old" and "new" cues; Recall 1) and after it was cancelled (Recall 2). A social judgement task indexed dissociations between implicit and explicit memory. PHA had the greatest impact on highs', but not lows', memory performance (in terms of memories recalled to old cues, recall latency, and qualitative memory ratings) when the suggestion targeted the entire period rather than specific events. We discuss these findings in terms of the parameters of PHA's influence on memory, its value for exploring the nature and structure of autobiographical memory, and its utility as a laboratory analogue of functional amnesia.

[0814]

Hypnotherapy as a treatment for vulvar vestibulitis syndrome: a case report  
J Sex Marital Ther. 2003 May-Jun;29(3):237-42  
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The effectiveness of hypnotherapy in alleviating pain has been demonstrated with several disorders and diseases involving acute and chronic pain. Although hypnosis has been suggested as treatment for dyspareunia resulting from vulvar vestibulitis syndrome (VVS), empirical data and case reports showing its effectiveness have been lacking. This article presents a case report on the use of hypnotherapy to treat a 26-year-old woman suffering from VVS. Psychotherapy consisted of twelve sessions, of which eight were devoted to hypnosis. The goal of hypnosis was to help the client decrease her anticipatory anxiety, create a positive association of pleasure with intercourse, and create a sense of control over her pain. Despite having persistent pain during intercourse for 3 years with several partners, she experienced no more pain following treatment, and remained pain free at a 12-month follow up.

[0815]

Non-pharmacological approaches to behaviour management in children  
Dent Update. 2003 May;30(4):194-9  
Newton JT, Shah S, Patel H, Sturmey P  
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This review examines a number of non-pharmacological approaches to the management of dental anxiety and its manifestations among children and young people. The article concludes with recommendations regarding the use of non-pharmacological approaches.

[0816]

[Management of psychologic factors in chronic urticaria. When and how?]  
Ann Dermatol Venereol. 2003 May;130 Spec No 1:1S145-59  
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INTRODUCTION: Chronic idiopathic urticaria is a frequent disease with treatment is often disappointing. Psychological factors seem to be frequently associated to it. In what cases consider psychological treatment? And according to what modalities? METHOD: Review of the literature in search of articles in both French and English concerning psychological factors associated to chronic urticaria, either as responsible factors, or as aggravating factors, or as a consequence of the urticaria, with the study of the impact on the quality of life. We also studied articles analyzing various types of psychology-targeted treatments. We use a serie of keywords on following data banks: Medline (1970-2002), Embase, Pascal and Cochrane Library (period 1995-2002). RESULTS: Very few controlled studies were published. Various studies are found reporting an association between stress, anxiety or depressive symptomatology and CIU, but none can assert a causality. Three controlled opened studies show significantly more anxiety and/or depression in the chronic urticaria patients. Three studies analyze the psychopathological personalities of the patients with urticaria. Two studies focus specifically on the impact of the CIU on the quality of life. Various psychotropic drugs (mainly tricyclic antidepressants) have been tested, mostly because of their anti-H1 activity. There is no study on psychological support, psychotherapies, behavioral therapies, technique of biofeedback and group therapies. A particular attention is focused to hypnosis and relaxation techniques because of the improvement of the urticarial wheals reported in studies of cutaneous ability to react in subcutaneous injections of histamine. CONCLUSION: A complementary psychological treatment of patients suffering from CIU seems necessary, because of the high frequency of psychological symptoms. Published studies concern essentially the prescription of psychotropic drugs and the use of therapies with suggestion or relaxation under hypnosis. Prospective studies on the impact of an adapted psychological treatment on the CIU evolution are not available.

[0817]

Biofeedback, cognitive-behavioral methods, and hypnosis in dermatology: Is it all in your mind?  
Dermatol Ther. 2003 Jun;16(2):114-22  
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Biofeedback can improve cutaneous problems that have an autonomic nervous system component. Examples include biofeedback of galvanic skin resistance (GSR) for hyperhidrosis and biofeedback of skin temperature for Raynaud's disease. Hypnosis may enhance the effects obtained by biofeedback. Cognitive-behavioral methods may resolve dysfunctional thought patterns (cognitive) or actions (behavioral) that damage the skin or interfere with dermatologic therapy. Responsive diseases include acne excoriee, atopic dermatitis, factitious cheilitis, hyperhidrosis, lichen simplex chronicus, needle phobia, neurodermatitis, onychotillomania, prurigo nodularis, trichotillomania, and urticaria. Hypnosis can facilitate aversive therapy and enhance desensitization and other cognitive-behavioral methods. Hypnosis may improve or resolve numerous dermatoses. Examples include acne excoriee, alopecia areata, atopic dermatitis, congenital ichthyosiform erythroderma, dyshidrotic dermatitis, erythromelalgia, furuncles, glossodynia, herpes simplex, hyperhidrosis, ichthyosis vulgaris, lichen planus, neurodermatitis, nummular dermatitis, postherpetic neuralgia, pruritus, psoriasis, rosacea, trichotillomania, urticaria, verruca vulgaris, and vitiligo. Hypnosis can also reduce the anxiety and pain associated with dermatologic procedures.

[0818]

Validity of a test of children's suggestibility for predicting responses to two interview situations differing in their degree of suggestiveness  
J Exp Child Psychol. 2003 May;85(1):32-49  
Finnila K, Mahlberg N, Santtila P, Sandnabba K, Niemi P  
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In the present study the relative contributions of internal and external sources of variation in children's suggestibility in interrogative situations were examined. One hundred and eleven children (48 4- to 5-year-olds and 63 7- to 8-year-olds) were administered a suggestibility test (BTSS) and the most suggestible (N=36) and the least suggestible (N=36) children were randomly assigned to either an interview condition containing several suggestive techniques or to one containing only suggestive questions. The effects of internal sources of variation in suggestibility were compared with the effects of the interview styles on the children's answers. The former did influence the children, but the external sources of variation in suggestibility had a stronger impact. Influences of cognitive, developmental factors could be found, but not when abuse-related questions were asked and high pressured interview methods were used. These findings indicate that individual assessment of suggestibility can be of some assistance when interviewing children, but diminishing suggestive influences in interrogations must be given priority.

[0819]

Eye movement desensitization and reprocessing. A brief and effective treatment for stress  
J Psychosoc Nurs Ment Health Serv. 2003 Jun;41(6):22-31  
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1. Eye movement desensitization and reprocessing (EMDR) is an integrative therapy that "unlocks" disturbing memories or beliefs and reprocesses them, in some way, so they are no longer as disabling. 2. EMDR can be used for any experientially based psychological problems and has proven especially effective for traumatic imagery associated with posttraumatic stress disorder. 3. A primary benefit of EMDR is its time efficiency, requiring as few as 3 to 5 hours of treatment. 4. Many potential mechanisms (i.e., cognitive, hypnotic, self-disclosure, biological) may account for the effectiveness of EMDR.

[0820]

Hypnosis and clinical pain  
Psychol Bull. 2003 Jul;129(4):495-521  
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Hypnosis has been demonstrated to reduce analogue pain, and studies on the mechanisms of laboratory pain reduction have provided useful applications to clinical populations. Studies showing central nervous system activity during hypnotic procedures offer preliminary information concerning possible physiological mechanisms of hypnotic analgesia. Randomized controlled studies with clinical populations indicate that hypnosis has a reliable and significant impact on acute procedural pain and chronic pain conditions. Methodological issues of this body of research are discussed, as are methods to better integrate hypnosis into comprehensive pain treatment.

[0821]

Comparative analysis of the frequency of neuron spike activity in the sensorimotor cortex of the right and left hemispheres in conditions of immobilization catatonia in rabbits  
Neurosci Behav Physiol. 2003 Jul;33(6):589-94  
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Multineuron activity was recorded from the sensorimotor cortex of the right and left hemispheres during immobilization catatonia in rabbits. The first session of immobilization of the animals was followed by changes in spike frequency in 47% of neurons in the sensorimotor cortex of the right hemisphere. Of these, 30% showed decreases in spike frequency and 17% showed increases. Spike frequency in the sensorimotor cortex of the left hemisphere changed in only 18% of cells, of which 13% showed decreases in spike frequency and 5% showed increases. The spike frequency of neighboring (recorded with the same electrode) neurons could change reciprocally. Differences in neuron activity in the two hemispheres were virtually absent after the second session of immobilization (several days after the first)--spike activity changed in 21% of neurons in the right hemisphere and 24% in the left hemisphere. The ratios of the numbers of neurons with increases and decreases in spike activity in "hypnosis" also became identical in the cortex of the right and left hemispheres. A hypothesis is proposed for the involvement of cortical neurons in the organization of "hypnosis-like" states.

[0822]

What we don't know about the brain and hypnosis, but need to: a view from the Buckhorn Inn  
Int J Clin Exp Hypn. 2003 Jul;51(3):309-38  
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Based on reflections on the University of Tennessee Conference on Brain Imaging and Hypnosis, the authors point the field of hypnosis toward a new generation of research that can successfully coordinate multiple methods of inquiry and effectively connect psychological with biological understanding. They examine issues concerning hypnosis as a state, hypnotic susceptibility as a trait, and the psychological processes that underlie hypnotic responses. The article indicates ways in which some old questions can, and need to, be asked in new ways. The authors illustrate how to move toward a neuropsychological understanding of hypnosis by describing the classic suggestion effect and consider candidate psychological mechanisms to explain this effect. They argue that the neuroscience of hypnosis needs to build on a sound psychological foundation and add to, rather than replace, existing levels of analysis.

[0823]

Hypnosis, human nature, and complexity: integrating neuroscience approaches into hypnosis research  
Int J Clin Exp Hypn. 2003 Jul;51(3):282-308  
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Hypnosis research has contributed much to the understanding of human behavior and experience, both normal and abnormal. This paper considers ways in which neuroscience approaches may be integrated into hypnosis research to continue and enhance that contribution, as well as further reveal the nature of hypnosis itself. The authors review the influences on and advances in hypnosis research over the last century; illustrate the investigative value of hypnosis to selected phenomena across the areas of doing, feeling, believing, and remembering; and specify elements for the successful integration of neuroscience approaches into hypnosis research. The authors believe that hypnosis research offers powerful techniques to isolate psychological processes in ways that allow their neural bases to be mapped. Successful integration will be achieved when researchers add levels of explanation, rather than shift the emphasis from one level or feature to another.

[0824]

Evolutionary approaches to understanding the hypnotic experience  
Int J Clin Exp Hypn. 2003 Jul;51(3):256-81  
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Using Tinbergen's 4 why questions of causation, development, evolution, and function, the authors examine hypnosis from a larger, evolutionary perspective. Reasoning by analogy, they seek to view hypnosis in terms of an action pattern that represents a self-contained behavioral program although not as rigid as seen in lower organisms. In humans, such a program develops within the context of a long developmental sequence emphasizing social connections, imitation of significant figures, and the use of linguistic symbols to regulate both internal and external processes and actions. In terms of a mechanism, the authors speculate on the involvement of the cingulate cortex in achieving in hypnosis the experience of autonomous actions or analgesic sensory processes. Finally, they point to the fact that hypnotizability is associated with an ability to reduce the experience of pain, modulate the immune system, and achieve greater benefits of psychosocial therapies as a functional significance of the hypnotic experience.

[0825]

How can brain activity and hypnosis inform each other?  
Int J Clin Exp Hypn. 2003 Jul;51(3):232-55  
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Applying P. Teitelbaum's conception of the method of physiological psychology as interlocking stages of analysis and synthesis, the authors examine how studies of brain function can advance the understanding of hypnosis as a psychological process. They consider the exploration of animal analogues of human hypnosis, the study of brain injury in humans as a window on mechanisms underlying hypnosis, the distinct questions that brain-imaging studies of hypnosis can address, and the potential for comparative and developmental approaches to hypnosis as close allies to psychophysiological approaches. They conclude both that hypnosis is a powerful technique for studying the brain mechanisms of conscious experience and that underlying brain mechanisms may shed new light on longstanding theoretical debates about hypnosis.

[0826]

The four causes of hypnosis

Int J Clin Exp Hypn. 2003 Jul;51(3):195-231

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Aristotle's model of comprehension involves the description of a phenomenon and identification of its efficient causes (triggers), material cause (substrate), formal cause (models of structure), and final cause (function). This causal analysis provides a framework for understanding hypnosis and the hypnotic state. States are constellations of parameters within specified ranges; they name, but do not explain, a phenomenon. Concerns about reification of states are matters of semantics and pragmatics, not ontology. Isolation of efficient causes (e.g., procedure, context, social variables) is but one component of understanding. Experimental, technical, and conceptual advances have carried us into a century where the substrates and functions of hypnosis may be represented in synoptic theories that comprise all 4 causes of hypnosis.

[0827]

Hypnotic enhancement of cognitive-behavioral interventions for pain: an analogue treatment study

Health Psychol. 2003 Jul;22(4):406-13

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Recent meta-analyses have shown that adding hypnosis enhances the effectiveness of cognitive-behavioral psychotherapy. This hypnotic enhancement effect was evaluated in the analogue treatment of pain. Individuals scoring in the high ( $n = 135$ ) and low ( $n = 150$ ) ranges of hypnotic suggestibility were randomly assigned to 1 of 6 conditions: Stress Inoculation Training, the same treatment provided hypnotically, nonhypnotic analgesia suggestions, hypnotic analgesia suggestions, a hypnotic induction treatment, or a control condition. The 5 analogue treatments reduced experimental pain more than the control condition, but were not different from one another. Under circumstances optimized to detect an enhancement effect, neither Stress Inoculation Training nor analgesia suggestions produced more relief when delivered in a hypnotic context than identical treatments provided nonhypnotically.

[0828]

Increased cerebral functional connectivity underlying the antinociceptive effects of hypnosis

Brain Res Cogn Brain Res. 2003 Jul;17(2):255-62

Faymonville ME, Roediger L, Del Fiore G, Delgueldre C, Phillips C, Lamy M, Luxen A, Maquet P, Laureys S

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The neural mechanisms underlying the antinociceptive effects of hypnosis are not well understood. Using positron emission tomography (PET), we recently showed that the activity in the anterior cingulate cortex (midcingulate area 24a') covaries with the hypnosis-induced reduction of affective and sensory responses to noxious thermal stimulation [Faymonville et al., *Anesthesiology* 92 (2000) 1257-1267]. In the present study, we assessed changes in cerebral functional connectivity related to the hypnotic state, compared to simple distraction and the resting state. Nineteen highly hypnotizable right-handed volunteers were studied using H(2)(15)O-PET. The experimental conditions were hot noxious or warm non-noxious stimulation of the right hand during resting state, mental imagery and hypnotic state. Using a psychophysiological interaction analysis, we identified brain areas that would respond to noxious stimulations under the modulatory action of the midcingulate cortex in, and only in, the hypnotic state. Hypnosis, compared to the resting state, reduced pain perception by 50%. Pain perception during rest and mental imagery was not significantly different. Analysis of PET data showed that the hypnotic state, compared to normal alertness (i.e., rest and mental imagery), significantly enhanced the functional modulation between midcingulate cortex and a large neural network encompassing bilateral insula, pregenual anterior cingulate cortex, pre-supplementary motor area, right prefrontal cortex and striatum, thalamus and brainstem. These findings point to a critical role for the midcingulate cortex in the modulation of a large cortical and subcortical network underlying its influence on sensory, affective, cognitive and behavioral aspects of nociception, in the specific context of hypnosis.

[0829]

Implicit memory varies as a function of hypnotic electroencephalogram stage in surgical patients

Anesth Analg. 2003 Jul;97(1):132-8, table of contents

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Previous studies have observed a correlation of implicit memory with certain electroencephalogram (EEG) measures during anesthesia. Here, we tested the relationship between hypnotic depth determined by computer system (Narcotrend(TM)) and implicit memory in anesthetized patients, assessed by a postoperative reading speed test. Thirty-two patients undergoing laparoscopic herniotomy and 30 age-matched volunteer controls were included in the study. All patients received IV midazolam 2-3 mg followed by an induction dose of propofol and remifentanyl. The anesthesia was maintained with propofol and remifentanyl infusions and cisatracurium. Each patient was exposed to 2 of 4 stories, repeated 6 times. The first story was presented during light to moderate hypnotic EEG stages, and the second story was presented during deep hypnotic stages. Presentation of stories was balanced between patients and hypnotic stages. The controls listened to the two stories without receiving anesthesia. The reading speed for the previously presented stories and two new stories was measured approximately 7 h later with a computer program. No signs of inadequate anesthesia were observed, and no explicit memories of intraoperative events were revealed by a structured interview. No change of reading speed was observed for words presented during deep hypnotic stages. In contrast, an increased reading speed of 20 ms per word was found for content words (i.e., nouns, verbs, and adjectives), but not for function words (conjunctions, prepositions, and so on), presented during light to moderate hypnotic stages. Increased reading speed for semantically rich content words indicates that anesthetized patients are able to process acoustic information during light and moderate, but not deep, hypnosis. IMPLICATIONS: In this study, implicit memory was observed during general anesthesia at light to moderate, but not deep, hypnotic stages. Hypnotic stages were determined by a commercial

electroencephalogram device, and implicit memory was measured by using a postoperative reading speed task. During lighter phases of anesthesia, patients should be protected against acoustic information that could negatively influence their postoperative outcome.

[0830]

Efficacy vs. effectiveness research in psychotherapy: implications for clinical hypnosis

Am J Clin Hypn. 2003 Jul;46(1):11-29

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Empirically supported therapy (EST) has become a major focus and trend for mental health practice. When hypnosis is involved, this may mean satisfying a standard that is entirely too narrow in its emphasis. In this article "efficacy"-based research in clinical practice is contrasted with "effectiveness" -focused research, and they are discussed from the perspective of hypnosis. When clinicians can consider trans-theoretical factors as well as those that are treatment-enhancing, possibilities for improved treatment outcome increase. The "effectiveness" perspective also serves as a counter point for hypnosis in contrast with the dubious efficacy-based gold standard currently proposed for therapy in general, and hypnosis in particular.

[0831]

A project to change the attitudes, beliefs and practices of health professionals concerning hypnosis

Am J Clin Hypn. 2003 Jul;46(1):31-44

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This study describes an educational project designed to change the beliefs, attitudes and practices of health care professionals concerning hypnosis and hypnotherapy. The purpose of the study was to investigate whether an educational offering that dispelled myths and misconceptions of hypnosis, offered a historical perspective, discussed how hypnosis works therapeutically, and elucidated the many medical uses of hypnosis, could change the attitudes, practices and beliefs of health care providers. Workshops were given to health care professionals at a variety of venues. Three questionnaires were used to collect data from study subjects before, immediately after and three months following the educational intervention. The results indicated that it is possible with a 90 to 180 minute lecture on hypnosis to create changes in beliefs, attitudes and practices. When health professionals have accurate information on hypnosis that is substantiated by scientific research, they are more likely to believe that hypnosis has a place in traditional mainstream medicine and to suggest self-regulatory strategies and hypnosis to their patients. An educational presentation on hypnosis can encourage health care professionals to learn more about this modality and to seek training in hypnosis.

[0832]

The hypnotic belay in alpine mountaineering: the use of self-hypnosis for the resolution of sports injuries and for performance enhancement

Am J Clin Hypn. 2003 Jul;46(1):45-51

Morton PA

The author, an experienced alpine mountaineer, sustained several traumatic climbing injuries over a two-year period. This article describes her multiple uses of self-hypnosis to deal with several challenges related to her returning to successful mountain climbing. She used self-hypnosis for physical healing and to enhance her motivation to resume climbing. While training for her next expedition, she successfully utilized self-hypnotic techniques to deal with acute stress and later post-traumatic symptoms that had emerged related to her climbing injuries. She describes her use of hypnotic ego-strengthening, mental rehearsal, age progression, and "Inner Strength" as well as active-alert trance states. Her successful summiting of Ecuador's Cotopaxi at 19,380 feet was facilitated by "The Hypnotic Belay" which permitted her to secure herself by self-hypnosis in addition to the rope used to secure climbers. In 1994, the author returned to the Cascade Mountains where she had been injured three years earlier and reached the summit of Mount Shuksan. This time she was secured by "The Hypnotic Belay".

[0833]

Self-hypnosis for anxiety associated with severe asthma: a case report

BMC Pediatr. 2003 Jul 22;3(1):7

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**BACKGROUND:** Management of asthma can be complicated by both medical and psychiatric conditions, such as gastroesophageal reflux, chronic sinusitis, and anxiety. When symptoms of asthma are interpreted without regard to such conditions treatment may yield a suboptimal outcome. For example, anxiety-associated dyspnea, tachypnea, and chest tightness can be mistakenly interpreted as resulting from an exacerbation of asthma. Medical treatment directed only for asthma may thus lead to overuse of asthma medications and increased hospitalizations. **CASE PRESENTATION:** The described case illustrates how a systemic steroid-dependent patient with asthma benefited from receiving care from a pediatric pulmonologist who also was well versed in the diagnosis and treatment of anxiety. By using self-hypnosis, the patient was able to reduce her dependence on bronchodilators. Following modification of her medical therapy under supervision of the pulmonologist, and regular use of hypnosis, the patient ultimately was weaned off her systemic steroid therapy. **CONCLUSIONS:** This report emphasizes that anxiety must be considered as a comorbid condition in the treatment of asthma. Self-hypnosis can be a useful skill in the treatment of a patient with anxiety and asthma.

[0834]

An evaluation of Woodard's theory of perceptually oriented hypnosis

Psychol Rep. 2003 Aug;93(1):87-90

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This article evaluates Woodard's theory of Perceptually Oriented Hypnosis, a welcome addition to theories of hypnosis that emphasize the centrality of subjective experiences in understanding and studying hypnosis. With a focus on subjective experience. Woodard's account of perceptually oriented hypnosis is based on elements of humanistic, client-centered, and perceptual psychology. However, we contend that improvements in the operational clarity and coverage of the theory are necessary to optimize its utility and heuristic value. We also argue that it is important for Perceptually Oriented Hypnosis to address hypnotic phenomena, e.g., individual differences in suggestibility, involuntary responding to suggestions, stability of responding over time, widely recognized as essential to understanding hypnotic experience and responding. With these refinements, we believe that Woodard's theory would have a greater potential to enrich



our understanding of both the unique experiences of individuals who undergo hypnosis and of hypnosis in general.

[0835]

[Hypnosis in dentistry]

Fogorv Sz. 2003 Aug;96(4):161-4

Fejerdy L, Gaspar J, Kaan B, Balint M, Fabian TK

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Dental treatments of high dental anxiety patients (n = 20) under hypnotic conditions were investigated. Time need of main hypnotic events like rapport; induction; deepening; calming; developing imagination; dehypnosis; discussion was measured. Total time was significantly higher (p < or = 0.05) than pure dental treatment time, but the time the patients perceived was significantly less than total (p < or = 0.05), even somewhat less than pure dental treatment time. Time distortion correlated significantly (negative Pearson's correlation; p < or = 0.05) with the time need of rapport (-0.50), calming (-0.51) and dehypnosis (-0.46), and with the time need of developing delightful imagination (+0.57) (positive Pearson's correlation; p < or = 0.05). There was no significant correlation between time distortion and the time need of hypnotic induction, deepening, total time need of hypnosis, or pure dental treatment time.

[0836]

Treatment of Irritable Bowel Syndrome

Curr Treat Options Gastroenterol. 2003 Aug;6(4):329-337

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Irritable bowel syndrome (IBS) is an extremely common cause of consultation, and at present is diagnosed on the basis of symptoms and a few simple exclusion tests. Exclusion diets can be successful, but many patients have already attempted and failed such treatments before consulting. Anxiety and somatization may be an important driver of consultation. Patients' concerns should be understood and addressed. Those with prominent psychiatric disease may benefit from psychotherapy. Hypnotherapy benefits symptoms in those without psychologic disturbance, but its availability is limited. Antidepressants are effective in improving both mood and IBS symptoms globally, and the evidence is particularly good for tricyclic antidepressants. Although antispasmodics are currently the most commonly prescribed drugs, most responses (75%) are due to the placebo effect and not specific to the drug. Bulk laxatives such as ispaghula can increase stool frequency and help pain, but bloating may be aggravated. Loperamide is effective treatment for urgency and loose stools, but less effective for bloating and pain. 5-HT(3) antagonists such as alosetron improve urgency, stool consistency, and pain in diarrhea-predominant-IBS. The 5-HT(4) agonist tegaserod shows modest benefit in constipation-predominant IBS, improving stool frequency, consistency, and bloating as well as global improvement. There are many new drugs, such as cholecystokinin, neurokinin, and corticotropin receptor antagonists, in development.

[0837]

Treatment of Functional Dyspepsia

Curr Treat Options Gastroenterol. 2003 Aug;6(4):289-297

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Because there is currently no universally effective treatment for functional dyspepsia, a stepwise approach is useful. The initial steps should include 1) making a firm clinical diagnosis and providing the patient with appropriate information and reassurance; 2) ascertaining the reason for referral/consultation, as this determines what the patient will regard as a satisfactory outcome; 3) informing the patient that there is no universally effective drug treatment; and 4) giving dietary and general lifestyle advice, such as ingestion of smaller, more frequent meals, a low-fat diet, avoidance of certain foods that may exacerbate symptoms, limiting coffee and alcohol intake, smoking cessation, and stress management techniques. If the initial approach does not provide a satisfactory outcome, the following approaches may be helpful. Psychologic treatment approaches, such as hypnotherapy and/or antidepressants, have shown very encouraging results in recent studies and deserve active consideration. In patients with uninvestigated dyspepsia, the "test and treat" strategy for *Helicobacter pylori* is a cost-effective approach. Prokinetics are of possible benefit in subjects with delayed gastric emptying; however, the relationship between improvement of gastric emptying and symptom alleviation is weak. Furthermore, it needs to be recognized that treatments directed at acid suppression are generally of little sustained benefit, and that there is ongoing controversy as to whether *H. pylori* eradication is of direct benefit.

[0838]

The contributions of suggestion, desire, and expectation to placebo effects in irritable bowel syndrome patients. An empirical investigation

Pain. 2003 Sep;105(1-2):17-25

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In order to investigate external factors that may influence the magnitude of placebo analgesia as well as psychological factors that mediate placebo analgesia, 13 irritable bowel syndrome (IBS) patients rated evoked rectal distension and cutaneous heat pain under the conditions of natural history (NH), rectal placebo (RP), rectal nocebo (RN), rectal lidocaine (RL) and oral lidocaine (OL). Patients were given verbal suggestions for pain relief and rated expected pain levels and desire for pain relief for both evoked visceral and cutaneous pain, respectively. Large reductions in pain intensity and pain unpleasantness ratings were found in the RP, RL and OL condition as compared to the natural history condition, whereas no significant difference in pain reduction between the three treatment conditions was found. Ratings during RN and NH were not statistically different. Compared to a previous study, which shows that rectal lidocaine reverses visceral and cutaneous hyperalgesia, these results suggest that adding a verbal suggestion for pain relief can increase the magnitude of placebo analgesia to that of an active agent. Since IBS patients rate these stimuli as much higher than do normal control subjects and since placebo effects were very large, they probably reflect anti-hyperalgesic mechanisms to a major extent. Expected pain levels and desire for pain relief accounted for large amounts of the variance in visceral pain intensity in the RP, RL, and OL condition (up to 81%), and for lower amounts of the variance in cutaneous pain intensity. Hence, the combination of expected pain levels and desire for pain relief may offer an alternative means of assessing the contribution of placebo factors during analgesia.

[0839]

Effects of using a nursing crisis intervention program on psychosocial responses and coping strategies of infertile women during in vitro fertilization

J Nurs Res. 2003 Sep;11(3):197-208

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Infertility and its treatment may cause life crises in infertile women. The purpose of this study is to evaluate the effects of a crisis intervention program on improving psychosocial responses and enhancing coping strategies for infertile women attending different stages of an In-Vitro Fertilization V Embryo Transfer (IVF-ET) treatment program. Using an experimental study design, infertile women attending an IVF-ET treatment program were randomly assigned to experimental and control groups. In the experimental group, infertile women completed and answered a questionnaire and received nursing crisis intervention at the initial stage of treatment (day 3). This included (1). viewing a video explaining the therapeutic process of IVF-ET, (2). self-hypnosis and muscle relaxation training, and (3). provision of cognitive-behavioral counseling. The same questionnaire was used again for subjects at the stage of embryo transfer and before taking a pregnancy test. The women in the control group were only interviewed using the same questionnaire and at the same times as the experimental group. Analysis by repeated measurement ANOVA demonstrated that there was a reduction in psychosocial response in terms of interpersonal relationships, and there was an interaction between intervention effects and stage of treatment. However, there was no statistically significant difference in the level of psychosocial responses between the experimental and control groups although some meaningful findings were made. However, in terms of state of anxiety, confrontational problems, and isolated mind/body relaxation, there were significant differences between the two groups of infertile women at some stages of IVF-ET treatment. The women in the experimental group perceived a positive effect of the nursing intervention in relieving their psychosocial responses. The results of this nursing crisis intervention could be helpful in nursing practice when dealing with infertile women attending IVF treatment programs.

[0840]

Effectiveness of autogenic relaxation training on children and adolescents with behavioral and emotional problems  
J Am Acad Child Adolesc Psychiatry. 2003 Sep;42(9):1046-54  
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OBJECTIVE: To investigate the effectiveness of autogenic relaxation training in a mildly disturbed outpatient population of children and adolescents with mostly internalizing symptoms, and/or some aggressive, impulsive, or attention deficit symptoms. METHOD: Fifty children and adolescents from southern Germany (mean age 10.2 years; range 6-15 years; mostly intact middle class family background) participated in a group intervention program. Fifteen patients were randomly assigned to a waiting-list control group. Behavior symptoms (Child Behavior Checklist), psychosomatic complaints (Giessen Complaint List), and level of stress were assessed before and after the intervention or after the waiting phase. Individual goal attainment was evaluated at the end of the intervention and in a 3-month follow-up. RESULTS: The parent report on CBCL reflected reduced symptoms compared with control. The child report indicated reduced stress and psychosomatic complaints both in the intervention and control group, and no significant group x time interaction effects occurred on these scales. Effect sizes of 0.49 in the CBCL and 0.36 in the complaint list indicated clinically relevant effects of the intervention compared with the control group. At the end of the intervention, 56% of the children and 55% of the parents reported partial goal attainment, 38% of the children and 30% of the parents reported complete goal attainment; 71% of the parents confirmed partial goal attainment 3 months postintervention. CONCLUSIONS: Autogenic relaxation training is an effective broadband method for children and adolescents.

[0841]

Hypnotic control of attention in the Stroop task: a historical footnote  
Conscious Cogn. 2003 Sep;12(3):347-53  
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Raz, Shapiro, Fan, and Posner (2002) have recently provided a compelling demonstration of enhanced attentional control under post-hypnotic suggestion. Using the classic color-word interference paradigm, in which the task is to ignore a word and to name the color in which it is printed (e.g., RED in green, say "green"), they gave a post-hypnotic instruction to participants that they would be unable to read. This eliminated Stroop interference in high suggestibility participants but did not alter interference in low suggestibility participants. replicated this pattern and further demonstrated that it is not due to a visual strategy (such as blurring or looking at a different location). As a historical footnote, we describe a "case study" from 18 years ago in which we observed the same result using a hypnotic instruction to a single highly suggestible individual that he could not read. The elimination of Stroop interference has important implications for both the study of attention and the study of hypnosis.

[0842]

A model of hypnotic intervention for palliative care  
Adv Mind Body Med. 2003 Summer;19(2):24-7  
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The World Health Organization defines palliative care as "the active total care of patients whose disease is not responsive to curative treatment." One of the primary issues of palliative care for patients with advanced cancer is symptom control and quality-of-life issues. The purpose of the hypnotic model presented here is to improve the patient's total psychological, social, and spiritual well-being. There exists a need for a broad and inclusive model of mind-body interventions for palliative care. This is supported by the observation that symptoms related to psychological distress and existential concerns are even more prevalent than pain and other physical symptoms among those with life-limiting conditions. The following model integrates naturalistic, solution-oriented hypnosis within the framework of a situational 4-stage crisis matrix. The four stages of the matrix are: (1) The Initial Crisis, (2) Transition, (3) Acceptance, and (4) Preparation for Death. Hypnotic interventions are tailored to each stage in the crisis matrix.

[0843]

Long term benefits of hypnotherapy for irritable bowel syndrome  
Gut. 2003 Nov; 52(11): 1623-9  
Gonsalkorale WM, Miller V, Afzal A, Whorwell PJ  
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BACKGROUND AND AIMS: There is now good evidence from several sources that hypnotherapy can relieve the symptoms of irritable bowel syndrome in the short term. However, there is no long term data on its benefits and this information is essential before the

technique can be widely recommended. This study aimed to answer this question. PATIENTS AND METHODS: 204 patients prospectively completed questionnaires scoring symptoms, quality of life, anxiety, and depression before, immediately after, and up to six years following hypnotherapy. All subjects also subjectively assessed the effects of hypnotherapy retrospectively in order to define their "responder status". RESULTS: 71% of patients initially responded to therapy. Of these, 81% maintained their improvement over time while the majority of the remaining 19% claimed that deterioration of symptoms had only been slight. With respect to symptom scores, all items at follow up were significantly improved on pre-hypnotherapy levels ( $p < 0.001$ ) and showed little change from post-hypnotherapy values. There were no significant differences in the symptom scores between patients assessed at 1, 2, 3, 4, or 5+ years following treatment. Quality of life and anxiety or depression scores were similarly still significantly improved at follow up ( $p < 0.001$ ) but did show some deterioration. Patients also reported a reduction in consultation rates and medication use following the completion of hypnotherapy. CONCLUSION: This study demonstrates that the beneficial effects of hypnotherapy appear to last at least five years. Thus it is a viable therapeutic option for the treatment of irritable bowel syndrome.

[0844]

Eyewitness memory, suggestibility, and repeated recall sessions in children with mild and moderate intellectual disabilities  
Law Hum Behav. 2003 Oct;27(5):481-505  
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This study of eyewitness memory questioned children with mild and moderate intellectual disabilities (ID) about a live staged event 1 day later and, again, 2 weeks later. Children with mild ID performed as well as typically-developing children of the same age in response to free recall instructions, and they were just as able as same age peers to resist misleading questions. However, they performed more poorly on general questions, probing for further information after free recall. The children with mild ID also changed their responses to specific questions more often in the repeated interview. The group of children with moderate ID showed markedly lower performance than peers of the same age on nearly every type of eyewitness memory question. Comparisons of the children with ID to mental age-matched peers indicated that performance was similar, although children with ID gave more information in response to free recall instructions and changed their answers in the repeated interview more often. Standardized measures of verbal memory (TOMAL) and suggestibility (Gudjonsson Suggestibility Scale) were modest to moderate predictors of eyewitness memory performance.

[0845]

Swedish norms for the Harvard Group Scale of Hypnotic Susceptibility, Form A  
Int J Clin Exp Hypn. 2003 Oct;51(4):348-56  
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This article examines the norms for a Swedish adaptation of the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A) (Shor & Orne, 1962). In total, 291 subjects (199 females and 92 males) participated in the study. Comparisons are made between the Swedish sample and reference samples, which include English versions of the HGSHS:A from the United States and Australia, as well as 5 translated versions from Italy, Finland, Denmark, Spain, and Germany. In the Swedish sample, females scored significantly higher than males. Generally, however, the normative data from the Swedish sample are congruent with the reference samples and therefore can be used as a tool for initial screening of hypnotic susceptibility in Sweden.

[0846]

Hypnosis, attention, and time cognition  
Int J Clin Exp Hypn. 2003 Oct;51(4):400-13  
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This study examined the influence of hypnotic susceptibility (high vs. low), hypnotic condition (hypnotic vs. nonhypnotic), and attentional demands (high vs. low) on the verbal estimates ( $N = 510$  undergraduates) of 30- and 60-second time intervals under both prospective (aware of timing) and retrospective (unaware of timing) paradigms. It was expected that prospective judgments would be greater than retrospective judgments across all factors. Consistent with existing literature, strong support was found for this hypothesis. Hypotheses generated within the trait-state paradigm were not supported. No effects were found for hypnotic susceptibility in any form. Partial support was found for the sociocognitive model. The hypnotic context, independent of level of susceptibility, apparently utilizes the attentional resources of participants and as a by-product leads to underestimation of time. Longer time intervals (60 s) were also underestimated in comparison to shorter intervals (30 s).

[0847]

Could empathy be a predictor of hypnotic ability?  
Int J Clin Exp Hypn. 2003 Oct;51(4):390-9  
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This study examined whether trait empathy is related to hypnotic ability and absorption. Sixty-four graduate students and mental health professionals completed the Harvard Group Scale of Hypnotic Susceptibility, Form A; the Davis Interpersonal Reactivity Index; and the Tellegen Absorption Scale as measures of hypnotic ability, empathy, and absorption. Correlation analysis determined that statistically significant relationships exist between empathy and hypnotic ability ( $r = .41$ ); empathy and absorption ( $r = .43$ ); and absorption and hypnotic ability ( $r = .31$ ). The results also indicate that empathy and absorption are both predictors of hypnotic ability, although absorption does not appear to contribute a statistically significant amount of the explained variance in hypnotizability that is independent of empathy. It may be that the conceptual ground shared by both empathy and absorption is what predicts hypnotic ability.

[0848]

Beliefs about hypnosis: popular beliefs, misconceptions, and the importance of experience  
Int J Clin Exp Hypn. 2003 Oct;51(4):369-81  
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Contemporary views and opinions about hypnosis were sampled with a modified version of McConkey's Opinions About Hypnosis (OAH) scale. The OAH was administered at 2 different times, 1 month apart, to 276 undergraduate students. Approximately half of the participants completed the Harvard Group Scale of Hypnotic Susceptibility, Form A, between the survey sessions. Results indicated that

the experience of being hypnotized modified a majority of the opinions sampled, with participants expressing less stereotypic views about hypnosis after being hypnotized. Expressed opinions and beliefs about hypnosis failed to meaningfully correlate with hypnotizability scores.

[0849]

Hypnotizability and posttraumatic stress disorder: a prospective study  
Int J Clin Exp Hypn. 2003 Oct;51(4):382-9  
Bryant RA, Guthrie RM, Moulds ML, Nixon RD, Felmingham K  
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Although there is converging evidence that posttraumatic stress disorder (PTSD) is associated with higher levels of hypnotizability, there are no studies concerning the stability of hypnotizability levels following trauma. Acutely traumatized participants with acute stress disorder (N = 45) were administered the Stanford Hypnotic Clinical Scale (SHCS) within 4 weeks of their trauma. Participants were subsequently administered a brief cognitive-behavior therapy program. Six months after treatment, participants were re-assessed with the SHCS. Although SHCS scores were generally stable ( $r = .47$ ), two thirds of participants responded differently across the 2 assessments. Increased SHCS scores at the second assessment were correlated with elevated PTSD avoidance scores. This finding suggests that elevated hypnotizability in PTSD populations may not be entirely stable and may be associated with specific PTSD responses.

[0850]

Adverse short-term effects of attention-control treatment on hypnotizability: a challenge in designing controlled hypnosis trials  
Int J Clin Exp Hypn. 2003 Oct;51(4):357-68  
Koch T, Lang EV, Hatsiopoulou O, Anderson B, Berbaum K, Spiegel D  
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Characteristics of patients in test and attention-control groups should be comparable and be unaffected by the intervention to be tested in clinical trials. The authors assessed whether this is the case for measures of hypnotizability in the postoperative period. One hundred and forty-six patients undergoing percutaneous peripheral vascular or renal interventions were randomized into 2 groups. One group received structured empathic attention during their procedures; the other was guided to self-hypnotic relaxation. Hypnotizability was assessed postoperatively by the Hypnotic Induction Profile. The eye-roll scores, which measure the biological hypnotic potential, were not significantly different, but the average induction scores, which measure the expression of the hypnotic performance, were significantly lower in the attention group than the hypnosis group (4.9 vs. 5.9). The authors conclude that patients who were aided by an external focus intraoperatively are postoperatively less able or willing to follow suggestions measuring hypnotizability than patients who had guidance to self-hypnotic relaxation.

[0851]

Treatment of functional hypothalamic amenorrhea with hypnotherapy  
Fertil Steril. 2003 Oct;80(4):982-5  
Tschugguel W, Berga SL  
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OBJECTIVE: To determine the effects of hypnotherapy on resumption of menstruation in patients with functional hypothalamic amenorrhea (FHA). DESIGN: Uncontrolled clinical study. SETTING: Academic clinical care center. PATIENT(S): Twelve consecutive women with FHA were selected. INTERVENTION(S): A single 45- to 70-minute session of hypnotherapy was administered, and patients were observed for 12 weeks. MAIN OUTCOME MEASURE(S): Patients were asked whether or not menstruation resumed and whether or not well-being and self-confidence changed. RESULT(S): Within 12 weeks, 9 out of 12 patients (75%) resumed menstruation. All of the patients, including those who did not menstruate, reported several beneficial side effects such as increased general well-being and increased self-confidence. CONCLUSION(S): Hypnotherapy could be an efficacious and time-saving treatment option that also avoids the pitfalls of pharmacological modalities for women with FHA.

[0852]

Effects of diaphragmatic breathing on ambulatory blood pressure and heart rate  
Biomed Pharmacother. 2003 Oct;57 Suppl 1:87s-91s  
Lee JS, Lee MS, Lee JY, Cornelissen G, Otsuka K, Halberg F  
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Psychological procedures, such as self-hypnosis in the form of autogenic training, have been proposed for correcting a deviant, e.g., high blood pressure (BP). In view of the overwhelming evidence for the circadian (CD) stage dependence of any treatment effects, the CD stage dependence of the effects of diaphragmatic breathing (DB) on BP and heart rate (HR) was explored in data from a clinically healthy normotensive subject who, following 3 weeks of ambulatory monitoring as a reference standard, measured BP and HR with a manual monitor at 1-min intervals for 5 min before and after DB (three deep diaphragmatic breaths) and who performed DB for about 2 weeks at about 2-h intervals while awake. The 3-week data series were analyzed by cosinor, involving the least-squares fit of cosine curves with periods of 24, 12 and 168 h. A CD rhythm was detected for BP and HR ( $P < 0.001$  in each case), peaking in the afternoon. Some about-weekly (circaseptan; CS) BP rhythms and 12-h (circasemidian) components were also statistically significant. DB was found to reduce systolic (S) BP. Overall, SBP decreased by  $5.9 \pm 0.8$  mmHg ( $P < 0.001$ ) and diastolic (D) BP by  $1.4 \pm 0.8$  mmHg ( $P < 0.005$ ), while HR remained at about the same average. The effect of DB on BP was CD-dependent, the largest response occurring in the afternoon, 2-3 h before the peaks in SBP and DBP found in the reference data of the same subject. There was also a 5-10% decrease in SBP around the weekend (Friday, Saturday and Sunday). The results on a single subject suggest the need to collect similar data on others for optimizing by clock-hour, day of the week, and eventually by the marker rhythms BP and/or HR the best times for DB and other procedures. The personalized best time for people on different work/rest schedules for relaxation may be several hours before their BP has reached its highest point in the 24-h span. HR may serve as a marker for DB timing, but the effect on HR of DB was only of borderline statistical significance in the subject investigated.

[0853]

Eastern meditative techniques and hypnosis: a new synthesis  
Am J Clin Hypn. 2003 Oct;46(2):97-108  
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In this article major ancient Buddhist meditation techniques, samatha, vipassana, Zen, and ton-len, will be described in reference to contemporary clinical hypnosis. In so doing, the Eastern healing framework out of which these techniques emerged is examined in comparison with and in contrast to its Western counterpart. A growing body of empirical literature shows that meditation and hypnosis have many resemblances despite the distinct differences in underlying philosophy and technical methodologies. Although not all meditation techniques "fit" the Western culture, each has much to offer to clinicians who are familiar with hypnosis.

[0854]

The science of meditation and the state of hypnosis  
Am J Clin Hypn. 2003 Oct;46(2):109-28  
Holroyd J  
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Two aspects of Buddhist meditation--concentration and mindfulness--are discussed in relationship to hypnosis. Mindfulness training facilitates the investigation of subjective responses to hypnosis. Concentration practice leads to altered states similar to those in hypnosis, both phenomenologically and neurologically. The similarities and differences between hypnosis and meditation are used to shed light on perennial questions: (1) Does hypnosis involve an altered state of consciousness? (2) Does a hypnotic induction increase suggestibility? I conclude that a model for hypnosis should include altered states as well as capacity for imaginative involvement and expectations.

[0855]

Hypnotic susceptibility as a predictor of participation in student activities  
Am J Clin Hypn. 2003 Oct;46(2):139-45  
Graham KR, Marra LC, Rudski JM  
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In this study, Harvard Group Scale of Hypnotic Susceptibility: Form A scores for 458 college students were compared with college yearbook records of their participation in student activities. Students who scored low in susceptibility showed significantly less participation in activities than others who were either moderate or high in susceptibility. Overall, females showed higher levels of participation than males, but there was no significant interaction between gender and hypnotic susceptibility. Spectral analysis showed participation scores to be somewhat more strongly related to easier HGSHS:A items than to more difficult items in the manner predicted by two-factor theory. Closer examination of the results revealed that this effect was primarily due to the fact that low susceptible subjects participated significantly less in student activities than subjects who were either moderate or high in hypnotic susceptibility. The results suggest that future research should further examine the unique contribution of low susceptibility subjects to hypnosis theory and research.

[0856]

Hypnosis as a vehicle for choice and self-agency in the treatment of children with Trichotillomania  
Am J Clin Hypn. 2003 Oct;46(2):129-37  
Iglesias A  
[source location: unknown]

Three pediatric cases of Trichotillomania were treated with direct hypnotic suggestion with exclusive emphasis on sensitizing and alerting the patients to impending scalp hair pulling behaviors. These children had presented with total lack of awareness of their scalp hair pulling behaviors until they had actually twisted and pulled off clumps of hair. It was also suggested, under hypnosis, that upon learning to recognize impending scalp hair pulling behaviors, the patients would become free to choose to willfully pull their hair or to resist the impulse and not pull. At no point was the explicit suggestion given that they stop pulling their hair. A preliminary condition was agreed to by the parents that redefined the patients' hair as their own property and affirmed their sole responsibility for its care and maintenance. An element of secondary gain was identified in each of these cases. Scalp hair pulling was hypothesized to provide these particular patients with a vehicle with which to oppose their overbearing and over-involved parents. The technique of direct suggestion under hypnosis, aimed at alerting the patients to impending scalp hair pulling behaviors was combined with forming contracts with the parents to relinquish their authority over matters regarding the patients' hair. This combination provided an effective treatment that extinguished the scalp hair pulling in 7 visits or less. These cases received follow-up at intervals up to 6 months and no evidence of relapse was found.

[0857]

[Effects of photo-acoustic stimulation combined with hypnotherapy on saliva secretion. A pilot study]  
Fogorv Sz. 2003 Oct;96(5):217-21  
Kaan B, Krause WR, Krause M, Fejerdy L, Gaspar J, Balint M, Fabian TK  
Sommelweis Egyetem, Fogpotlastani Klinika, Budapest

Effect of photo-acoustic stimulation on the flow rate and protein concentration of whole saliva was investigated. 10 medical students' and 11 edentulous patients' salivary volume and protein concentrations were measured before, during, and after stimulation. The flow rate of the students' group was significantly higher ( $p < 0.01$ ) before and after the treatment, whereas the protein concentration was significantly lower ( $p < 0.05$ ) before, during and after treatment comparing to the patients' group. The flow rate of the students' groups significantly decreased during stimulation ( $p < 0.05$ ). Salivary protein concentration of the students' group significantly increased ( $p < 0.05$ ) after stimulation. There were no significant changes in the group of patients. Repeated stimulation combined with hypnotic relaxation was used in the case of 4 psychosomatic patients. Resting salivary flow and protein concentration significantly increased in 2 cases ( $p < 0.05$ ) as a result of the therapy.

[0858]

[Effectiveness of standardized direct suggestions in dental hypnosis]  
Fogorv Sz. 2003 Oct;96(5):205-10  
Gaspar J, Linninger M, Kaan B, Balint M, Fejerdy L, Fabian TK  
Sommelweis Egyetem, Fogpotlastani Klinika, Budapest

The frequency of occurrence of amnesia, analgesia and time distortion during hypnotic dental treatments ( $n = 60$ ) was investigated on high dental anxiety patients. Hypnosis with and without standardised direct suggestions related to amnesia, analgesia and time distortion were compared. Treatment of alert patients without direct suggestions ( $n = 10$ ) were also used for comparison. Amnesia and

time distortion was higher ( $p < 0.05$ ) with the use of suggestions under hypnotic conditions, but analgesia was not significantly different. Alert appearance of the events were in all cases less ( $p < 0.01$ ) than under hypnotic conditions.

[0859]

Effects of autogenic training and antihypertensive agents on circadian and circaseptan variation of blood pressure  
Clin Exp Hypertens. 2003 Oct;25(7):405-12  
Watanabe Y, Cornelissen G, Watanabe M, Watanabe F, Otsuka K, Ohkawa S, Kikuchi T, Halberg F  
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Even when the daily blood pressure mean is acceptable, too large a circadian amplitude of blood pressure largely increases cardiovascular disease risk. Autogenic training (N = 11), a non-pharmacologic intervention capable of lowering an excessive blood pressure variability, may be well-suited for MESOR-normotensive patients diagnosed with circadian-hyper-amplitude-tension (CHAT). Not all anti-hypertensive drugs affect blood pressure variability. Accordingly, long-acting carteolol (N = 11) and/or atenolol (N = 8) may be preferred to captopril retard (N = 13), nilvadipine (N = 8), or amlodipine (N = 7) for midline-estimating statistic of rhythm (MESOR)-hypertensive patients with CHAT. Prospective outcome studies are needed to assess whether the relative merits of these treatments are in keeping with their effects on blood pressure and blood pressure variability.

[0860]

[Algorithm for diagnosis and therapy of pain]  
Schweiz Rundsch Med Prax. 2003 Nov 12;92(46):1955-60  
Gallacchi G  
Schmerzlinik Kirschgarten Basel

Certain basic principles are applicable to all forms of pain treatment when the aims are pain relief and the avoidance of chronicity. Such algorithms, as guidelines are even more important when pain is becoming chronic. The use of the described algorithms is necessary in the diagnosis and therapy of acute pain and also to avoid the establishment of chronic pain due to the changes of neuroplasticity in the central nervous system. The most important basic principles in the form of algorithms are first of all that therapies should be simultaneously applied and not sequentially. Secondly, the challenge should be met to create a concept where by various therapies can be preformed in a parallel fashion, without compete one another and being effective on different aspects and causes of the pain.

[0861]

Use of aromatherapy (with or without hypnosis) in the treatment of intractable epilepsy--a two-year follow-up study  
Seizure. 2003 Dec;12(8):534-8  
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We have been trying the effect of aromatherapy (with or without hypnosis) in patients with intractable epilepsy who ask for it. This is a report of the first 100 patients to try the treatment, followed up for at least two years after the treatment ended. It is important to remember that this was a treatment for people who had asked for it and for whom time and a therapist was available. It was not a controlled trial but was carried out when we could and at a time when we were experimenting with the best way of using it. Results must therefore be treated with caution and with due regard to other therapeutic factors that may be implicated in the results, both good and bad. We assume that the result (with over a third of the patients using aromatherapy with or without hypnosis becoming seizure free for at least a year) as being the best that could be achieved and likely to be less in a properly controlled trial. Of the three treatments tried (aromatherapy on its own, aromatherapy plus hypnosis and hypnosis without aromatherapy), aromatherapy plus hypnosis seems to have had the best and most lasting effect (a third of patients still seizure free at two years), but was the most labour intensive and needed medical therapist input. Aromatherapy itself might be best reserved as a short-term treatment for people going through a bad time with their seizures. A fuller and more lasting effect may be obtained with aromatherapy plus hypnosis, but this needs a patient who is prepared to put much time and personal effort into the treatment.

[0862]

Smoking cessation  
Respir Care. 2003 Dec;48(12):1238-54; discussion 1254-6  
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Cigarette smoking is the primary cause of chronic obstructive pulmonary disease, and smoking cessation is the most effective means of stopping the progression of chronic obstructive pulmonary disease. Worldwide, approximately a billion people smoke cigarettes and 80% reside in low-income and middle-income countries. Though in the United States there has been a substantial decline in cigarette smoking since 1964, when the Surgeon General's report first reviewed smoking, smoking remains widespread in the United States today (about 23% of the population in 2001). Nicotine is addictive, but there are now effective drugs and behavioral interventions to assist people to overcome the addiction. Available evidence shows that smoking cessation can be helped with counseling, nicotine replacement, and bupropion. Less-studied interventions, including hypnosis, acupuncture, aversive therapy, exercise, lobeline, anxiolytics, mecamylamine, opioid agonists, and silver acetate, have assisted some people in smoking cessation, but none of those interventions has strong research evidence of efficacy. To promote smoking cessation, physicians should discuss with their smoking patients "relevance, risk, rewards, roadblocks, and repetition," and with patients who are willing to attempt to quit, physicians should use the 5-step system of "ask, advise, assess, assist, and arrange." An ideal smoking cessation program is individualized, accounting for the reasons the person smokes, the environment in which smoking occurs, available resources to quit, and individual preferences about how to quit. The clinician should bear in mind that quitting smoking can be very difficult, so it is important to be patient and persistent in developing, implementing, and adjusting each patient's smoking-cessation program. One of the most effective behavioral interventions is advice from a health care professional; it seems not to matter whether the advice is from a doctor, respiratory therapist, nurse, or other clinician, so smoking cessation should be encouraged by multiple clinicians. However, since respiratory therapists interact with smokers frequently, we believe it is particularly important for respiratory therapists to show leadership in implementing smoking cessation.

[0863]

Phenomenological contributions to understanding hypnosis: review of the literature  
Psychol Rep. 2003 Dec;93(3 Pt 1):829-47  
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This article provides a summary of the available qualitative literature on hypnosis of importance to empirical study of hypnosis. The author advocates a link between phenomenological research and the qualitative research of perceptual theory to deepen an understanding of hypnosis previously missing in the research literature and in debates on the theoretical approaches to hypnosis. The author suggests linking Giorgi's and Wasiczko's research methodologies to advance qualitative research. Researchers could conduct more qualitative research on the experience of hypnosis to expand and explicate subjective experiencing and enhance exploration of individual differences that cannot be captured in artificially controlled environments.

[0864]

Is there touch in the game of Twister? The effects of innocuous touch and suggestive questions on children's eyewitness memory  
Law Hum Behav. 2003 Dec;27(6):589-604  
Krackow E, Lynn SJ  
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Preschool children (ages 48-70 months, N = 48) experienced 2 to-be-remembered events (i.e., the games Twister and Shapes) that included either innocuous bodily touch or no touch. Participants were interviewed 7 days later and asked direct ("Did Amy kiss you?") or suggestive "tag" questions ("Amy kissed you, didn't she?") equated for content. Results indicated that children who were innocuously touched were no more likely to falsely assent to "abuse-related" touch questions (e.g., "Amy touched your bottom, didn't she?") than were children who were not touched. However, children who were asked tag questions responded at chance levels, thereby making high errors of commission in response to abuse-touch questions relative to their no-tag counterparts who responded to "abuse questions" accurately 93% of the time. Children who were asked tag questions assented at a higher rate to general forensic questions ("Amy took your picture, didn't she?") than did children asked direct questions, and children assented at higher rates to "abuse-touch" questions than to general forensic questions. Results are discussed in terms of prior research on interviewing techniques and adult influence on children's testimony.

[0865]

The integration of hypnosis into a model of palliative care  
Integr Cancer Ther. 2003 Dec;2(4):365-70  
Marcus J, Elkins G, Mott F  
Mind-Body Cancer Research Program and Center for Cancer Prevention and Care, Scott and White Memorial Hospital and Clinic

There exists a need for a broad and inclusive model of integration of mind-body interventions for palliative care. Symptoms relating to psychological distress and existential concerns are even more prevalent than pain and other physical symptoms among those with life-limiting conditions. The hypnotic model's purpose is to improve the patient's total psychological, social, and spiritual well-being. A 4-stage model of interventions is offered to assist the clinician in developing and implementing appropriate hypnotherapeutic treatment for noncurative patients. The focus of the hypnotherapy is to ameliorate the effects of pain and dyspnea to restore a level of psychological and physical wellbeing. Within this model of therapy for patients with active, progressive, far-advanced disease and a short life expectancy, the goals of the hypnotic intervention are to provide relief from pain and shortness of breath. Other focuses include assisting the patient with the psychological adjustment to their noncurative and ultimately final state.

[0866]

The impact of self-hypnosis and Johrei on lymphocyte subpopulations at exam time: a controlled study  
Brain Res Bull. 2003 Dec 30;62(3):241-53  
Naito A, Laidlaw TM, Henderson DC, Farahani L, Dwivedi P, Gruzeliier JH  
Department of Cognitive Neuroscience and Behaviour, Imperial College London, Charing Cross Campus, St Dunstan's Road, London W6 8RF, UK

In a prospective randomised controlled trial, 48 students were randomly assigned to stress reduction training before exams with self-hypnosis, Johrei or a mock neurofeedback relaxation control. Peripheral blood lymphocyte subpopulations and self-reported stress (Perceived Stress Scale) were measured before training and 1-2 months later as exams approached. Absolute number and percentages of CD3(+)CD4(+) and CD3(+)CD8(+) T lymphocytes, CD3(-)CD56(+) Natural Killer cells (NK cells) and NK cell cytotoxic activity was measured from venous blood. Stressed participants showed small but significant declines in both CD3(-)CD56(+) NK cell percentages and NK cell cytotoxic activity levels while CD3(+)CD4(+) T cell percentages increased, changes supported by correlations with perceived stress. The effects of stress were moderated in those who learned Johrei at exam time; 11/12 showed increases in CD3(-)CD56(+) NK cell percentages with decreased percentages of CD3(+)CD4(+) T cells, effects not seen in the relaxation control group. Stress was also buffered in those who learned and practised self-hypnosis in whom CD3(-)CD56(+) NK cell and CD3(+)CD4(+) T cell levels were maintained, and whose CD3(+)CD8(+) T cell percentages, shown previously to decline with exams, increased. The results compliment beneficial effects on mood of self-hypnosis and Johrei. The results are in keeping with beneficial influences of self-hypnosis and provide the first evidence of the suggestive value of the Japanese Johrei procedure for stress reduction, which clearly warrants further investigation.

[0867]

Virtual reality hypnosis: a case report  
Int J Clin Exp Hypn. 2004 Jan;52(1):27-38  
Patterson DR, Tininenko JR, Schmidt AE, Sharar SR  
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This preliminary case report explored the use of hypnosis induced through a 3-dimensional, immersive, computer-generated virtual reality (VR) world as a means to control pain and anxiety in a patient with a severe burn injury. On hospitalization Day 40, after reports of uncontrollable pain and anxiety, the patient underwent hypnotic induction while immersed in a virtual world and received posthypnotic suggestions for decreased pain and anxiety during subsequent wound-care sessions. The patient's pain and anxiety each dropped 40% after VR hypnosis on a Graphic Rating Scale for his Day 41 wound care. Pain dropped similar levels on Day 42 with an audio-only version of the intervention and then returned to baseline without intervention on Day 43.

[0868]

Hypnosis, memory, and frontal executive functioning  
Int J Clin Exp Hypn. 2004 Jan;52(1):3-26  
Farvolden P, Woody EZ  
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According to the dissociated-control hypothesis forwarded by Woody and Bowers (1994), the effects of hypnosis are consistent with attenuated frontal lobe functioning. The present study was designed to compare the performance of participants with high and low hypnotic ability on a variety of memory tasks thought to be sensitive to frontal lobe functioning, as well as some control memory tasks not considered to be sensitive to such functioning. Results generally indicated that participants with high hypnotic ability have more difficulty with tasks sensitive to frontal lobe functioning, including free recall, proactive interference, and source amnesia tasks, both within and outside of the context of hypnosis. These differences, which were not found for nonfrontal tasks, are generally supportive of the dissociated control theory of hypnotic responding.

[0869]

Clinical hypnosis for smoking cessation: preliminary results of a three-session intervention  
Int J Clin Exp Hypn. 2004 Jan;52(1):73-81  
Elkins GR, Rajab MH  
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This study presents preliminary data regarding hypnosis treatment for smoking cessation in a clinical setting. An individualized, 3-session hypnosis treatment is described. Thirty smokers enrolled in an HMO were referred by their primary physician for treatment. Twenty-one patients returned after an initial consultation and received hypnosis for smoking cessation. At the end of treatment, 81% of those patients reported that they had stopped smoking, and 48% reported abstinence at 12 months posttreatment. Most patients (95%) were satisfied with the treatment they received. Recommendations for future research to empirically evaluate this hypnosis treatment are discussed.

[0870]

Hypnotic susceptibility: multidimensional relationships with Cloninger's Tridimensional Personality Questionnaire, COMT polymorphisms, absorption, and attentional characteristics  
Int J Clin Exp Hypn. 2004 Jan;52(1):47-72  
Lichtenberg P, Bachner-Melman R, Ebstein RP, Crawford HJ  
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One hundred and seven healthy volunteers were administered Cloninger's Tridimensional Personality Questionnaire (TPQ), the Differential Attentional Processes Inventory (DAPI), the Tellegen Absorption Scale (TAS), and the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C). Polymorphisms of catechol O-methyltransferase (COMT), an enzyme involved in dopamine metabolism, were assessed. Highly hypnotizable subjects self-reported greater TPQ persistence, absorption, and focused attentional abilities. Hierarchical multiple regression analyses found that TPQ persistence, COMT, TAS, and the DAPI attentional scales explained 43.8% of the variance in women and 29% in men. Membership was correctly discriminated for the more extreme low (62.1%) and highly (81.5%) hypnotizable groups. These results suggest that highly hypnotizable persons have a more effective frontolimbic attentional system and further suggest the involvement of dopaminergic systems in hypnotizability.

[0871]

Sex differences on the HGSHS:A  
Int J Clin Exp Hypn. 2004 Jan;52(1):39-46  
Rudski JM, Marra LC, Graham KR  
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Over a 28-year period, 724 men and 1148 women completed the Harvard Group Scale of Hypnotic Susceptibility, Form A. Overall, women scored higher than men. This effect was most prominent on 6 of the 12 items, most (though not all) challenge items (identified by a principal-components analysis). The overall effect size was quite small. Results are discussed in terms of differences in item difficulty.

[0872]

Salient findings: pivotal reviews and research on hypnosis, soma, and cognition  
Int J Clin Exp Hypn. 2004 Jan;52(1):82-8  
Nash MR  
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Recently, 9 especially important critical reviews and research studies have appeared in the general scientific and medical literatures pertaining to 4 areas of applied and scientific hypnosis: management of pain, treatment of gastrointestinal disorders, adjunctive hypnosis in outpatient surgery, and error in memory. Together, these articles examine matters of soma and cognition that are at once core to scientific hypnosis but also of keen interest to clinicians. The studies and reviews are conceptually ambitious and methodologically sophisticated. The findings enlighten medical and scientific readers about what hypnosis is and what it is not.

[0873]

[Hypnosis: clinical applications]  
Harefuah. 2004 Jan;143(1):42-6, 85, 84  
Weizman N, Heresco-Levy U, Lichtenberg P  
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**BACKGROUND:** Hypnosis has a wide variety of applications in medicine. In recent years, recognition has grown for the need to subject the effectiveness of hypnosis to accepted research standards of clinical medicine. **PURPOSE:** This article aims to review salient studies of the effectiveness of hypnosis in several areas of medicine where hypnosis is commonly employed: analgesia, preparation for medical and surgical procedures, asthma, digestive disturbances, dermatological disorders, bleeding disorders, postsurgical and post-chemotherapeutic nausea and vomiting, and smoking cessation. **METHODS:** This survey emphasizes studies that fulfill accepted standards of clinical research, including randomization, control groups, and adequate sample size. **RESULTS:** Firm empirical evidence is to be found for the effectiveness of hypnosis in analgesia. In the other areas reviewed there is also some evidence for the possible clinical value for hypnosis. **CONCLUSIONS:** Additional research will be necessary to determine the proper place of hypnosis in clinical medical care.

[0874]

Complementary and alternative medicine for bronchial asthma: is there new evidence?



Curr Opin Pulm Med. 2004 Jan;10(1):37-43  
Gyorik SA, Brutsche MH  
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**PURPOSE OF REVIEW:** Complementary and alternative medicine is widely used in bronchial asthma. Data on efficacy of these treatment modalities are lacking. **RECENT FINDINGS:** Studies published since June 2002 on complementary and alternative medicine in bronchial asthma were systematically reviewed. **SUMMARY:** Studies do not support the use of homeopathy, air ionizers, manual therapy, or acupuncture for asthma. These methods bear some risks to patients related to undertreatment and side effects. There might be a possible, but so far not clearly established, role for antioxidant dietary supplementation, and some natural antiinflammatory and immunomodulatory remedies. However, their effect size compared with the classical treatment and side-effect profile is not clearly established. Strategies influencing breathing technique or perception, such as breathing or retraining exercises, need to be studied over the next few years to establish their additive role in the treatment of asthma. Breathing exercises could improve lung function and quality of life in different studies. Psychotherapy-related methods such as relaxation, hypnosis, autogenic training, speleotherapy, and biofeedback might have a small effect in selected cases, but have not proven to be superior to placebo. Nevertheless, more randomized controlled trials of good methodological quality are required to allow firm conclusions.

[0875]

Psychological interventions for non-ulcer dyspepsia  
Cochrane Database Syst Rev. 2004;(1):CD002301  
Soo S, Moayyedi P, Deeks J, Delaney B, Lewis M, Forman D  
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**BACKGROUND:** Studies have also shown that NUD patients have higher scores of anxiety, depression, neurotism, chronic tension, hostility, hypochondriasis, and tendency to be more pessimistic when compared with the community controls. However, the role of psychological interventions in NUD remains uncertain. **OBJECTIVES:** This review aims to determine the effectiveness of psychological interventions including psychotherapy, psychodrama, cognitive behavioral therapy, relaxation therapy and hypnosis in the improvement of either individual or global dyspepsia symptom scores and quality of life scores patients with NUD. **SEARCH STRATEGY:** Trials were located through electronic searches of the Cochrane Controlled Trials Register (CCTR), MEDLINE, EMBASE, CINAHL and PsycLIT, using very broad subject headings and text words. Bibliographies of retrieved articles were also searched and experts in the field were contacted. **SELECTION CRITERIA:** All randomised controlled trials (RCTs) or quasi-randomised studies assessing the effectiveness of psychological interventions (including psychotherapy, psychodrama, cognitive behavioural therapy, relaxation therapy and hypnosis) for non-ulcer dyspepsia (NUD) were identified. **DATA COLLECTION AND ANALYSIS:** Data collected included individual, global dyspepsia symptom scores and quality of life (QoL) scores. **MAIN RESULTS:** We identified only four trials, each using different psychological interventions and three presenting results in a manner, that did not allow synthesis of the data to form a meta-analysis. All trials suggest that psychological interventions benefit dyspepsia symptoms and this effect persists for one year. However, all trials use statistical techniques that adjusted for baseline differences between groups. This should not be necessary for a randomised trial that is adequately powered suggesting that the sample size of these papers was too small. Unadjusted data was not statistically significant. The other problem of psychological intervention include low recruitment and high drop out rate which has been shown to be greater in patients receiving group therapy. **REVIEWER'S CONCLUSIONS:** There is currently insufficient evidence from this review to confirm the efficacy of psychological intervention in NUD. There is also no evidence on the combined effects of pharmacological and psychological therapy. Nevertheless, if there are any benefits of psychological therapies, they are likely to persist long-term and NUD is a chronic relapsing and remitting disorder. Psychological therapies may therefore be offered to patients with severe symptoms that have not responded to pharmacological therapies.

[0876]

Mind-body therapies for the management of pain  
Clin J Pain. 2004 Jan-Feb;20(1):27-32  
Astin JA  
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This paper reviews the evidence for mind-body therapies (eg, relaxation, meditation, imagery, cognitive-behavioral therapy) in the treatment of pain-related medical conditions and suggests directions for future research in these areas. Based on evidence from randomized controlled trials and in many cases, systematic reviews of the literature, the following recommendations can be made: 1) multi-component mind-body approaches that include some combination of stress management, coping skills training, cognitive restructuring and relaxation therapy may be an appropriate adjunctive treatment for chronic low back pain; 2) multimodal mind-body approaches such as cognitive-behavioral therapy, particularly when combined with an educational/informational component, can be an effective adjunct in the management of rheumatoid and osteoarthritis; 3) relaxation and thermal biofeedback may be considered as a treatment for recurrent migraine while relaxation and muscle biofeedback can be an effective adjunct or stand alone therapy for recurrent tension headache; 4) an array of mind-body therapies (eg, imagery, hypnosis, relaxation) when employed pre-surgically, can improve recovery time and reduce pain following surgical procedures; 5) mind-body approaches may be considered as adjunctive therapies to help ameliorate pain during invasive medical procedures.

[0877]

Childhood habit cough treated with self-hypnosis  
J Pediatr. 2004 Feb;144(2):213-7  
Anbar RD, Hall HR  
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**OBJECTIVES:** To better understand factors associated with the development and persistence of habit cough and to report use of self-hypnosis for this condition. **STUDY DESIGN:** A retrospective chart review was performed for 56 children and adolescents with habit cough. Interested patients were instructed in self-hypnosis for relaxation and to help ignore the cough-triggering sensation. **RESULTS:** The patients' mean age was 10.7 years. The cough was triggered by upper respiratory infections in 59%, asthma in 13%, exercise in 5%, and eating in 4%. Onset of the cough occurred as early as 2 years, and its average duration was 13 months (range, 2 weeks to 7 years). There was a high incidence of abdominal pain and irritable bowel syndrome in the 50% of the patients who missed more than 1 week of school because of their cough. Among the 51 patients who used hypnosis, the cough resolved during or immediately after the initial hypnosis instruction session in 78% and within 1 month in an additional 12%. **CONCLUSIONS:** Habit cough is triggered by various physiologic conditions, related frequently to other diagnoses, and it is associated with significant school absence. Self-hypnosis offers a safe efficient treatment.

[0878]

The effect of hemispheric synchronization on intraoperative analgesia

Anesth Analg. 2004 Feb;98(2):533-6, table of contents

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In this double-blinded randomized study, we sought to confirm that patients undergoing general anesthesia who were exposed to a hemispheric synchronization (Hemi-Sync) musical recording during surgery had a smaller analgesia requirement, as was suggested in a previous study. Bispectral index monitoring was used to adjust depth of hypnosis, and hemodynamic variables were used to determine analgesia administration. Consented patients underwent either laparoscopic bariatric or one-level lumbar disk surgery. After endotracheal intubation and application of headphones, baseline heart rate and arterial blood pressure were established. Isoflurane was titrated to maintain sedation on the basis of a target bispectral index range of 40-60, and 25-microg increments of fentanyl were administered in response to increases in heart rate and systolic arterial blood pressure. Bariatric patients who listened to Hemi-Sync required one-third less fentanyl than the control group (mean [SD]: 0.015 [0.01] vs 0.024 microg.kg(-1).min(-1) [0.01]) (P = 0.009). It is interesting to note that lumbar patients in the experimental and control groups required similar amounts of fentanyl (0.012 [0.01] vs 0.015 microg.kg(-1).min(-1) [0.01]). End-tidal isoflurane concentration was similar for Hemi-Sync and blank-tape patients (bariatric, 0.74% (0.14) vs 0.77% (0.21); lumbar, 0.36% [0.16] vs 0.39% [0.12]). The bariatric patients in this study demonstrated that Hemi-Sync may be an innovative intraoperative supplement to analgesia. IMPLICATIONS: The purpose of this study was to determine the decrease in analgesia requirement for patients listening to hemispheric synchronization (musical tones) while under general anesthesia. We demonstrated that bariatric patients who listened to hemispheric synchronization had a smaller analgesia requirement than those who listened to a blank tape.

[0879]

[Hypnotherapy in the treatment of refractory nocturnal enuresis]

Tidsskr Nor Lægeforen. 2004 Feb 19;124(4):488-91

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**BACKGROUND:** Nocturnal enuresis represents a practical, social and emotional problem. The present study illustrates the advantage of using hypnosis as a therapy in chronic cases. **MATERIAL:** Twelve boys, median age 12 years (range 8-16), eight with primary nocturnal enuresis and four with primary nocturnal and diurnal enuresis, reported at referral a median of 0 (range 0-3) dry nights per week. All patients had a family history of enuresis and had used enuresis alarm and Desmopressin; 50% used Imipramin. Eight had been referred to psychological or psychiatric services for treatment. **METHODS:** All patients had undergone a somatic assessment by a paediatrician, a paediatric surgeon, or a urologist. After a preliminary assessment of motivation, they underwent hypnotherapy with a median of six sessions (range 2-8), followed by median one month with self-hypnosis exercises. **RESULTS:** At follow-up after three months and one year, nine out of 12 patients had respectively 6-7/7, and 7/7 dry nights per week. Three patients had nocturnal enuresis at follow-up; two of them were referred to a paediatric surgeon for their overactive urine bladder and one was referred to his local psychiatric clinic because of ongoing family conflicts. **INTERPRETATION:** Hypnotherapy had lasting effects for boys with chronic and complex forms of nocturnal enuresis. We suggest that hypnotherapy should be included in the therapeutic guidelines.

[0880]

[Perioperative use of medical hypnosis Therapy options for anaesthetists and surgeons]

Anaesthesist. 2004 Feb 27 [Epub ahead of print]

Hermes D, Trubger D, Hakim SG, Sieg P

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**BACKGROUND.** Surgical treatment of patients under local anaesthesia is quite commonly restricted by limited compliance from the patient. An alternative to treatment under pharmacological sedation or general anaesthesia could be the application of medical hypnosis. With this method, both suggestive and autosuggestive procedures are used for anxiolysis, relaxation, sedation and analgesia of the patient. **PATIENTS AND METHODS.** During a 1-year period of first clinical application, a total of 207 surgical procedures on a non-selected collective of 174 patients were carried out under combined local anaesthesia and medical hypnosis. **RESULTS.** Medical hypnosis proved to be a standardisable and reliable method by which remarkable improvements in treatment conditions for both patient and surgeons were achievable. **CONCLUSION.** Medical hypnosis is not considered to be a substitute for conscious sedation or general anaesthesia but a therapeutic option equally interesting for anaesthetists and surgeons.

[0881]

Treatment of Functional Dyspepsia

Curr Treat Options Gastroenterol. 2004 Apr;7(2):121-131

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Functional dyspepsia is a common chronic condition. It can have a major impact on quality of life and remains a large burden on healthcare resources. Its underlying mechanisms are not fully understood and therapies are mainly empirical. In this review, we summarize the best evidence on available therapeutic interventions in functional dyspepsia. Helicobacter pylori eradication, for those infected, is likely a safe and cost-effective strategy but benefits only a minority. Antisecretory agents such as proton-pump inhibitors and histamine-2 receptor antagonists have shown some benefit and are recommended as the first-line option in the absence of H. pylori infection. There is a lack of strong evidence of benefit from prokinetic agents, and cisapride, the most studied agent, is largely unavailable. Antidepressants need to be adequately tested in functional dyspepsia, but both psychotherapy and hypnotherapy interventions have shown promising results. Herbal therapies need further study in these patients. 5-Hydroxytryptamine<sub>3</sub> (5-HT<sub>3</sub>) and 5-HT<sub>4</sub> receptor antagonists, and cholecystokinin type A and neurokinin receptor antagonists remain promising emerging therapies.

[0882]

Belief in the paranormal and suggestion in the seance room

Br J Psychol. 2003 Aug;94(Pt 3):285-97

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In Experiment 1, participants took part in a fake seance. An actor suggested that a table was levitating when, in fact, it remained stationary. After the seance, approximately one third of participants incorrectly reported that the table had moved. Results also showed a significant relationship between the reported movement of the table and belief in the paranormal, with a greater percentage of believers than disbelievers, reporting that the table had moved. Experiment 2 varied whether the suggestion was consistent, or inconsistent, with participants' belief in the paranormal. Results again showed that believers were more susceptible to suggestion than disbelievers, but only when the suggestion was consistent with their belief in the paranormal. Approximately one fifth of participants believed that the fake seances contained genuine paranormal phenomena.

[0883]

Misinformation effects in eyewitness memory: the presence and absence of memory impairment as a function of warning and misinformation accessibility  
J Exp Psychol Learn Mem Cogn. 2003 Sep;29(5):813-25  
Eakin DK, Schreiber TA, Sergent-Marshall S  
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The authors report 5 experiments investigating how exposure to misleading postevent information affects people's ability to remember details from a witnessed event. In each experiment the authors tested memory using the modified opposition test, which was designed to isolate retrieval-blocking effects. The findings indicate that retrieval blocking occurs regardless of whether the misleading information is presented before or after the witnessed event. In addition, when people are warned immediately about the presence of misleading information, they can counteract retrieval-blocking effects but only if the misinformation is relatively low in accessibility. The authors discuss the findings in terms of the retrieval-blocking hypothesis and a hypothetical suppression mechanism that can counteract retrieval-blocking effects in some circumstances. (c) 2003 APA, all rights reserved.

[0884]

Posthypnotic suggestion and the modulation of Stroop interference under cycloplegia  
Conscious Cogn. 2003 Sep;12(3):332-46  
Raz A, Landzberg KS, Schweizer HR, Zephrani ZR, Shapiro T, Fan J, Posner MI  
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Recent data indicate that under a specific posthypnotic suggestion to circumvent reading, highly suggestible subjects successfully eliminated the Stroop interference effect. The present study examined whether an optical explanation (e.g., visual blurring or looking away) could account for this finding. Using cyclopentolate hydrochloride eye drops to pharmacologically prevent visual accommodation in all subjects, behavioral Stroop data were collected from six highly hypnotizables and six less suggestibles using an optical setup that guaranteed either sharply focused or blurred vision. The highly suggestibles performed the Stroop task when naturally vigilant, under posthypnotic suggestion not to read, and while visually blurred; the less suggestibles ran naturally vigilant, while looking away, and while visually blurred. Although visual accommodation was precluded for all subjects, posthypnotic suggestion effectively eliminated Stroop interference and was comparable to looking away in controls. These data strengthen the view that Stroop interference is neither robust nor inevitable and support the hypothesis that posthypnotic suggestion may exert a top-down influence on neural processing.

[0885]

[Early, repeated traumatization, attachment organization and developmental psychopathology--selected findings and clinical options]  
Prax Kinderpsychol Kinderpsychiatr. 2003 Oct;52(8):595-619  
Naumann-Lenzen M  
[source: not available]

Self-Psychology, as a segment of contemporary psychoanalysis, can claim merit as to having included the vastly accrued body of knowledge of pertinent fields of the human sciences into their clinical reasoning. This, in turn, has set forth a rebound effect which eventually has contributed to Psychoanalysis' still ongoing exodus from its long-lasting "splendid isolation". By presenting selected findings pertaining to attachment- and neuroscientific trauma-research, the author aims at hypothesizing with reference to the interface of early ontogenic attachment disorganization, onset of dissociative disorders and graded traumatic impact. Finally, in considering clinical relevance of the data, the author opts for composite strategies i.e. measures embedded in an overall psychodynamic treatment stance inclusive of occasional employ of EMDR and hypnotherapeutic interventions.

[0886]

Imagery perspective and source monitoring in imagination inflation  
Mem Cognit. 2003 Oct;31(7):1072-81  
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The present experiments suggest that imagery perspective--first person (own) versus third person (observer's)--influences source-monitoring judgments. Imagination inflation (Garry, Manning, Loftus, & Sherman, 1996) occurs when imaginary experience with events is mistaken for real experience. In Experiment 1, the perspective used to visualize real past events depended on memory test wording ("remember doing?" vs. "happened to you?"). Experiment 2 manipulated the perspective used to visually imagine counterfactual events and showed that the effect on imagination inflation depended on memory test wording. Imagination inflation was most likely when memory test wording encouraged participants to visualize real events from the same perspective as they had used to imagine counterfactual ones. Imagination inflation may result not simply from having created imaginary representations of events, but also from having created representations that match the decision criteria used in source monitoring.

[0887]

[On the creativity of the researcher: the work of Charles Richet]  
Hist Sci Med. 2003 Oct-Dec;37(4):489-99  
Estingoy P  
[source: unknown]

At the birth of the scientific thoughts, the degree of creativity of the searcher depends on his capacity to extract himself from the previously acquired notions in this domain. The discovery of anaphylaxis, by Charles Richet and Paul Portier, constitutes therefore an epistemological break off, knocking over the theory on organism defences and the universality of the biological response to different stimuli. In the light of the works of Charles Richet on hypnosis, renal physiology, thermoregulation and psychophysiology, we see that

the most creative discoveries are also the most unexpected or the most difficult to impose. They require courage and initiative, severity of thought, a radical independence of mind and a certain distance concerning eventual practical consequences.

[0888]

Thirteen days: Joseph Delboeuf versus Pierre Janet on the nature of hypnotic suggestion

J Hist Behav Sci. 2004 Spring;40(2):123-47

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The problem of post-hypnotic suggestion was introduced in 1884. Give a hypnotic subject the post-hypnotic command to return in 13 days. Awake, the subject remembers nothing yet nonetheless fulfills the command to return. How then does the subject count 13 days without knowing it? In 1886, Pierre Janet proposed the concept of dissociation as a solution, arguing that a second consciousness kept track of time outside of the subject's main consciousness. Joseph Delboeuf, in 1885, and Hippolyte Bernheim, in 1886, proposed an alternative solution, arguing that subjects occasionally drifted into a hypnotic state in which they were reminded of the suggestion. This article traces the development of these competing solutions and describes some of Delboeuf's final reflections on the problem of simulation and the nature of hypnosis. Copyright 2004 Wiley Periodicals, Inc.

[0889]

A critical review of techniques aiming at enhancing and sustaining worker's alertness during the night shift

Ind Health. 2004 Jan;42(1):1-14

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Two types of methods based on a particular principle allow enhancing and sustaining workers' alertness all along their night work. The first one rather consists in arousing workers by exposing them to stimulant environment conditions (light or noise...) or by giving them natural or pharmacological reactivating substances (caffeine or amphetamines...) for example. The second principle consists in increasing workers' possibilities for resting and allowing them to have short sleep periods or Short Rest Periods (SRP) in an adapted area at the workplace. In order to use these techniques in real work situations, after a critical review taking into account both efficiency, advantages and disadvantages but also applicability and acceptability, the SRP technique stands out as the most efficient method as it has a certain number of advantages with regard to our initial objective.

[0890]

Treatment with hypnotherapy reduces the sensory and motor component of the gastrocolonic response in irritable bowel syndrome

Psychosom Med. 2004 Mar-Apr;66(2):233-8

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**OBJECTIVE:** Postprandial symptoms in irritable bowel syndrome are common and relate to an exaggerated motor and sensory component of the gastrocolonic response. We investigated whether this response can be affected by hypnotherapy. **METHODS:** We included 28 patients with irritable bowel syndrome refractory to other treatments. They were randomized to receive gut-directed hypnotherapy 1 hour per week for 12 weeks (N = 14) or were provided with supportive therapy (control group; N = 14). Before randomization and after 3 months, all patients underwent a colonic distension trial before and after a 1-hour duodenal lipid infusion. Colonic sensory thresholds and tonic and phasic motor activity were assessed. **RESULTS:** Before randomization, reduced thresholds after vs. before lipid infusion were seen in both groups for all studied sensations. At 3 months, the colonic sensitivity before duodenal lipids did not differ between groups. Controls reduced their thresholds after duodenal lipids for gas (22 +/- 1.7 mm Hg vs. 16 +/- 1.6 mm Hg, p < .01), discomfort (29 +/- 2.9 mm Hg vs. 22 +/- 2.6 mm Hg, p < .01), and pain (33 +/- 2.7 mm Hg vs. 26 +/- 3.3 mm Hg, p < .01), whereas the hypnotherapy group reduced their thresholds after lipids only for pain (35 +/- 4.0 mm Hg vs. 29 +/- 4.7 mm Hg, p < .01). The colonic balloon volumes and tone response at randomization were similar in both groups. At 3 months, baseline balloon volumes were lower in the hypnotherapy group than in controls (83 +/- 14 ml vs. 141 +/- 15 ml, p < .01). In the control group, reduced balloon volumes during lipid infusion were seen (141 +/- 15 ml vs. 111 +/- 19 ml, p < .05), but not after hypnotherapy (83 +/- 14 ml vs. 80 +/- 16 ml, p > .20). **CONCLUSION:** Hypnotherapy reduces the sensory and motor component of the gastrocolonic response in patients with irritable bowel syndrome. These effects may be involved in the clinical efficacy of hypnotherapy in IBS.

[0891]

[Hypnosis in dental surgery]

Mund Kiefer Gesichtschir. 2004 Mar;8(2):111-7. Epub 2004 Feb 06

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**BACKGROUND.** Surgical treatment under local anesthesia is commonly restricted by limited compliance of patients. Hypnosis may represent an alternative to sedation or general anesthesia. As the procedure demonstrated promising prospects during 1-year experience, the observed hypnosis-induced effects are now being evaluated in clinical studies. **PATIENTS AND METHOD.** The prospective study included 50 patients scheduled for dental surgery. All procedures were performed under standardized surgical conditions. The experimental group (n=25) received supplementary standardized tape hypnosis, whereas the control group received standard treatment (only local anesthesia). Individual and situative anxiety levels were determined by the State-Trait Anxiety Inventory (STAI). **RESULTS.** After simultaneous increase of preoperative state anxiety, anxiety levels in the hypnosis group showed a significant intraoperative reduction to baseline level, whereas intraoperative anxiety of the control group (n=25) remained unchanged. **CONCLUSIONS.** Hypnosis reduces intraoperative anxiety of oral and maxillofacial patients significantly. Further clinical studies on the use of hypnosis are considered useful.

[0892]

Cognitive change in patients undergoing hypnotherapy for irritable bowel syndrome

J Psychosom Res. 2004 Mar;56(3):271-8

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**OBJECTIVE:** Impaired quality of life and psychological distress are common in irritable bowel syndrome (IBS) and may be associated with unhelpful cognitions. Hypnotherapy (HT) is effective in improving both symptoms and quality of life in patients with IBS, and this study was designed to determine whether this improvement is reflected in cognitive change using a validated scale recently developed

for use in such patients. METHOD: A total of 78 IBS patients completed a validated symptom-scoring questionnaire, the Hospital Anxiety and Depression (HAD) Scale and the Cognitive Scale for Functional Bowel Disorders (FBDs), before and after 12 sessions of gut-focused HT. RESULTS: HT resulted in improvement of symptoms, quality of life and scores for anxiety and depression (all  $P < .001$ ). IBS-related cognitions also improved, with reduction in the total cognitive score (TCS;  $P < .001$ ) and all component themes related to bowel function (all  $P < .001$ ). Cognitions were related to symptom severity because the most abnormal cognitive scores were observed in patients with the highest symptom scores ( $P < .001$ ). Furthermore, a reduction in symptom score following treatment correlated with an improvement in the cognitive score ( $P < .001$ ). Regression analysis confirmed that the cognitive score had independence from the other scores and did not serve solely as a proxy for symptom improvement. CONCLUSION: This study shows that symptom improvement in IBS with HT is associated with cognitive change. It also represents an initial step in unravelling the many possible mechanisms by which treatments such as HT might bring about improvement.

[0893]

[Alternative methods for external cephalic version in the event of breech presentation: review of the literature]

J Gynecol Obstet Biol Reprod (Paris). 2004 Apr;33(2):94-8

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Fetal breech presentation at term is more and more treated by a planned cesarean section. Considering the increased maternal morbidity and mortality in relation to abdominal delivery versus vaginal birth, natural and innocuous methods have been proposed for the promotion of a spontaneous fetal cephalic version during the last two months of pregnancy. In order to stimulate fetal motility many techniques have been described, either advising postural methods (passive bridge, Indian version, knee-chest position) or using acupuncture (stimulation of the fifth toe and auricular points). Other techniques like chiropractic manipulations or hypnosis have also been tried. Unfortunately, most publications are retrospective and methodologically inaccurate, but it seems that their results may be favorably compared with that of the external cephalic version, a much more complex procedure, which is potentially dangerous and certainly time consuming and expensive. The only randomized controlled trial with a proven efficacy concerns moxibustion (burning herbs to stimulate the acupoint BL 67 or Zhiyin, located beside the outer corner of the fifth toenail).

[0894]

Focused analgesia and generalized relaxation produce differential hypnotic analgesia in response to ascending stimulus intensity

Int J Psychophysiol. 2004 Apr;52(2):187-96

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This study was designed in order to examine the effects of different types of hypnotic suggestion on hypnotic analgesia. Generalized relaxation and focused analgesia were induced in seven high-hypnotizable (HH) and eight low-hypnotizable (LH) subjects. Subjects were not aware to which group they belonged. The two groups did not differ in their expectation rates to achieve analgesia under hypnosis. Pain intensity and unpleasantness were rated on visual analogue scales in response to painful electrical stimuli, delivered in random order in five ascending intensities. Both focused analgesia and generalized relaxation decreased pain intensity significantly ( $P < 0.01$ ). However, stimulus-intensity response curves differed under the two hypnotic conditions. As stimulus intensity became higher pain reduction was enhanced under focused analgesia, while a constant reduction occurred under generalized relaxation. The interaction between hypnotic state and stimulus intensity was significant for focused analgesia ( $P < 0.05$ ) but not for generalized relaxation ( $P > 0.07$ ), difference became more pronounced when analyzed for HH subjects only ( $P < 0.002$  for analgesia,  $P > 0.10$  for relaxation). Pain reduction was significantly higher in HH than in LH subjects under focused analgesia ( $P < 0.02$ ) but not under generalized relaxation ( $P > 0.5$ ). We conclude that by utilizing two modes of hypnotic suggestions in response to ascending stimuli, we were able to discover two components of hypnotic analgesia. One shows a parallel shift in the stimulus-response function, has features similar to placebo and bears no clear relationship to hypnotic susceptibility. The other shows a slope change in the stimulus-response curve and has a positive relationship to hypnotic susceptibility.

[0895]

Testing of visceral sensitivity

J Physiol Pharmacol. 2003 Dec;54 Suppl 4:55-72

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Under normal circumstances most of the visceral input to the central nervous system is not perceived consciously. Visceral hypersensitivity associated with altered reflex activity seems to be a common pathophysiological mechanism in functional gastrointestinal disorders. Investigation of visceral sensitivity in humans is based on distension tests using barostat, or tensostat more recently. Tensostat may allow better standardization of distending stimuli, regardless of the capacity or compliance of the organ being tested. Other techniques include transmucosal electrical nerve stimulation, and chemical or thermal stimulation. Measurement of the responses to gut stimuli is based on the evaluation of conscious perception or objective responses, such as reflex activity or central processes. Recently, the assessment of the central responses has become available due to a variety of new brain imaging techniques. Several factors are thought to influence the results of visceral sensitivity studies: age, gender, physiological factors (postprandial testing) as well as psychological factors (stress, hypnosis, hypervigilance phenomenon). Technical conditions for performing tests like distension protocols may considerably affect the perception of sensory thresholds. Various mediators and pharmacological agents, in particular those acting on serotonin receptors, affect the sensory function of the gastrointestinal tract, and some of them have therapeutic potential in the treatment of visceral hypersensitivity.

[0896]

Complementary and alternative cancer therapies: past, present and the future scenario

Asian Pac J Cancer Prev. 2004 Jan-Mar;5(1):3-14

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Use of complementary and alternative therapies is widespread among cancer patients. Throughout the world cancer patients try many questionable or unproven treatment methods. The reasons for adopting these therapies are complex and are related to the social and cultural contexts of their geographical locations. In case of severe illness, the desire to leave no stone unturned is a powerful motivator. In developing countries, ignorance, socioeconomics, and inadequate access to mainstream medical facilities are major factors that play an important role for patients opting for alternative therapies that are replacements for mainstream treatment. Whereas in developed

countries a significant proportion of cancer patients try complementary therapies as adjuncts to mainstream care for management of symptoms and to improve quality of life. Many alternative therapies, including pharmacological and biological treatments, remain highly controversial but at the same time are very popular. Evidence from randomized trial supports the value of hypnosis for cancer pain and nausea; relaxation therapy and massage for anxiety; and acupuncture for nausea. This article reviews the different popular alternative cancer therapies practiced in India and neighboring south east Asian countries to project the current international scenario on complementary and alternative cancer therapies.

[0897]

[Charcot and German neuropsychiatry]  
Nervenarzt. 2004 Feb;75(2):187-92  
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Jean-Martin Charcot (1825-1893), well known as the founder of modern neurology, was the most celebrated neurologist in the nineteenth century. His international success stemmed not only from mastery descriptions of various neurological disorders but also from his many contacts with scientists all over the world. The aim of this article is to review Charcot's ambivalent relationship to German neuropsychiatry of the time and to examine the German reception of his personality and work. Wilhelm Erb, Ludwig Hirt, Ernst von Leyden, Max Nonne, Adolph Strumpell, and other German physicians cultivated -to varying degrees - professional contacts with Charcot and, based on the fascination of his personality and significance of his work, were long and intensively influenced by the Salpetriere school. The extent of their admiration became apparent in 1882 by the award of an honorary doctorate to Charcot by the University of Wurzburg. Along with increasingly severe criticism of Charcot's research on hysteria and hypnosis, most German neuropsychiatrists became estranged, without neglecting his importance to the development of neurology in Germany.

[0898]

[Irritable bowel syndrome]  
Schmerz. 2004 Apr;18(2):130-5  
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The prevalence of irritable bowel syndrome (IBS) ranges in all countries of the world between 6 and 25%, in Germany between 15 and 22%. The divergent rates of prevalence are mainly due to different definitions of IBS in epidemiological studies. In Germany, 20-50% of persons with IBS symptoms seek medical help. IBS patients produce high direct and indirect costs. The following psychophysiological mechanisms of IBS are presumed to be empirically validated: visceral hypersensitivity, postinfectious sequelae, psychiatric disorders, and psychosocial stress. Tricyclic antidepressant agents and psychotherapy (hypnosis, cognitive behavioral therapy, and psychodynamic therapy) are effective for treatment of IBS forms dominated by pain. In one controlled study, the combination of pharmacological therapy and cognitive behavioral therapy was superior to pharmacological therapy alone.

[0899]

[Perioperative use of medical hypnosis] Therapy options for anaesthetists and surgeons  
Anaesthesist. 2004 Apr;53(4):334-40  
Hermes D, Trubger D, Hakim SG, Sieg P  
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**BACKGROUND.** Surgical treatment of patients under local anaesthesia is quite commonly restricted by limited compliance from the patient. An alternative to treatment under pharmacological sedation or general anaesthesia could be the application of medical hypnosis. With this method, both suggestive and autosuggestive procedures are used for anxiolysis, relaxation, sedation and analgesia of the patient. **PATIENTS AND METHODS.** During a 1-year period of first clinical application, a total of 207 surgical procedures on a non-selected collective of 174 patients were carried out under combined local anaesthesia and medical hypnosis. **RESULTS.** Medical hypnosis proved to be a standardisable and reliable method by which remarkable improvements in treatment conditions for both patient and surgeons were achievable. **CONCLUSION.** Medical hypnosis is not considered to be a substitute for conscious sedation or general anaesthesia but a therapeutic option equally interesting for anaesthetists and surgeons.

[0900]

In response to "Hypnotic Enhancement of Cognitive-Behavioral Interventions for Pain: An Analogue Treatment Study"  
Health Psychol. 2004 May;23(3):335  
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Comments that the article by Milling, Levine, and Meunier (2003; see record 2003-05896-014) regarding hypnotic analgesia overlooked important relevant research, including at least one study that challenges their conclusions. Milling and colleagues stated that they know of only three studies that compared the pain-reducing effects of cognitive-behavioral interventions with those that added the element of hypnosis. They further pointed out that they must examine whether their findings, "based on the analogue treatment of experimental pain, apply to the treatment of clinical pain" (Milling et al., 2003, p. 412). However, other researchers (Faymonville et al., 1995) have already compared the analgesic effects of a hypnotic and a nonhypnotic relaxation intervention in patients undergoing plastic surgery. The present author further asserts that the work of Faymonville et al., may actually be superior to the work of Milling and colleagues. It is also commented that there have also been other clinical studies in the medical literature and their omission from the article's literature review was "disappointing." ((c) 2004 APA, all rights reserved).

[0901]

Does phase-modulation of applied 40-Hz transcerebral magnetic fields affect subjective experiences and hypnotic induction?  
Percept Mot Skills. 2003 Dec;97(3 Pt 2):1031-7  
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12 men and 12 women were exposed to a sham-field, a 5-Hz sine-wave magnetic field, a 40-Hz sine-wave magnetic field, or the latter field-phase modulated five times per sec. (5-Hz) for 30 min. between two administrations of the Spiegel's Hypnotic Induction Profile. To replicate the geometry that has produced significant increases in these scores in previous studies, the weak (1 microT) magnetic fields were applied over the right parietotemporal region through a modified helmet. The hypothesis that the enhanced suggestibility previously observed was due to an intrinsic phase-modulation of the fields was not supported. However, the ratings of overall

pleasantness of the experiences were negatively correlated ( $r = -.36$ ) with global geomagnetic activity at the time of the experiment. The pleasantness was ranked significantly greater by subjects exposed to the 40-Hz field (explaining 41% of the variance) relative to subjects exposed to the 5-Hz field who also reported more visual experiences within their left peripheral visual fields. The percentages of time alpha rhythms were measured over the temporal lobes (but not frontal or occipital lobes) during the treatments were moderately and positively correlated with scores on questionnaires administered before the experiment, from which the capacity to imagine, temporal lobe signs, and religious (but not exotic) beliefs were inferred. The groups exposed to either the 5-Hz or 40-Hz/5-Hz phase-modulated field displayed greater durations of alpha rhythms over the temporal lobes than the other two groups.

[0902]

Therapeutic utilization of spontaneous out-of-body experiences in hypnotherapy  
Am J Psychother. 2004;58(1):90-102  
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An out-of-body experience (OBE) is a unique dissociative event in which the person feels separated from his/her body. Studies and anecdotal reports have observed that this experience tends to appear spontaneously in stressful and hypnogogic situations. It often contributes to the person's later having a new perspective of himself and his conception of the world, and may influence his functioning and behavior. Despite its potential as a powerful therapeutic lever in hypnotherapy, little has been written about applying OBE in this milieu. The current article describes three individuals who were contending with different therapeutic issues (i.e., symbiotic involvement, somatization, and cessation of therapy) for whom spontaneous OBE was used therapeutically during hypnotherapy and proved to significantly advance the therapeutic processes. In accordance with the literature, and as observed in the presented cases, we have found that the OBE experience tends to appear in dissociative and highly suggestible subjects. Furthermore OBE may help those patients to cope with strongly anxiety-loaded issues that arise in therapy and may function, through the "body-self" detachment experience, as a therapeutic metaphor for promoting complex separational processes. In view of the cases described, a spontaneous OBE appearing in hypnotherapy is proposed as an effective therapeutic resource.

[0903]

Use of complementary therapies in pregnancy: The perceptions of obstetricians and midwives in South Australia  
Aust N Z J Obstet Gynaecol. 2004 Feb;44(1):24-9  
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Abstract Objective To examine South Australian obstetricians and midwives attitude's towards the use of complementary and alternative medicines (CAM) during pregnancy, to examine their referral patterns and their views on the usefulness and safety of these therapies during pregnancy. Design All members of the South Australian branch of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and a 50% sample of midwives belonging to the South Australian Branch of The Australian College of Midwives, were sent a postal self-completion questionnaire. Results A response rate of 78% was obtained. Only 14% of doctors considered CAM was a threat to public health. Over 90% of midwives and obstetricians thought they should have some knowledge about CAM. A greater proportion of obstetricians (72%) held a view there needs to be an evidence base for CAM compared with 26% of midwives. The majority of obstetricians (68%) and midwives (78%) had formally referred a patient for use of one of the complementary therapies. Over 70% of obstetricians and midwives considered massage, acupuncture, vitamins, yoga, meditation and hypnosis to be useful and safe to use during pregnancy. Conclusion The majority of clinician's held positive views towards CAM and considered some complementary therapies to be useful and safe for use during pregnancy. Limited evidence exists on the safety and efficacy of these therapies and attention needs to be given to undertaking high quality randomised controlled trials.

[0904]

Misleading postevent information and flashbulb memories  
Memory. 2003 Nov;11(6):549-58  
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The aim of this study was to create the conditions of a real discussion concerning the past in an experimental setting and examine their effect on subsequent recollections of important autobiographical events. A total of 55 adults described two episodes twice. The first episode was a typical news reception event and the second one represented a private event of particular personal significance. In between the two recall sessions, participants from the experimental group viewed two films. The first was a short televised account of the two events; the second was a corresponding videotaped description of the personal experiences of a middle-aged man. In addition, participants were asked to imagine what he had been talking about. Most of the participants from the experimental group incorporated elements of the man's description into their own subsequent accounts. In spite of this, they rated the accuracy of their post-test memories as very high. The implications for understanding distortion mechanisms in flashbulb memories are discussed.

[0905]

Juvenile offenders' Miranda rights comprehension and self-reported likelihood of offering false confessions  
Assessment. 2003 Dec;10(4):359-69  
Goldstein NE, Condie LO, Kalbeitzer R, Osman D, Geier JL  
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This study examined whether age, IQ, and history of special education predicted Miranda rights comprehension and the self-reported tendency to falsely confess to a crime among 55 delinquent boys. The Miranda Rights Comprehension Instruments-II, a revised version of Grisso's Instruments for Assessing Understanding and Appreciation of Miranda Rights, were developed for this study and are described in detail in this article. Results revealed that age, IQ, and special education were related to comprehension of Miranda rights. When Miranda comprehension, age, and IQ were simultaneously tested as predictor variables of the self-reported likelihood of false confessions, only age served as an independent predictor. Research and policy implications of this study are presented, and recommendations for use of the original and revised instruments are reviewed.

[0906]

Correlates of the Gudjonsson Suggestibility Scale in delinquent adolescents  
Psychol Rep. 2004 Feb;94(1):264-6  
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## Netherlands

Correlations between scores on the Gudjonsson Suggestibility Scale and a number of relevant personality characteristics, i.e., intelligence, memory, social inadequacy, social desirability, and fantasy proneness, were examined in a sample of 71 delinquent boys. Analysis showed that intelligence and memory were negatively related to suggestibility scores. That is, lower memory and intelligence were associated with higher suggestibility. No significant correlations were found between suggestibility and other personality characteristics.

[0907]

A pilot randomized trial assessing the effects of autogenic training in early stage cancer patients in relation to psychological status and immune system responses

Eur J Oncol Nurs. 2004 Mar;8(1):61-5

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Autogenic training (AT) is a type of meditation usually used for reducing stress. This pilot study describes how AT was used on a group of early stage cancer patients and the observed effect on stress-related behaviours and immune system responses. This was a randomized trial with 31 early stage breast cancer women, having received a lumpectomy and adjuvant radiotherapy. The women were randomized into two groups. Group 1 received a home visit only. Group 2 received a home visit and 2 months' weekly Autogenic training. At the beginning and end of the 2 monthly periods, the Hospital Anxiety and Depression Scale (HADS) and T and B cell markers were measured to give an indication of changes in immune system responses and measurement of anxiety and depression. At the end of the study, HADS scores and T and B cell markers remained similar in the women who did not receive AT. The women receiving AT showed a strong statistical difference for an improvement in their HADS scores and those women observed in a meditative state as opposed to a relaxed state were found to have an increase in their immune responses. This study suggests AT as a powerful self-help therapy.

[0908]

Autogenic training reduces anxiety after coronary angioplasty: a randomized clinical trial

Am Heart J. 2004 Mar;147(3):E10

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OBJECTIVES: Autogenic training (AT) is a method of autosuggestion with some potential for reducing anxiety. This study tests whether AT lowers anxiety levels experienced by patients undergoing coronary angioplasty. METHODS: Fifty-nine patients were randomly assigned to receive regular AT or no such therapy as an adjunct to standard care for 5 months. The primary outcome measure was State Anxiety at 2 months. Qualitative information was generated by face-to-face interviews. RESULTS: State Anxiety showed a significant intergroup difference both at 2 and 5 months. This finding was corroborated by secondary outcome measures, for example, quality of life, and by qualitative information about patients' experiences. The results do not allow us to determine whether the observed effects are specific to AT or of a nonspecific nature. CONCLUSIONS: Our results suggest that AT may have a role in reducing anxiety of patients undergoing coronary angioplasty.

[0909]

Toward a phenomenology of trance logic in posttraumatic stress disorder

Psychol Rep. 2004 Apr;94(2):649-54

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Some induction procedures result in trance logic as an essential feature of hypnosis. Trance logic is a voluntary state of acceptance of suggestions without the critical evaluation that would destroy the validity of the meaningfulness of the suggestion. Induction procedures in real and simulated conditions induce a conflict between two contradictory messages in experimental hypnosis. In military induction the conflict is much more subtle involving society's need for security and its need for ethics. Such conflicts are often construed by the subject as trance logic. Trance logic provides an opportunity for therapists using the phenomenology of "presence" to deal with the objectified concepts of "avoidance," "numbing" implicit in this kind of dysfunctional thinking in Posttraumatic Stress Disorder. An individual phenomenology of induction procedures and suggestions, which trigger trance logic, may lead to a resolution of logical fallacies and recurring painful memories. It invites a reconciliation of conflicting messages implicit in phobias and avoidance traumas. Such a phenomenological analysis of trance logic may well be a novel approach to restructure the meaning of trauma.

[0910]

Response to Lynn, et al.'s "Evaluation of Woodard's theory of perceptually oriented hypnosis"

Psychol Rep. 2004 Apr;94(2):431-6

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In this article some misunderstandings of Perceptually Oriented Hypnosis presented in the recent evaluation by Lynn, et al. are pointed out. Perceptually Oriented Hypnosis emphasizes individual differences naturally occurring in the experience of everyday life or being-in-the-world and differentiation as major themes to understanding hypnosis. Woodard advocates that qualitative research enhances our understanding of hypnotic experiencing and allows us to examine hypnotic phenomena that elude the laboratory and control settings.

[0911]

The historical role of hypnosis in the theoretical origins of transference

Int J Clin Exp Hypn. 2004 Apr;52(2):113-31

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There has been a gradual evolution of the important construct of transference from ancient to modern times. Long before Franz Anton Mesmer, there were philosophers, theorists, and health professionals who emphasized the impact of interpersonal relationships on well-being and illness. While basically conceptualizing animal magnetism as a dynamic physical fluid, Mesmer was also aware of the impact of rapport and affect in the enhancement of magnetic treatment. Later neo-mesmerists, notably Puysegur and Deleuze, built on such theories. That emphasis continued through the 19th century to the time of Freud, whose construct of transference was derived from his



personal experience with hypnosis and which has since become an integral part of modern psychodynamic theory and treatment.

[0912]

Cam Perry, Heraclitus, and hypnosis: an appreciative understanding

Int J Clin Exp Hypn. 2004 Apr;52(2):92-112

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The authors summarize personal, intellectual, and social influences on Campbell Perry's (1937-2003) life and research on hypnosis. His education in Australia reflected the influences of a public primary school, a prestigious private high school, and undergraduate and graduate work at Australia's oldest university. His approach to hypnosis was influenced initially by Gordon Hammer and Philip Sutcliffe, and his life generally was influenced by John Anderson, the leader of the Libertarian Society, the intellectual core of a broader group known as the Push. This group reflected in part the thinking of the pre-Socratic Greek philosopher, Heraclitus, who taught that change was the only reality. The article summarizes Perry's work on hypnosis and memory, and his contributions concerning uncanceled hypnotic suggestions, pain and surgery, and imagery and hypnotizability are summarized.

[0913]

Four decades of group hypnosis scales: what does item-response theory tell us about what we've been measuring?

Int J Clin Exp Hypn. 2004 Apr;52(2):132-58

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To overcome problems with previous psychometric approaches to hypnosis scales, the authors applied full-information factor analysis, based on multidimensional item-response theory (IRT), to a 39-year sample of 11,517 records of the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A). They also performed a comparable analysis on the standardization sample of the Waterloo-Stanford Group C Scale (WSGC). The HGSHS:A emerges as two-factored, whereas the WSGC more closely approaches unidimensionality. The HGSHS:A factor structure and means show very little change over 4 decades. However, IRT-based item analysis on the HGSHS:A indicates that problems such as "pseudoguessing" on 2 items limit the quality of the item set. The authors propose alternative substantive interpretations of the traits that may underlie the two-factor structure.

[0914]

Reality monitoring in hypnosis: a pilot investigation

Int J Clin Exp Hypn. 2004 Apr;52(2):188-97

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In a pilot investigation of reality monitoring in hypnosis, 10 high and 10 low hypnotizable participants were administered a hypnotic suggestion to hallucinate a visual shape on a wall. For half the participants, an image was subtly projected onto the wall at the commencement of the suggestion and then subsequently removed. For the remaining participants, the projected image was initially absent and subsequently projected. Participants completed ratings of belief in the suggestion during hypnosis and also provided subjective reports of the suggestion during a subsequent Experiential Analysis Technique session. High hypnotizable participants who had the projected image introduced at the end of the suggestion provided comparable belief ratings when the image was present and absent. In contrast, highs who had the projected image presented first reported less belief when the image was absent than when it was present. Low hypnotizable participants rated the hallucination more strongly when the image was projected than when it was not projected. These pilot data are discussed in terms of developing a paradigm to objectively index the perceived reality of hypnotically suggested experiences.

[0915]

See clearly: suggestion, hypnosis, attention, and visual acuity

Int J Clin Exp Hypn. 2004 Apr;52(2):159-87

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Some reports claim that positive suggestion (e.g., using hypnosis) can significantly improve visual acuity (e.g., in myopes). Based on behavioral, neurocognitive, and ophthalmological findings, the authors provide a critical account to review and challenge some of these data. While acknowledging the relative merits of hypnosis for investigating visual phenomena, an array of arguments converges to propose caveats to the apparent influence suggestion can exert on visual acuity. The authors argue that neither suggestion nor hypnotic phenomena are likely to significantly improve myopic vision and contend that a responsible scientific attitude should carefully outline what hypnosis and suggestion cannot do in addition to what they can. It seems likely that the small apparent influence of suggestion on visual acuity is mediated by changes in attention. The authors outline how attention can affect visual acuity.

[0916]

Does hypnotizability modulate the stress-related endothelial dysfunction?

Brain Res Bull. 2004 Apr 30;63(3):213-6

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Previous studies suggest that hypnotizability represents a protective factor against the cardiac effects of cognitive stress and that hypnosis prevents vascular stress-induced modifications in highly hypnotizable individuals. The aim of the experiment was to investigate whether a similar effect at vascular level is present in awake subjects with a high (Highs) and a low (Lows) hypnotic susceptibility. Thus, brachial artery post-ischaemic flow-mediated vascular dilation (FMD) was evaluated non-invasively by ultrasound methodology during cognitive stress (mental computation) in Highs and Lows. Results showed that Highs, similarly to that previously observed in hypnotized Highs and in contrast with Lows, did not exhibit any stress-related endothelial dysfunction (FMD decrement). Thus, hypnotizability should be considered a protective factor against vascular disease.

[0917]

Predictors of alternative and complementary medicine use in inflammatory bowel disease: do measures of conventional health care utilization relate to use?

Am J Gastroenterol. 2004 May;99(5):889-93

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**OBJECTIVE:** Alternative and complementary therapies (ACM) have gained increasing attention in the past few years. It was our purpose to determine whether increased ACM use is associated with increased use of conventional health care resources. Additionally, demographics of use, subjective benefit, and cost were analyzed. **METHODS:** We enrolled 150 inflammatory bowel disease (IBD) patients from a tertiary care center and performed a phone survey of their ACM use in the past year. A population-based administrative database was accessed to extract data regarding use of conventional medicine (hospitalizations, doctor visits, and GI specific doctor visits). Patients were divided into three groups: (i) no ACM (n = 60) (ii) users of exercise, diet, and prayer (EDP) exclusively (n = 47) (iii) other ACM use (n = 43) which included those who may have used EDP as well as any of acupuncture, chiropractic, homeopathy, naturopathy, herbology, massage, relaxation, reflexology, hypnotherapy, aromatherapy, meditation, or support group. **RESULTS:** ACM was used by 60% (EDP 31%, other ACM 29%). There were no significant differences in use between the three groups by disease diagnosis, education level, employment status, use of IBD medications, number of hospitalizations, doctor visits, or GI specific doctor visits. The EDP group was more likely to be married (p = 0.006) and female (p = 0.04) compared to no ACM. The EDP group tended to be older than the no ACM (p = 0.001) and other ACM (p = 0.01). The other ACM had shorter disease duration than EDP (p = 0.04) and no ACM (p = 0.04). The most commonly used therapies were diet (45%), herbal (17%), exercise (15%), prayer (11%), and relaxation (10%). ACM was sought for pain/cramps (64%), diarrhea (60%), and gas/bloating (21%). Seventy-three percent of EDP interventions incurred no cost compared to 33% with other ACM (p < 0.0001). The median annual amount spent on other ACM was \$56 (range \$0-\$4800). Subjectively, patients felt helped by trials of EDP 95% of the time whereas other ACM helped 67% of the time (p < 0.0001). **CONCLUSIONS:** ACM use could not be predicted by either greater or less hospitalizations, conventional doctor visits, or GI specific visits. ACM was sought mostly to palliate pain or diarrhea. Those using EDP are more likely to be older married women. Subjectively other ACM is of less benefit (67%) than EDP (95%). If doctor visits or hospitalizations represent degree of increased disease activity then this too is not predictive of using ACM.

[0918]

Pioneers of movement disorders: Georges Gilles de la Tourette

J Neural Transm. 2004 Jun;111(6):691-701

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Georges Albert Edouard Brutus Gilles de la Tourette (1857-1904), a French neurologist and pupil of Jean Martin Charcot at the Salpêtrière hospital in Paris, has gained common recognition through his description of the 'Maladie des Tics'. This complex neuropsychiatric disorder, later known as the 'Tourette's syndrome', nowadays is accepted as a specific entity of movement disorders. Gilles had started working under Charcot (1825-1893), the first physician to occupy a designated chair of neurology of neuropsychiatric history, in 1884. Then the Salpêtrière hospital was a centre of intensive research with an emphasis on hysteria and hypnosis. Tourette took an interest in hysteria, but also dedicated himself to various other neuropsychiatric disorders and to neuropathology. He published scientific works on epilepsy, neurasthenia and syphilitic myelitis. Although he devoted much time to his neuropsychiatric research and the publication of articles in medical journals, his career did not make significant progress, despite Charcot's unrestricted support. One reason was, that he disregarded questions, answers and problems, which were outside his interest fields. Hence, he was accused for having acquired an extremely filtered and one-sided knowledge. Also, his alienated and critical behaviour, which had not helped him to find many friends over the years, prevented him from professional promotion. In 1893 an assassination attempt on Gilles de la Tourette raised considerable public interest: Gilles was shot in his appartement in the Rue de l'Université 39 by a young woman, who had been his patient in the Salpêtrière and who claimed that she had been hypnotized without her agreement and thereby had lost her mental health. However, the patient was diagnosed with a disease nowadays called paranoid schizophrenia and therefore hypnosis was not attributed to any part of the disease. Due to episodes of melancholia and phases of delusions of grandeur and megalomania Gilles de la Tourette was forced to leave his hospital appointment in 1901. These symptoms and the corresponding neurological signs were attributed to the parietic neurosyphilis. He was institutionalized to the psychiatric hospital Cery near Lausanne, Switzerland. In the course of the following three years he became increasingly psychotic and demented, suffered from epileptic seizures and finally died in hospital on 22(nd) May 1904.

[0919]

"It's magic!" The effects of presentation modality on children's event memory, suggestibility, and confidence judgments

J Exp Child Psychol. 2004 Apr;87(4):320-35

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The current study investigated the influence of presentation modality (live, video, and slide show) on children's memory, suggestibility, recognition, and metamemorial monitoring processes. A total of 270 children in three age groups (5- and 6-year-olds, 7- and 8-year-olds, and 9- and 10-year-olds) watched a magic show and were questioned about it 1 week later. The live show yielded more correct answers to nonleading questions, higher resistance to misleading questions, and better recognition memory than did the video condition, which in turn resulted in better performance than did the slide show. Although presentation modality raised the general level of memory performance, the effects were equally strong in all age groups and did not affect memory phenomena such as the size of the misinformation effect and confidence judgments.

[0920]

A missing link in suggestibility research: what is known about the behavior of field interviewers in unstructured interviews with young children?

J Exp Psychol Appl. 2004 Mar;10(1):13-24

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Despite suggestibility researchers' focus on adult behaviors that distort children's reports, whether behaviors examined in experimental work are used in the field is unknown. The current study presents a mutually exclusive and exhaustive hierarchical coding system that reflects interview questioning behaviors of concern in experimental work. The study examined 80 unstructured interviews conducted by 41 field interviewers with 40 children ages 3 to 7 about known events. Data on the use of leading and neutral questions are presented and include distinctions between accurate and inaccurate suggested information. In addition, analyses show that interviewers are consistent in their style of questioning and that a preinterview measure of interviewers' preference for a qualitative versus a quantitative interviewing style predicted the introduction of novel information into the interview.

[0921]

Effect of hypnotic sedation during percutaneous transluminal coronary angioplasty on myocardial ischemia and cardiac sympathetic drive

Am J Cardiol. 2004 Apr 15;93(8):1035-8

Baglini R, Sesana M, Capuano C, Gnechchi-Ruscione T, Ugo L, Danzi GB  
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Forty-six patients were randomized to receive drug (group 1) or hypnotic sedation (group 2) during percutaneous transluminal coronary angioplasty of the left anterior descending coronary artery. Intracoronary and standard electrocardiograms were continuously registered, and heart rate spectral variability was studied. Normalized units of low- and high-frequency components and the ratio of low to high frequency were measured during balloon inflations. The ST segment shifted at the first balloon inflation from 0.02 +/- 0.01 to 0.09 +/- 0.6 mm in group 1 and from 0.02 +/- 0.08 to 0.1 +/- 0.6 in group 2 mm ( $p < 0.05$ ). In group 1, the low-frequency band and the ratio of low to high frequency increased significantly during the first balloon inflation (from 59 +/- 10 to 75 +/- 10 normalized units and from 2.4 +/- 1.4 to 7.3 +/- 4.7, respectively;  $p < 0.001$ ). The increase of the ratio of low to high frequency was significantly related to ST shift ( $r = 0.706$ ;  $p < 0.01$ ). In contrast, no significant variation of spectral parameters was found in group 2. The increase in cardiac sympathetic activity associated with balloon inflation and myocardial ischemia during percutaneous transluminal coronary angioplasty of the left anterior descending coronary artery was selectively eliminated by hypnosis but not by drug sedation.

[0922]

Providing misleading and reinstatement information a year after it happened: effects on long-term memory

Memory. 2004 Jan;12(1):1-13

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The question addressed here is whether misleading suggestions made to children a year after target events had occurred will alter long-term recall. One group (3-13 years old when injured and treated in a hospital Emergency Room) were given both misleading and accurate reinstating information a year later, and recall of target events assessed both 1 week and another year later (i.e., 2 years post-injury). A control group had recall assessed both 1 and 2 years post-injury. Misleading had little effect on children's recall 1 week later, although a few misled details were reported. However, a year later virtually none of the misleading information was incorporated into long-term recall. Rather, children were more, not less, accurate when recalling details about which they had been misled. Results were attributed to target events having been highly memorable and well rehearsed via previous recalls, and detection of discrepancies between memory and misleading information focusing attention on targeted details.

[0923]

Colonial psychiatry, magic and religion. The case of mesmerism in British India

Hist Psychiatry. 2004 Mar;15 Pt 1(57):57-71

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This article is concerned with the development of early nineteenth-century Western medicine and psychiatry in relation to religion and magic during British colonial rule in India. The case of mesmerism is taken to illustrate that 'colonial medicine/psychiatry in India' itself was plural in nature, being made up of a variety of different, at times competing, strands. Religious connotations and references to spiritual enlightenment increasingly posed a peculiar problem to emerging Western science-based medicine in the nineteenth century. Mesmerism was met with as much hostility by an emerging Western medical orthodoxy as indigenous medical systems. The affiliation of mesmerism with Indian magical practices and religious customs contributed to its marginalization - despite or, rather, because of its popularity among members of the Indian nobility and middle classes, Indian patients and practitioners. The case of mesmerism also shows that awareness both of the domineering power of a gradually emerging medical 'imagined' mainstream and an analysis of the complex challenges faces by heterodoxy (as much as by orthodoxy) facilitate a more critical understanding of the development of colonial medicine and psychiatry in the East as well as, arguably, of medicine and psychiatry in Britain itself.

[0924]

A meta-analysis of the effect of guided imagery practice on outcomes

J Holist Nurs. 2004 Jun;22(2):164-79

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Guided imagery is an intervention used by nurses in a variety of settings. It has been suggested that better outcomes will occur with continued practice. No studies were found that examined the relationship between practice duration and strength of outcomes. The focus of this meta-analysis was the effect size of guided imagery intervention studies with different durations. Statistical findings of 10 studies of various durations were converted to  $d$  statistics and plotted against the duration of study. The results show an increase in effect size of guided imagery over the first 5 to 7 weeks; however, the effect was decreased at 18 weeks.

[0925]

The brain-gut axis in irritable bowel syndrome - clinical aspects

Med Sci Monit. 2004 Jun;10(6):RA125-31. Epub 2004 Jun 01

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Irritable bowel syndrome (IBS) is the most common chronic gastrointestinal (GI) disorder, affecting about 20% of the world's population. Chronic abdominal pain or discomfort relieved by defecation and associated with altered bowel habits are the mainstay in diagnosis. The pathophysiology of IBS remains unknown. This biopsychosocial disorder involves dysregulation of the nervous system, altered intestinal motility, and increased visceral sensitivity. All of these result from dysregulation of the bidirectional communication between the gut with its enteric nervous system and the brain (the brain-gut axis), modulated by various psychosocial and environmental factors (e.g. infection, inflammation). Numerous neurotransmitters are found in the brain and gut that regulate GI activities, including 5-hydroxytryptamine (5-HT, serotonin) and its 5-HT<sub>3</sub> and 5-HT<sub>4</sub> receptors. The current approach to IBS patients is based on a positive diagnosis of the symptom complex, exclusion of underlying organic disease, and institution of a therapeutic trial. Traditional symptomatic treatment has included antidiarrheals, laxatives and bulking agents/fiber, low-dose tricyclic antidepressants, antispasmodics for pain, and 'alternative' therapies (e.g. psychotherapy, hypnotherapy). The scientific evidence supporting this therapy

is limited. Novel approaches include visceral analgesics and serotonin agonists and antagonists. In patients with severe diarrhea, 5-HT<sub>3</sub> receptor antagonists (e.g. alosetron) and selective M<sub>3</sub>-type anticholinergics are indicated, in constipation 5-HT<sub>4</sub> agonists (e.g. tegaserod), and in pain alpha<sub>2</sub>-adrenergics (e.g. clonidine), cholecystokinin antagonists, kappa-opioid agonists (e.g. fedotozine), and neurokinin antagonists; some of these agents are still being investigated. Understanding the brain-gut axis is crucial in the development of effective therapies for IBS.

[0926]

The neurobiology of pain, affect and hypnosis  
Am J Clin Hypn. 2004 Jan;46(3):187-200  
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Recent neuroimaging studies have used hypnotic suggestion to distinguish the brain structures most associated with the sensory and affective dimensions of pain. This paper reviews studies that delineate the overlapping brain circuits involved in the processing of pain and emotions, and their relationship to autonomic arousal. Also examined are the replicated findings of reliable changes in the activation of specific brain structures and the deactivation of others associated with the induction of hypnosis. These differ from those parts of the brain involved in response to hypnotic suggestions. It is proposed that the activation of a portion of the prefrontal cortex in response to both hypnotic suggestions for decreased pain and to positive emotional experience might indicate a more general underlying mechanism. Great potential exists for further research to clarify the relationships among individual differences in reactivity to pain, emotion, and stress, and the possible role of such differences in the development of chronic pain.

[0927]

Hypnosis and existential psychotherapy with end-stage terminally ill patients  
Am J Clin Hypn. 2004 Jan;46(3):201-13  
Iglesias A  
[further informations not available]

Existential Psychological Theory was employed as a conceptual and theoretical foundation for the use of hypnotically facilitated therapy in the management of intractable pain, nausea, and vomiting in 3 end-stage, terminally ill cancer patients. The existential principles of death anxiety, existential isolation, and existential meaninglessness were addressed with a combination of classic and Ericksonian techniques. The intractable nature of the presenting physical symptoms was conceptualized as a possible manifestation of the impact of the terminal prognosis. Direct hypnotic suggestions for the management of pain, nausea and vomiting were avoided. It was hypothesized that, as the existential conflicts associated with the patients' terminal status resolved, the physiological symptoms would become responsive to medication. After 6 sessions grounded in the principles of Existential Psychotherapy, the intractable status of the physical symptomatology remitted, and the patients responded to medical management. This paper addresses the usefulness of Existential Psychotherapy in hypnotic interventions for mediating somatic and psychosomatic symptomatology.

[0928]

Gene expression and brain plasticity in stroke rehabilitation: a personal memoir of mind-body healing dreams  
Am J Clin Hypn. 2004 Jan;46(3):215-27  
Rossi EL  
[further informations not available]

In this personal memoir the author describes the progress of his rehabilitation from a stroke and the dream manifestations of his mind-body healing. He also shares his reminiscences about Erickson's physical difficulties as well as Erickson's naturalistic or activity-dependent approach to therapeutic hypnosis and rehabilitation and emphasizes what he considers the least understood and most under appreciated aspect of Erickson's hypnotherapy--the fact that his patients frequently experienced intense emotional experiences as they accessed and replayed their traumas in a therapeutic manner. He also speculates about the neural mechanisms of his healing from the standpoint of his new neuroscience theory which includes the novelty-numinosum-neurogenesis effect.

[0929]

Symptom removal: the twentieth century experience  
Am J Clin Hypn. 2004 Jan;46(3):229-38  
Weitzenhoffer AM  
[further informations not available]

The twentieth century hypnosis literature regarding the use of direct symptom removal with hypnosis is in strong contrast with that of the nineteenth. It shows much ambivalence about the use of symptom removal. Objections, largely based on conclusions drawn from psychoanalytic theory, led many twentieth century psychotherapists to reject direct symptom removal. However, a certain amount of empirical evidence, scattered through the literature, has accumulated during the twentieth century to support this rejection. The lack of satisfactory twentieth century statistics and of nineteenth century details concerning hypnotic interventions that were used, makes it impossible to satisfactorily account for the discrepancy in experiences of the nineteenth and twentieth centuries. Although therapists did not altogether abandon working directly with symptoms, many opted instead for modifying and manipulating them by suggestion instead of completely removing them, usually allowing the patient to retain a psychodynamically suitable substitute. Here again a lack of adequate statistics prevents one from being able to properly appraise the effectiveness of this approach which has remained the preferred one for a number of therapists.

[0930]

Using hypnosis to facilitate resolution of psychogenic excoriations in acne excoriee  
Am J Clin Hypn. 2004 Jan;46(3):239-45  
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Hypnotic suggestion successfully alleviated the behavioral picking aspect of acne excoriee des jeunes filles in a pregnant woman who had been picking at the acne lesions on her face for 15 years. Acne excoriee is a subset of psychogenic or neurotic excoriation. Conventional topical antibiotic treatment was used to treat the acne. Compared with other treatments for uncomplicated acne excoriee, hypnosis is relatively brief and cost-effective and is non-toxic in pregnancy.

[0931]

Self-hypnosis relapse prevention training with chronic drug/alcohol users: effects on self-esteem, affect, and relapse  
Am J Clin Hypn. 2004 Apr;46(4):281-97  
Pekala RJ, Maurer R, Kumar VK, Elliott NC, Masten E, Moon E, Salinger M  
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This study evaluated the effectiveness of a self-hypnosis protocol with chronic drug and alcohol patients in increasing self-esteem, improving affect, and preventing relapse against a control, a transtheoretical cognitive-behavioral (TCB), and a stress management (attention-placebo) group. Participants were 261 veterans admitted to Substance Abuse Residential Rehabilitation Treatment Programs (SARRTPs). Participants were assessed pre- and postintervention, and at 7-week follow-up. Relapse rates did not significantly differ across the 4 groups at follow-up; 87% of those contacted reported abstinence. At follow-up, the participants in the 3 treatment conditions were asked how often they practiced the intervention materials provided them. Practicing and minimal-practicing participants were compared against the control group for each of the 3 interventions via MANOVAs/ANOVAs. Results revealed a significant Time by Groups interaction for the hypnosis intervention, with individuals who played the self-hypnosis audiotapes "at least 3 to 5 times a week" at 7-week follow-up reporting the highest levels of self-esteem and serenity, and the least anger/impulsivity, in comparison to the minimal-practice and control groups. No significant effects were found for the transtheoretical or stress management interventions. Regression analyses predicted almost two-thirds of the variance of who relapsed and who did not in the hypnosis intervention group. Hypnotic susceptibility predicted who practiced the self-hypnosis audiotapes. The results suggest that hypnosis can be a useful adjunct in helping chronic substance abuse individuals with their reported self-esteem, serenity, and anger/impulsivity.

[0932]

Hypnosis to facilitate uncomplicated birth  
Am J Clin Hypn. 2004 Apr;46(4):299-312  
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Prior research by the author showed that psychosocial factors distinguished complicated from uncomplicated birth outcome. The purpose of this study was to determine if prenatal hypnosis could facilitate uncomplicated birth. Following a psychosocial assessment, 520 pregnant women in their first or second trimester of pregnancy were randomized to receiving prenatal hypnosis or attention-only groups. The author provided all of the hypnosis in a manner similar to that taught by David Cheek. The goal was to reduce fear of birth and parenthood; to reduce anxiety; to reduce stress; to identify specific fears that might complicate the labor process (addressing them whenever possible); and to prepare women for the experience of labor. The attention-only group was matched to a no-contact comparison group. Women receiving prenatal hypnosis had significantly better outcomes than women who did not. Further assessment suggested that hypnosis worked by preventing negative emotional factors from leading to an complicated birth outcome. Attention only was associated with minimal differences in outcome over the no-contact group. The routine prenatal use of hypnosis could improve obstetric outcome.

[0933]

Reflections on hypnotizability and its impact on successful surgical hypnosis: a sole anesthetic for septoplasty  
Am J Clin Hypn. 2004 Apr;46(4):313-21  
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While hypnosis has been a significant medical tool through the ages, its use has been, at best, capricious. After the development and widespread use of ether, hypnosis has been mostly relegated to the role of an adjunct to chemical anesthesia. The present paper describes a case where hypnosis was used as the sole anesthetic for a septoplasty. The chronology of the surgery, hypnotic suggestion and strategies used as well as the clinician's responses are described. The paper highlights relevant clinical issues such as the hypnotic capacity of the patient, associated hypnotic phenomena, enhancing trance, and maximizing the hypnotic capacity by "meeting them where they are".

[0934]

Electrophysiological alterations during hypnosis for ego-enhancement: a preliminary investigation  
Am J Clin Hypn. 2004 Apr;46(4):323-44  
Stevens L, Brady B, Goon A, Adams D, Rebarchik J, Gacula L, Johnson J, Wright C, Hank N, McManus P, Arsuffi L, Morris L, Verdugo S  
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EEG activity at the midfrontal (Fz) region was recorded during pre- and postbaselines, live hypnotic induction, arm levitation and progressive relaxation (PNR) deepening, and therapeutic ego-enhancing suggestions among 60 college student volunteers, previously screened with the Stanford Hypnotic Susceptibility Scale, Form C. Comparisons across conditions for delta, theta, alpha, and beta activity were made between low, moderate, high, and very high hypnotizable groups. Results indicated (a) significant increases in theta EEGs across the hypnosis process with a peak at PNR and a drop in theta thereafter to termination, with highs showing significantly more dramatic effects than moderates; (b) a similar inverted U-shaped pattern for beta EEGs across hypnosis conditions, with very highs significantly higher in beta power than moderates and lows, and with highs significantly higher than moderates; (c) general profile differences between the highs for theta and the highs and very highs for beta in comparison to the moderates and lows, with peak theta and beta power occurring during ego-enhancing suggestions for more highly hypnotizable participants; (d) a drop in alpha EEGs across the trance process with a return to baseline after hypnosis, with moderates showing significantly lower alpha power; and (e) an increase in delta power across conditions to PNR and then a decrease to post-hypnosis baseline, with moderates significantly lower than highs.

[0935]

The efficacy of hypnosis in the reduction of procedural pain and distress in pediatric oncology: a systematic review  
J Dev Behav Pediatr. 2004 Jun;25(3):207-13  
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Children who suffer from cancer have to endure regular, painful medical procedures that are associated with a considerable degree of psychosocial distress. Hypnosis has been successfully employed in the management of pain and distress in the adult population, but is not well studied in pediatric populations. This review systematically evaluates the systematic research conducted in the field of procedure-related pain management in pediatric oncology within the context of a nationally agreed framework for the assessment of

research evidence. It is concluded that there is not currently enough robust research evidence to recommend that hypnosis should form part of best practice guidelines for the management of procedure-related pain in pediatric oncology. However, there is sufficient evidence to justify larger-scale, appropriately controlled studies. A number of recommendations are made regarding future research.

[0936]

Complementary and alternative medical approaches to treating adult neurogenic communication disorders: a review  
Disabil Rehabil. 2004 Mar 18;26(6):315-25

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**PURPOSE:** This paper reviews studies investigating the effectiveness of treating adult neurogenic communication disorders with complementary and alternative medicines (CAM). CAM is gradually experiencing recognition as a viable treatment approach for a variety of disorders by practitioners and patients. Some patients are using CAM as an adjunct to traditional rehabilitation. Additionally, speech-language pathologists are increasingly using CAM in treating communication disorders. **METHOD:** This review provides a description of various CAM techniques including acupuncture, hypnosis, relaxation training, dreamwork, biofeedback and homeopathy/herbal medicine. Investigations exploring the effectiveness of each of these approaches as they have been applied to aphasia, motor speech disorders, and cognitive impairments are discussed. **RESULTS AND CONCLUSIONS:** Little scientific inquiry into the effectiveness of CAM in the treatment of aphasia, motor speech disorders, and cognitive impairments has occurred. Many of the reviewed studies demonstrate inconsistent results; use limited sample sizes; do not include quantitative measures of cognitive, linguistic or motor speech skills; and are poorly reported. This review suggests that further exploration of this area is required before any strong conclusions regarding effectiveness and efficacy of these techniques can be made.

[0937]

An argument for a qualitative research approach to hypnotic experiencing and perceptually oriented hypnosis

Psychol Rep. 2004 Jun;94(3 Pt 1):955-66

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An argument for the significance of a qualitative research approach to hypnotic experiencing and a perceptually oriented view of hypnosis is presented with hypnosis framed in phenomenological, humanistic, and perceptual terms. An outline of threads of thought in Popper's writings are consistent with such a perspective. Qualitative approaches are noted and support for theoretical discussions leading to deeper understanding of issues of hypnotic experiencing, such as unconscious processes, nonlinear experiences, and researchers' countertransference are examined. Some limitations of current quantitative approaches to examining hypnotic experiencing and myths about qualitative research are discussed.

[0938]

Sensory-motor cortex activity modulation by hypnotic susceptibility and hypnosis during finger movement

Arch Ital Biol. 2004 Mar;142(2):77-85

Gemignani A, Tosetti M, Montanaro D, Biagi L, Ghelarducci B, Guazzelli M, Santarcangelo EL

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The aim of the experiment was to study whether the activity of the primary sensory-motor (S1/M1), supplementary motor (SMA) and pre-motor (PMA) areas during fingers movement is modulated by hypnotic susceptibility and hypnosis. Cortical activity was studied through functional Magnetic Resonance Imaging (fMRI) during a finger-to-thumb opposition task in awake (Highs) and hypnotized highly susceptible (H-Highs) as well as in awake non susceptible subjects (Lows). Results did not show any significant difference in sensory-motor areas activation between Highs and Lows (trait effect) and between Highs and H-Highs (state effect). The activation in 3 subjects among Highs and only 1 among Lows (out of 5) of the caudal S1, receiving the most part of the cutaneous input, appears noteworthy and prompts further investigation on possible hypnotizability-related differences in sensory-motor integration.

[0939]

Does hypnotizability affect human upright stance?

Arch Ital Biol. 2004 May;142(3):285-96

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Subjects highly (Highs) and low susceptible to hypnosis (Lows) show different imagery and attentional capabilities and also peculiar somatomotor, vegetative and electroencephalographic differences in basal and task conditions. Since attention is one of the main component of hypnotic susceptibility and also a relevant factor for postural control, the aim of the experiment was to study actual differences between Highs and Lows at the eyes closure during upright stance. Visual and motor imagery as well as attentional/disattentional capabilities were evaluated through psychological tests. Posture was monitored through Elite systems during upright stance with open and closed eyes. At the eyes closure, Highs and Lows exhibited a different body sway modulation. Possible different compensation mechanisms are suggested for the two groups and interactions between attentional/arousal systems responsible of hypnotic phenomenology and postural control are underlined.

[0940]

Hypnosis for schizophrenia

Cochrane Database Syst Rev. 2004;(3):CD004160

Izquierdo SA, Khan M

[further informations not available]

**BACKGROUND:** Many people with schizophrenia continue to experience symptoms despite the use of conventional treatments. Alternative therapies such as hypnosis, in conjunction with conventional treatments, may prove beneficial to them. **OBJECTIVES:** To investigate the use of hypnosis for people with schizophrenia or schizophrenia-like illnesses compared to standard care and other interventions. **SEARCH STRATEGY:** We searched the Cochrane Schizophrenia Group's Register (January 2003), contacted the Cochrane Complementary Medicine Field for additional searching, hand searched references of included or excluded studies and made personal contact with authors of relevant trials. **SELECTION CRITERIA:** All randomised or double blind controlled trials that compared hypnosis with other treatments or standard care for people with schizophrenia. **DATA COLLECTION AND ANALYSIS:** Studies were reliably selected, quality assessed and data extracted. Data were excluded where more than 50% of participants in any group were lost

to follow up. For binary outcomes we calculated a fixed effects risk ratio (RR) and its 95% confidence interval (CI). MAIN RESULTS: We included three studies (total n=149). When hypnosis was compared with standard treatment no one left between 1-8 weeks (n=70, 2 RCTs, Risk Difference 0.00 CI -0.09 to 0.09). Mental state scores were unaffected (n=60, 1 RCT, MD BPRS by 1 week -3.6 CI -12.05 to 4.8) as were measures of movement disorders and neurocognitive function. Compared with relaxation, hypnosis was also acceptable (n=106, 3 RCTs, RR leaving the study early 2.00 CI 0.2 to 2.15) and had no discernable effect on mental state (n=60, 1 RCT, MD BPRS by 1 week -3.4 CI -11.4 to 4.6), movement disorders or neurocognitive function. Hypnosis was as acceptable as music (Sibelius) by 4 weeks (n=36, RR leaving the study early 5.0, CI 0.3 to 97.4). REVIEWERS' CONCLUSIONS: The studies in this field are few, small, poorly reported and outdated. Hypnosis could be helpful for people with schizophrenia but to ascertain this requires better designed, conducted and reported randomised studies.

[0941]

Psychological treatments for posttraumatic stress disorder: recommendations for the clinician based on a review of the literature  
J Psychiatr Pract. 2004 Mar;10(2):106-18  
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This article reviews available research data supporting the use of psychotherapy in the treatment of posttraumatic stress disorder (PTSD). The authors highlight how this evidence might inform clinical choices in treating PTSD, as well as demonstrating how assumptions based on gaps in the available literature may be misleading. The authors first discuss findings concerning a number of interventions that are commonly used in the treatment of trauma victims or patients with PTSD: critical incident stress debriefing, psychoeducation, exposure therapy, eye movement desensitization reprocessing, stress inoculation therapy, trauma management therapy, cognitive therapy, psychodynamic psychotherapy, and hypnotherapy. They also discuss a number of treatment strategies that have recently been studied in PTSD, including imagery rehearsal, memory structure intervention, interpersonal psychotherapy, and dialectical behavior therapy. PTSD is associated with significant symptomatic morbidity, although desired outcomes in clinical practice are typically related more to reduction in social, interpersonal, and occupational impairment. The most methodologically robust studies, which have typically examined cognitive or behavioral treatments, indicate that psychotherapy helps to relieve symptom severity; however, there is no consistent information about whether these interventions are helpful in improving other domains of impairment and associated disability, even though these problems are often the greatest concern to patients. Nor does the available evidence indicate when, and for whom, various psychotherapeutic interventions should be provided, or whether different modalities of treatment can and should be combined, or sequentially offered, as is often done in specialized treatment programs. Clinicians should keep these issues in mind in reviewing the literature on current (and future) clinical research. Unfortunately, the current evidence base on psychotherapy for PTSD gives only limited guidance concerning clinical choices in managing PTSD. The authors therefore provide some clinical guidelines based on the literature for clinicians treating patients with PTSD.

[0942]

[Synergetics of hypnoid relaxation]  
Psychother Psychosom Med Psychol. 2004 Jun;54(6):250-8  
Perlitz V, Cotuk B, Schiepek G, Sen A, Haberstock S, Schmid-Schonbein H, Petzold ER, Flatten G  
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The Autogenic Training (AT) is a well established relaxation technique and psychotherapy tool. We report the use of nonlinear routines, the Multi-scaled Time-Frequency-Distribution (mTFD) for the graphical display of vegetative rhythms, and Post-Event-Scan (PES) for the direct visual identification of coupling between physiological subsystems. Applying these methods to time series of respiration, arterial blood pressure, and cutaneous forehead blood content fluctuations in controls (n = 11) or AT-experts (ATE, n = 11) induced psychomotor drive reduction during orthostatic stress allowed the instantaneous identification of a 0.15 Hz-rhythm. This rhythm prevailed in ATE significantly longer resulting a significantly robust 1 : 1 coupling between cutaneous blood content fluctuations and respiration. Consequently, we hypothesize that the "0.15 Hz-rhythm" in the cutaneous blood content fluctuations described previously which was associated with the subjective experience of profound psychomotor relaxation reflects an order-order transition in peripheral signals of central nervous origin. Results produced with the aid of these analytic tools support the efficacy of the AT induced, synergetic relaxation response.

[0943]

Hypnosis in Sweden during the twentieth century - the life and work of John Bjorkhem  
Hist Psychiatry. 2004 Jun;15(58 Pt 2):193-200  
Stolt CM, Bjorkhem-Bergén L  
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In this paper we present a study of hypnosis in Swedish medicine during the twentieth century. We focus on the life and work of the hypnotist and Swedish physician John Bjorkhem. He was a controversial person and his therapeutic ideas were not accepted in the medical establishment. The biography of Bjorkhem and the history of hypnosis in Swedish medicine during the twentieth century are intimately related to each other. We describe an outsider in medicine, both with respect to person and topic. In the case of Bjorkhem the situation was especially complicated because of his multidisciplinary activities, with three different faculties involved. Finally we deal with the condition of a pioneer, and his struggle for acceptance and understanding.

[0944]

Physicians and complementary-alternative medicine: training, attitudes, and practices in Hawaii  
Hawaii Med J. 2004 Jun;63(6):176-81  
Chan PS, Wong MM

INTRODUCTION: There were only few studies addressing the physicians' training, attitudes, and utilization of complementary and alternative medicine (CAM) therapies, compared to the well-documented escalating use of CAM among consumers. Patients who use CAM, however often do not disclose their utilization to their physicians. This study thus surveyed knowledge, attitudes, and practices of complementary and alternative medicine among physicians on the island of Oahu in Hawaii. The Hawaii Medical Service Association (HMSA) provided physicians' names and contact information. METHOD: This is a descriptive study with a questionnaire that was mailed to all physicians on the list. A total of 299 physicians responded to this survey. Response rate was 17.45%. RESULTS: Physicians reported having moderate knowledge of acupuncture, massage, prayer/spirituality, chiropractic, hypnosis and meditation. They recognized the value of these treatments and refer their patients to have these treatments. On the other hand, homeopathy, naturopathy, electromagnetic therapies, therapeutic/healing touch, and nutraceuticals were consistently rated as having no role in conventional medicine, strongly opposed to in practice, or would not refer patients to. Respondents felt CAM could be most effective for pain,

musculoskeletal, psychological conditions and smoking cessation. DISCUSSIONS: Results indicated that the respondents had knowledge about prayer/spirituality, massage, chiropractic, meditation, hypnosis, and acupuncture, and also rated them as playing a role in conventional medicine, and would refer or have referred patients to. When they had little knowledge about naturopathy, electromagnetic therapies, nutraceuticals, and homeopathy, they rated these therapies as having no role in conventional medicine, and were strongly opposed to in practice or would not refer patients to. Respondents reported the least know about the Aryurveda and Native American medicine. However, there was no significant correlation between negative attitude and practice patterns. Similarly therapeutic touch and chiropractic were perceived as therapies, but no role in conventional medicine although the respondents reported having some knowledge of these therapies. Thus, knowledge may not be necessarily associated with negative attitudes and practice patterns.

[0945]

[The role of imagination in modern medicine]  
Ber Wissenschaftsgesch. 2004 Jun;27(2):99-108  
Schott H.

In Renaissance and early modern times, the concept of imagination (Latin *imaginatio*) was essential for the (natural) philosophical explanation of magic processes, especially in the anthropology of Paracelsus. He assumed that imagination was a natural vital power including cosmic, mental, phychical, and physical dimensions. The Paracelsians criticized traditional humor pathology ignoring their theory of 'natural magic'. On the other hand, they were criticized by their adversaries as charlatans practicing 'black magic'. About 1800, in between enlightenment and romanticism, the healing concept of 'animal magnetism' (Mesmerism) evoked an analogous debate, whether 'magnetic' phenomena originated from a real (physical) power (so-called, 'fluidum') or were just due to fantasy or imagination (German *Einbildungskraft*). At the end of the 19th century, the French internist Hippolyte Bernheim created-against the background of medical hypnosis ('hypnotism') as a consequence of Mesmerism - his theory of suggestion and autosuggestion: a new paradigm of psychological respectively psychosomatic medicine, which became the basis for the concept of, 'placebo' in modern biomedicine. From now on, all the effects of 'alternative medicine' could easily be explained by the 'placebo-effect', more or less founded - at least unconsciously - on fraud.

[0946]

Pseudoseizures  
Indian Pediatr. 2004 Jul;41(7):673-9  
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Pseudoseizures are paroxysmal alterations in behavior that resemble seizures but are without any organic cause. They are recognized by various terms. Pseudoseizures are found in about one fourth of all patients seen with hysteria and 20% of those referred to epilepsy clinic. Pseudoseizures are often difficult to differentiate because there are client based or clinician based factors leading to misdiagnosis. Detailed history, observation, psychological testing and laboratory investigations are used for correct diagnosis. Pseudoseizures are not only to be differentiated from various forms of epilepsy but also from disorders like malingering, somatization disorder, hyperventilation, migraine, syncope etc. Management consists of making the patient and relatives aware about the causation and diagnosis. Psychotherapy (supportive and psycho-dynamic), behavior therapy (biofeedback, relaxation), drugs (anxiolytic and anti-depressants), hypnosis and placebo are used for treatment. The correct recognition is helpful in avoiding physical tests and the unnecessary use of antiepileptic drugs.

[0947]

Complementary and alternative medicine for labor pain: a systematic review  
Am J Obstet Gynecol. 2004 Jul;191(1):36-44  
Huntley AL, Coon JT, Ernst E  
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OBJECTIVES: The purpose of this study was to systematically review the literature for, and critically appraise, randomized controlled trials of any type of complementary and alternative therapies for labor pain. STUDY DESIGN: Six electronic databases were searched from their inception until July 2003. The inclusion criteria were that they were prospective, randomized controlled trials, involved healthy pregnant women at term, and contained outcome measures of labor pain. RESULTS: Our search strategy found 18 trials. Six of these did not meet our inclusion criteria. The remaining 12 trials involved acupuncture (2), biofeedback (1), hypnosis (2), intracutaneous sterile water injections (4), massage (2), and respiratory autogenic training (1). CONCLUSION: There is insufficient evidence for the efficacy of any of the complementary and alternative therapies for labor pain, with the exception of intracutaneous sterile water injections. For all the other treatments described it is impossible to make any definitive conclusions regarding effectiveness in labor pain control.

[0948]

Competition: how hypnosis can help women to hold their own in the workplace  
Am J Clin Hypn. 2004 Jul;47(1):13-20  
Hornyak LM

This paper takes the perspective that competitive strivings in self and others have been an area of difficulty for women and that gender socialization has played a significant role. The author discusses elements of competition that seem toxic for women and proposes descriptors of healthy competition. It is proposed that hypnosis provides a suitable method for neutralizing negative elements and promoting adaptive responses in competitive situations. Five applications of hypnotic methods are illustrated through two case examples.

[0949]

Intensive therapy: utilizing hypnosis in the treatment of substance abuse disorders  
Am J Clin Hypn. 2004 Jul;47(1):21-8  
Potter G

Hypnosis was once a viable treatment approach for addictions. Then, due to hypnosis being used for entertainment purposes many professionals lost confidence in it. However, it has now started to make a comeback in the treatment of substance abuse. The approach described here, using hypnosis for treatment, is borrowed from studies effectively treating alcoholism by using intensive daily sessions. Combining the more intense treatment of 20 daily sessions with hypnosis is a successful method to treat addictions. The treatment has been used with 18 clients over the last 7 years and has shown a 77 percent success rate for at least a 1-year follow-up.



[0950]

Can hypnosis reduce hot flashes in breast cancer survivors? A literature review  
Am J Clin Hypn. 2004 Jul;47(1):29-42  
Elkins G, Marcus J, Palamara L, Stearns V  
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Hot flashes are a significant problem for many breast cancer survivors and can cause discomfort, insomnia, anxiety, and decreased quality of life. In the past, the standard treatment for hot flashes has been hormone replacement therapy. However, recent research has found an increased risk of breast cancer in women receiving hormone replacement therapy. As a result, many menopausal women and breast cancer survivors reject hormone replacement therapy and many women want non-pharmacological treatment. In this critical review we assess the potential use of hypnosis in reducing the frequency and intensity of hot flashes. We conclude that hypnosis is a mind-body intervention that may be of significant benefit in treatment of hot flashes and other benefits may include reduced anxiety and improved sleep. Further, hypnosis may be a preferred treatment because of the few side-effects and the preference of many women for a non-hormonal therapy. Two case studies are included to illustrate hypnosis for hot flashes. However this intervention has not been adequately studied. We discuss an NIH-funded randomized clinical trial of hypnosis for hot flashes in breast cancer survivors that is presently being conducted.

[0951]

Nocturnal enuresis: behavioral treatments  
Urol Clin North Am. 2004 Aug;31(3):499-507, ix  
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Nocturnal enuresis is a common problem. Physiologic and environmental factors are thought to have a role in the etiology and treatment of this condition. This article discusses the association between enuresis and behavioral or emotional problems. Common behavioral treatments are described, and evidence for their efficacy is reviewed. A brief discussion of hypnosis and acupuncture is included.

[0952]

[Psychogenic disorders: concepts, terminology and classification]  
Neurologia. 2004 Sep;19(7):377-85  
Arias M  
Seccion de Neurologia. Hospital de Conxo. Complejo Hospitalario Universitario de Santiago de Compostela. La Coruna

The neurological interest on functional or psychogenic disorders (mental or physical disturbances with no organic basis, generally unleashed by stressful situations) has been receiving increasingly more interest over the last few years. In this article we review concepts, terms and classifications of these disorders, very different over time and among different authors. Psychogenic disorders are divided into: a) dissociation (with memory, consciousness and self-identity impairment), and b) disturbances with somatizations, divided into somatoform (unconscious), factitious (voluntary search for patient's role) and malingering (searching for material gain). Special emphasis is placed on conversion or hysteria, included in somatoform disorders. New findings in functional neuroimaging are analyzed. These new data suggest an important role of unconscious and involuntary inhibition in loss of volition (similar to hypnosis and different from malingering). Normal activity in certain brain areas (motor or sensory cortex) is blocked by other areas related to emotional integration (anterior cingular and orbitofrontal cortex). The neurologist's role is important to achieve an early diagnosis of psychogenic disturbances, particularly conversive ones. This means the use of fewer economic resources and better prognosis for the patient.

[0953]

Anomalous control: When 'free-will' is not conscious  
Conscious Cogn. 2004 Sep;13(3):646-54  
Haggard P, Cartledge P, Dafydd M, Oakley DA  
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The conscious feeling of exercising 'free-will' is fundamental to our sense of self. However, in some psychopathological conditions actions may be experienced as involuntary or unwilling. We have used suggestion in hypnosis to create the experience of involuntariness (anomalous control) in normal participants. We compared a voluntary finger movement, a passive movement and a voluntary movement suggested by hypnosis to be 'involuntary.' Hypnosis itself had no effect on the subjective experience of voluntariness associated with willed movements and passive movements or on time estimations of their occurrence. However, subjective time estimates of a hypnotically-suggested, 'involuntary' finger movement were more similar to those for passive movements than for voluntary movements. The experience of anomalous control is qualitatively and quantitatively different from the normal conscious experience of a similar act produced intentionally. The experience of anomalous control may be produced either by pathology, or, in our case, by suggestion.

[0954]

A systematic review of psychological therapies for nonulcer dyspepsia  
Am J Gastroenterol. 2004 Sep;99(9):1817-22  
Soo S, Forman D, Delaney BC, Moayyedi P  
South Tyneside District Hospital, South Shields, Tyne & Wear, U.K.

**OBJECTIVES:** We conducted a systematic review to determine the effectiveness of psychological interventions including psychodrama, cognitive behavioral therapy, relaxation therapy, guided imagery, or hypnosis in the improvement of dyspepsia symptoms in patients with nonulcer dyspepsia (NUD). **DESIGN:** Trials were identified through electronic searches of the Cochrane Controlled Trials Register (CTR), MEDLINE, EMBASE, CINAHL, and PsycLIT, using appropriate subject headings and text words and searching bibliographies of retrieved articles. All randomized controlled trials (RCTs) or quasi-randomized studies were eligible. **RESULTS:** The four eligible trials all used different psychological interventions including applied relaxation therapy, psychodynamic psychotherapy, cognitive therapy, and hypnotherapy. Trials did not present data in a form that could be synthesized. All reported an improvement in the dyspepsia symptom scores at the end of treatment and at 1 yr in the intervention arm compared with controls. All studies only achieved statistically significant results through adjusting for baseline differences between groups. This reflects the small sample sizes of the trials. There were also problems with assumptions made in the statistical analyses used to achieve statistical significance. The studies highlighted problems with recruitment and compliance. **CONCLUSIONS:** There was insufficient evidence on the efficacy of psychological therapies

in NUD. This emphasizes the need for appropriately powered well-designed trials in this area.

[0955]

Hypnosis for pain relief in labour and childbirth: a systematic review

Br J Anaesth. 2004 Oct;93(4):505-11. Epub 2004 Jul 26

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**BACKGROUND:** In view of widespread claims of efficacy, we examined the evidence regarding the effects of hypnosis for pain relief during childbirth. **METHODS:** Medline, Embase, Pubmed, and the Cochrane library 2004.1 were searched for clinical trials where hypnosis during pregnancy and childbirth was compared with a non-hypnosis intervention, no treatment or placebo. Reference lists from retrieved papers and hypnotherapy texts were also examined. There were no language restrictions. Our primary outcome measures were labour analgesia requirements (no analgesia, opiate, or epidural use), and pain scores in labour. Suitable comparative studies were included for further assessment according to predefined criteria. Meta-analyses were performed of the included randomized controlled trials (RCTs), assessed as being of 'good' or 'adequate' quality by a predefined score. **RESULTS:** Five RCTs and 14 non-randomized comparisons (NRCs) studying 8395 women were identified where hypnosis was used for labour analgesia. Four RCTs including 224 patients examined the primary outcomes of interest. One RCT rated poor on quality assessment. Meta-analyses of the three remaining RCTs showed that, compared with controls, fewer parturients having hypnosis required analgesia, relative risk=0.51 (95% confidence interval 0.28, 0.95). Of the two included NRCs, one showed that women using hypnosis rated their labour pain less severe than controls ( $P < 0.01$ ). The other showed that hypnosis reduced opioid (meperidine) requirements ( $P < 0.001$ ), and increased the incidence of not requiring pharmacological analgesia in labour ( $P < 0.001$ ). **CONCLUSION:** The risk/benefit profile of hypnosis demonstrates a need for well-designed trials to confirm the effects of hypnosis in childbirth.

[0956]

Wertheim's hypothesis on 'highway hypnosis': empirical evidence from a study on motorway and conventional road driving

Accid Anal Prev. 2004 Nov;36(6):1045-54

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This paper aims to study the phenomenon known as 'highway hypnosis' or 'driving without attention mode', which has been defined as a state showing sleepiness signs and attention slip resulting from driving a motor vehicle for a long period in a highly predictable environment with low event occurrence, this being the case with motorways and very familiar roads [Highway hypnosis: a theoretical analysis. In: Gale, A.G., Brown, I.D., Haslegrave, C.M., Moorhead, I., Taylor, S. (Eds.), Vision in Vehicles-III. Elsevier, North-Holland, pp. 467-472]. According to Wertheim's hypothesis on 'highway hypnosis', long-term driving on motorways and conventional roads, e.g. main roads, secondary roads-implies differences in the predictability of the movement pattern of the visual stimulation, in the eye musculature activity and in the type of feedback used in visual information processing (mostly extra-retinal on motorways and retinal and extra-retinal on conventional roads). All this ultimately leads to alertness differences between both road types. Our research is intended to provide empirical evidence from the hypothesis, based on the data recorded during the actual driving experience of a group of subjects on a motorway and a conventional road. We studied whether or not significant alertness differences were found-measured by EEG data relative to time periods of on-target eye-tracking performance-between motorway and conventional road driving. Our results partially support the hypothesis, as drowsiness proved to be higher on motorways than on conventional roads during the final driving period but not during the starting stage, when the opposite trend was noticed. This result could be explained by the fact that during the first driving periods the effects of the stimulus movement predictability had not yet become apparent, since they tend to show after a long drive.

[0957]

Treating complex trauma in women within community mental health

Am J Orthopsychiatry. 2004 Apr;74(2):160-73

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Community mental health clinicians are likely to find their case loads composed of women who have complicated trauma histories. In response to the absence of comprehensive treatment for trauma survivors within the community mental health system, an alternative model, Overcoming Pain and Adversity in Life (OPAL) is offered. As an intensive treatment program, OPAL is structured in a triphase format to accommodate the individual needs of each woman and to promote symptom reduction and/or resolution.

[0958]

Medical-legal issues in Charcot's neurologic career

Neurology. 2004 May 25;62(10):1827-33

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**OBJECTIVE:** Trace the medical-legal involvement of the 19th century clinical neurologist Jean-Martin Charcot. **BACKGROUND:** The two major neurologic concerns of the 1800s that involved legal questions were topics of particular academic interest to Charcot: post-traumatic neurologic syndromes and the behavioral consequences of hysteria and hypnotism. Although Charcot's medical views influenced several nonmedical fields, including art, poetry, and drama, his impact on medical-legal issues has not been examined. **METHODS:** Original documents from the Bibliotheque Charcot at the Salpetriere Hospital in Paris, legal documents, and publications from Charcot's era were examined. **RESULTS:** Although his involvement in medical-legal affairs was a modest element of Charcot's multifaceted career, he was involved in four different types of medical-legal activities: as a cited authority in the medical-legal literature, as an author of articles within medical-legal contexts, as a subpoenaed expert consultant, and as an expert examiner. **CONCLUSIONS:** Charcot's involvement demonstrates the long tradition of an interface between neurology and legal medicine and provides a model for highly limited but authoritative involvement by academic neurologists in medical-legal affairs.

[0959]

Role of suggestion in odor-induced mood change

Psychol Rep. 2004 Jun;94(3 Pt 2):1127-36

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The effects of ambient odor (lavender, neroli or placebo) and suggestions related to the effects of an odor (relaxing, stimulating or none) on mood were explored. Mood of 90 undergraduate women was assessed using physiological measures (heart rate and skin conductance) and the self-report Profile of Mood States questionnaire. Analysis indicated that physiological measures were influenced by suggestion in predictable directions. Relaxing odors yielded decreases in heart rate and skin conductance, with stimulating odors yielding the reverse effects under equivalent conditions. These data further support the notion that expectations play a significant role in mediating odor-evoked mood changes.

[0960]

The effect of intellectual disability on children's recall of an event across different question types  
Law Hum Behav. 2004 Jun;28(3):273-94  
Agnew SE, Powell MB  
Deakin University, Burwood, Australia

This research examined the performance of 80 children aged 9-12 years with either a mild and moderate intellectual disability when recalling an innocuous event that was staged in their school. The children actively participated in a 30-min magic show, which included 21 specific target items. The first interview (held 3 days after the magic show) provided false and true biasing information about these 21 items. The second interview (held the following day) was designed to elicit the children's recall of the target details using the least number of specific prompts possible. The children's performance was compared with that of 2 control groups; a group of mainstream children matched for mental age and a group of mainstream children matched for chronological age. Overall, this study showed that children with either a mild or moderate intellectual disability can provide accurate and highly specific event-related information. However, their recall is less complete and less clear in response to free-narrative prompts and less accurate in response to specific questions when compared to both the mainstream age-matched groups. The implications of the findings for legal professionals and researchers are discussed.

[0961]

[Efficacy of treatment with hard and soft occlusal appliance in TMD]  
Refuat Hapeh Vehashinayim. 2004 Jul;21(3):52-8, 94  
Littner D, Perlman-Emodi A, Vinocur E  
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Temporomandibular disorders (TMD) include clinical disorders involving the masticatory muscles, the temporomandibular joints (TMJ) and the adjacent structures. TMD was recognized as a main source for pains in the orofacial area, which are not caused from dental origin, and is defined by the American Academy of Orofacial Pain (AAOP) as a sub-group within the frame of musculoskeletal disorders. The main etiology for TMD has not been found yet. The customary treatments for this disorder include treatment with occlusal splints, physiotherapy, medicaments, behavioral-cognitive treatment, hypnosis, acupuncture and surgery that should be considered only if all conservative treatments were unsuccessful. Occlusal splint is the most common and efficient treatment for TMD patients proved by many studies with a successful rate of 70-90%. The following article reviews the different opinions in the treatment of TMD with special attention to hard and soft occlusal appliances. Based upon much research, and despite the many disagreements regarding its efficacy, the hard splint is a customary application which has the most successful outcome in patients who suffer from functional disorders of the masticatory system. The stabilization splint has an important benefit for being a non-penetrating and reversible appliance. However, despite this, the dentist should evaluate the joint or muscular problem, and seriously consider the various available treatments before deciding to use the appliance as a means of treatment.

[0962]

Brief hypnotherapy of severe depression linked to sexual trauma: a case study  
Int J Clin Exp Hypn. 2004 Jul;52(3):203-17  
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Traumatic events of many sorts result in the now familiar symptoms of posttraumatic stress disorder (PTSD). Many accounts have been published of the helpful role of hypnosis in symptom amelioration when the symptom onset is immediate, or even delayed, following the trauma. For some patients, though, a virtual collapse of adaptive functioning occurs after long periods of relatively symptom-free functioning. For such individuals, the relevance of the earlier trauma to their current problems may not be recognized, either by those treating them or by themselves. This case study is an attempt to illustrate treatment strategies that may be helpful in such cases, based on a good treatment outcome with a seriously ill woman, where hypnosis was an integral part of a brief, but intensive, in patient treatment program.

[0963]

Can anecdotes add to an understanding of hypnosis?  
Int J Clin Exp Hypn. 2004 Jul;52(3):218-31  
Perry C  
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This paper emphasizes the importance of anecdotes, in conjunction with experimental data and careful clinical observation, for an understanding of hypnosis. Anecdotes are presented that bear on (a) individual differences in hypnotizability, (b) the stereotypes of hypnosis, (c) the importance of careful wording in preparing experimental subjects and clinical patients for hypnosis, (d) the notion of hypnosis as involving a partial, but not complete, setting aside of critical judgment, which permits the hypnotized person to engage in fantasy and make-believe, (e) confabulation in hypnotic age regression, (f) the differentiation of hypnotic and therapeutic suggestion, (g) the nature of hypnotic suggestion, and (h) some experiences with the posthypnotic persistence of an uncanceled suggestion.

[0964]

An empirical test of Woody and Bowers's dissociated-control theory of hypnosis  
Int J Clin Exp Hypn. 2004 Jul;52(3):232-49  
Jamieson GA, Sheehan PW  
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Woody and Bowers's dissociated-control theory predicts impaired performance on tasks indexing frontally mediated supervisory attentional functions during hypnosis, especially for high susceptibles. This prediction is tested using Stroop task behavioral performance to measure aspects of anterior-mediated supervisory attentional function. All measures of anterior-mediated attentional

functions significantly declined during hypnosis. Interactions between susceptibility and hypnosis condition showed specific changes among hypnotized high susceptibles. Total Stroop errors (failures of attentional suppression) were significantly higher in hypnosis for high, but not low, susceptibles. Tellegen's experiential mental set was highest for hypnotized highs. Use of rehearsal strategy (instrumental set) decreased significantly in hypnosis but more so for highs than lows. Results suggest that "absorption" in hypnosis may be a consequence of dissociated anterior attentional control. It is proposed that dissociated control emerges from the functional disconnection of left dorsolateral prefrontal cortex and anterior cingulate cortex.

[0965]

Posthypnotic amnesia for autobiographical episodes: influencing memory accessibility and quality  
Int J Clin Exp Hypn. 2004 Jul;52(3):260-79  
Barnier AJ, McConkey KM, Wright J  
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The authors examined the impact of posthypnotic amnesia on the accessibility and quality of personal memories. High, medium, and low hypnotizable individuals recalled two autobiographical episodes and rated those memories. During hypnosis, subjects were given a posthypnotic amnesia suggestion that targeted one of the episodes. After hypnosis, they recalled and rated their memories of the episodes. The posthypnotic amnesia suggestion influenced the accessibility and quality of autobiographical memory for high and some medium, but not low, hypnotizable participants. The article discusses these findings in terms of investigating and understanding the impact of posthypnotic amnesia on autobiographical memory.

[0966]

Functional brain imaging and the induction of traumatic recall: a cross-correlational review between neuroimaging and hypnosis  
Int J Clin Exp Hypn. 2004 Jul;52(3):280-312  
Vermetten E, Douglas Bremner J  
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The behavioral and psychophysiological alterations during recall in patients with trauma disorders often resemble phenomena that are seen in hypnosis. In studies of emotional recall as well as in neuroimaging studies of hypnotic processes similar brain structures are involved: thalamus, hippocampus, amygdala, medial prefrontal cortex, anterior cingulate cortex. This paper focuses on cross-correlations in traumatic recall and hypnotic responses and reviews correlations between the involvement of brain structures in traumatic recall and processes that are involved in hypnotic responsiveness. To further improve uniformity of results of brain imaging specifically for traumatic recall studies, attention is needed for standardization of hypnotic variables, isolation of the emotional process of interest (state), and assessment of trait-related differences.

[0967]

The impact of stage hypnosis on audience members and participants  
Int J Clin Exp Hypn. 2004 Jul;52(3):313-29  
MacKillop J, Jay Lynn S, Meyer E  
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Before and after a stage hypnosis performance, 67 audience members and 6 participants completed the Hypnotic Attitudes Questionnaire (HAQ), the Posthypnotic Experience Scale (PES), and several questions related to attitudes about performing in public. Audience members' beliefs about hypnosis (HAQ total and factor scores), experience ratings (PES factor scores: pleasantness, anger/irritability, anxiety), and responses to the performance-related questions changed in a positive direction after the performance. The participants in the show reported no significant pre- to postperformance changes. However, there were indications that the on stage participants exhibited generally favorable attitudes toward hypnosis and performing before they engaged in the actual performance.

[0968]

Legal outcomes for children who have been sexually abused: the impact of child abuse assessment center evaluations  
Child Maltreat. 2004 Aug;9(3):263-76  
Joa D, Edelson MG  
Liberty House

Fifty children who were seen at a Child Abuse Assessment Center (CAAC) were matched on age and relationship to perpetrator with 51 children not evaluated at a CAAC to determine whether the groups differed in legal outcomes in cases of sexual abuse. CAAC children were significantly more likely to have cases filed rather than no-actioned, to have more overall counts charged in filed cases, to have more counts charged against biological fathers and stepfathers who were alleged perpetrators, and to have a greater number of defendants pleading or being found guilty compared to cases involving children not seen at the CAAC. There were also significantly more cases filed for 4- to 6-year-olds and children at least 12 years old if they were seen at the CAAC. The implications of the results are discussed in light of the use of CAACs.

[0969]

Increased anterior corpus callosum size associated positively with hypnotizability and the ability to control pain  
Brain. 2004 Aug;127(Pt 8):1741-7. Epub 2004 Jul 01  
Horton JE, Crawford HJ, Harrington G, Downs JH 3rd  
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This is the first MRI study to report differences in brain structure size between low and highly hypnotizable, healthy, right-handed young adults. Participants were stringently screened for hypnotic susceptibility with two standardized scales, and then exposed to hypnotic analgesia training to control cold pressor pain. Only the highly hypnotizable subjects (HHs) who eliminated pain perception were included in the present study. These HHs, who demonstrated more effective attentional and inhibitory capabilities, had a significantly ( $P < 0.003$ ) larger (31.8%) rostrum, a corpus callosum area involved in the allocation of attention and transfer of information between prefrontal cortices, than low hypnotizable subjects (LHs). These results provide support to the neuropsychophysiological model that HHs have more effective frontal attentional systems implementing control, monitoring performance and inhibiting unwanted stimuli from conscious awareness, than LHs.

[0970]

Cerebral activation during hypnotically induced and imagined pain

Neuroimage. 2004 Sep;23(1):392-401  
Derbyshire SW, Whalley MG, Stenger VA, Oakley DA  
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The continuing absence of an identifiable physical cause for disorders such as chronic low back pain, atypical facial pain, or fibromyalgia, is a source of ongoing controversy and frustration among pain physicians and researchers. Aberrant cerebral activity is widely believed to be involved in such disorders, but formal demonstration of the brain independently generating painful experiences is lacking. Here we identify brain areas directly involved in the generation of pain using hypnotic suggestion to create an experience of pain in the absence of any noxious stimulus. In contrast with imagined pain, functional magnetic resonance imaging (fMRI) revealed significant changes during this hypnotically induced (HI) pain experience within the thalamus and anterior cingulate (ACC), insula, prefrontal, and parietal cortices. These findings compare well with the activation patterns during pain from nociceptive sources and provide the first direct experimental evidence in humans linking specific neural activity with the immediate generation of a pain experience.

[0971]

Complementary therapies for cancer-related symptoms  
J Support Oncol. 2004 Sep-Oct;2(5):419-26; discussion 427-9  
Deng G, Cassileth BR, Yeung KS  
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Relief of cancer-related symptoms is essential in the supportive and palliative care of cancer patients. Complementary therapies such as acupuncture, mind-body techniques, and massage therapy can help when conventional treatment does not bring satisfactory relief or causes undesirable side effects. Controlled clinical trials show that acupuncture and hypnotherapy can reduce pain and nausea. Meditation, relaxation therapy, music therapy, and massage mitigate anxiety and distress. Pilot studies suggest that complementary therapies may treat xerostomia, hot flashes, and fatigue. Botanicals or dietary supplements are popular but often problematic. Concurrent use of herbal products with mainstream medical treatment should be discouraged.

[0972]

Diagnostic and therapeutic strategies in the irritable bowel syndrome  
Minerva Med. 2004 Oct;95(5):427-41  
Cremonini F, Talley NJ  
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The management of patients with irritable bowel syndrome (IBS) is a frequent, yet challenging task in both primary care and gastroenterology practice. A diagnostic strategy guided by keen clinical judgment should focus on positive symptom criteria and on the absence of alarm symptoms. In younger patients lacking alarm features, invasive testing has a low-yield. The presence of food intolerance and underlying celiac disease should be excluded. The usefulness of fecal tests such as calprotectin and lactoferrin to exclude organic bowel disease is not adequately established. In patients with moderate to severe symptoms who fail initial therapeutic trials, further tests can be performed in tertiary care settings, such as transit measurement and tests for diagnosing pelvic floor dysfunction. Treatment strategies for IBS are currently directed at the predominant symptoms. In diarrhea-predominant IBS, opioids (e.g. loperamide) and the 5-HT(3) receptor antagonist alosetron are efficacious. In constipation-predominant IBS, fiber and bulk laxatives are traditionally used, but their efficacy is variable and may worsen symptoms. The 5-HT(4) receptor agonist tegaserod is efficacious in female patients with IBS and constipation. In patients with IBS and abdominal pain, antispasmodics and antidepressants can be used, with the best evidence supporting the prescription of tricyclic antidepressants. The efficacy of psychological treatments in terms of relieving the symptoms of IBS is still uncertain. Limited evidence suggests that anti-enkephalinase agents, somatostatin analogues, alpha(2)-receptor agonists, opioid antagonists, selective serotonin reuptake inhibitors, probiotics and herbal treatments may be useful in IBS patients.

[0973]

Salient findings: extraordinary examples of tailoring the design to the question in laboratory and practice  
Int J Clin Exp Hypn. 2004 Oct;52(4):335-42  
Nash MR  
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A summary of 3 papers of special interest to researchers and clinicians that appeared in the general scientific and medical literatures. All are robust, empirically grounded studies, however, each differs in its approach and design. These studies are exemplars of customizing design to the question asked and the opportunities afforded by setting. The first addresses delusions of alien control in the human brain; the second examines mechanisms accounting for the efficacy of hypnosis in the treatment of irritable bowel syndrome; the third is an extraordinarily clever empirically grounded N-of-1 case study tracking the behavioral treatment of a teenager with motor and vocal tics. Taken together, these three studies illustrate the variety of research designs that can be used to bring evidence to bear on important matters of theory and practice.

[0974]

Pain-Reduction Strategies in Hypnotic Context and Hypnosis: ERPs and SCRs During a Secondary Auditory Task  
Int J Clin Exp Hypn. 2004 Oct;52(4):343-63  
De Pascalis V, Bellusci A, Gallo C, Magurano MR, Chen AC  
University of Rome La Sapienza Rome Italy

Pain-rating scores were obtained from 10 high, 10 medium, and 10 low hypnotizable subjects who were holding a painful cold bottle in their left hands and were exposed to pain reduction treatments while they were performing a secondary oddball task. All subjects received suggestions of dissociative imagery and focused analgesia as cognitive strategies for pain reduction. The following measures were obtained for tone targets of the auditory oddball task: (a) reaction time; (b) P300 peak amplitude of the event-related potentials; (c) skin conductance levels and skin conductance responses. Focused analgesia produced the most pain reduction in high, but not medium or low, hypnotizable subjects who showed shorter reaction times, higher central and parietal P300 peaks, and higher skin conductance responses. These findings were discussed vis-a-vis the dissociated-control model assuming that capacity demands of hypnotic suggestion are low.

[0975]

Acceptance of medical hypnosis by oral and maxillofacial patients

Int J Clin Exp Hypn. 2004 Oct;52(4):389-99  
Hermes D, Hakim SG, Sieg P  
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Prognosis in surgical treatment of diseases of the oral and maxillofacial region under local anesthesia is quite commonly restricted by compliance by the patient. An alternative approach, medical hypnosis, has not been used in oral and maxillofacial surgery to any significant degree. As such, hypnosis treatment also depends to a great extent on the cooperation of the patient, and it would seem advisable to collect information concerning the individual motivation for accepting such a treatment option. The questionnaire consisted of 21 questions and was handed out to patients of the department. A total of 310 questionnaires were evaluated statistically, and the result shows a high level of acceptance of medical hypnosis by patients being treated surgically in the oral and maxillofacial region. The authors conclude that the effectiveness of this treatment option should be examined in clinical studies.

[0976]

A teaching model of hypnosis in psychiatric-residency training  
Int J Clin Exp Hypn. 2004 Oct;52(4):404-12  
Hoencamp E  
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A stepwise hypnosis-training model for psychiatric residents is presented as used in the Netherlands. Hypnosis is presented to residents as an intervention that can be incorporated into the treatment of various types of disorders in structured, time-limited units. The model takes into account the usual reluctance and insecurity of the psychiatric resident, who is usually encountering hypnosis for the first time.

[0977]

Confirmatory factor analysis of the valencia scale on attitudes and beliefs toward hypnosis: an international study  
Int J Clin Exp Hypn. 2004 Oct;52(4):413-33  
Capafons A, Cabanas S, Espejo B, Cardena E  
University of Valencia Spain

Cognitions held about hypnosis have an important impact on areas such as initial rapport and hypnotic-treatment compliance. The Valencia Scale on Attitudes and Beliefs toward Hypnosis may be the first instrument specifically geared to the Spanish-speaking population. Besides measuring these cognitions, the scale can also help evaluate the effect of clinical and experimental manipulations on people's attitudes and beliefs toward hypnosis. The article presents a confirmatory factor analysis using a sample from 5 different countries (N=2,402). Test-retest analyses were also carried out. The authors found statistical confirmation for an 8-factor model solution: automatism, help, personal control, interest, magical solution, collaboration, memory, and marginal.

[0978]

Facilitating memory with hypnosis, focused meditation, and eye closure  
Int J Clin Exp Hypn. 2004 Oct;52(4):434-55  
Wagstaff GF, Brunas-Wagstaff J, Cole J, Knapton L, Winterbottom J, Crean V, Wheatcroft J  
University of Liverpool UK

Three experiments examined some features of hypnotic induction that might be useful in the development of brief memory-facilitation procedures. The first involved a hypnosis procedure designed to facilitate face identification; the second employed a brief, focused-meditation (FM) procedure, with and without eye closure, designed to facilitate memory for an emotional event. The third experiment was a check for simple motivation and expectancy effects. Limited facilitation effects were found for hypnosis, but these were accompanied by increased confidence in incorrect responses. However, eye closure and FM were effective in facilitating free recall of an event without an increase in errors. FM reduced phonemic fluency, suggesting that the effectiveness of FM was not due to simple changes in expectancy or motivation.

[0979]

Novel pharmacologic options in the treatment of neuropathic pain  
CNS Spectr. 2004 Oct;9(10 Suppl 10):1-11  
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Neuropathic pain is highly prevalent in the United States, occurring in up to 4 million people. Many changes affecting the ascending facilitatory system and the descending inhibitory system occur within the central nervous system as a result of neuropathy, making successful treatment difficult. The physiological changes are more complicated in humans than in animals, and medications which have been shown to be successful in animal models are often determined to be failures in phase II or III studies in humans. The concepts of peripheral and central sensitization help to elucidate the pathophysiology of neuropathic pain, and functional magnetic resonance imaging (fMRI) shows promise in further informing us about the brain's processing of different pains. Neuropathic pain is commonly treated with anticonvulsant medications. There are several potential new treatments being evaluated for neuropathic pain, including N-methyl-D-aspartate antagonists, cannabinoids, immunomodulatory medications, and some antidepressants. Given the complexity of neuropathic pain, a multidisciplinary approach to treatment is preferable to pharmacologic treatment alone. Treatment goals should target improving pain and physical function, and reducing psychological stress. This involves use of behavioral treatments such as cognitive-behavioral therapy, operant conditioning, and biofeedback; alternative therapies such as hypnosis and acupuncture; and in some patients, controversial treatments such as opioids and herbal medicines, in addition to standard pharmacologic treatment.

[0980]

Suggestion, hypnosis and hypnotherapy: a survey of use, knowledge and attitudes of anaesthetists  
Anaesth Intensive Care. 2004 Oct;32(5):676-80  
Coldrey JC, Cyna AM  
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Clinical hypnosis is a skill of using words and gestures (frequently called suggestions) in particular ways to achieve specific outcomes. It is being increasingly recognised as a useful intervention for managing a range of symptoms, especially pain and anxiety. We surveyed all 317 South Australian Fellows and trainees registered with ANZCA to determine their use, knowledge of, and attitudes towards positive suggestion, hypnosis and hypnotherapy in their anaesthesia practice. The response rate was 218 anaesthetists (69%). The majority of respondents (63%) rated their level of knowledge on this topic as below average. Forty-eight per cent of respondents

indicated that there was a role for hypnotherapy in clinical anaesthesia, particularly in areas seen as traditional targets for the modality, i.e. pain and anxiety states. Nearly half of the anaesthetists supported the use of hypnotherapy and positive suggestions within clinical anaesthesia. Those respondents who had experience of clinical hypnotherapy were more likely to support hypnosis teaching at undergraduate or postgraduate level when compared with those with no experience.

[0981]

Hypnotherapeutic ego strengthening with male South African coronary artery bypass patients  
Am J Clin Hypn. 2004 Oct;47(2):79-92  
de Klerk JE, du Plessis WF, Steyn HS, Botha M

Morbidity (i.e., elevated anxiety and depression) is a common feature of coronary artery bypass surgery (CABS) patients, pre- and postoperatively. Since hypnotherapy can possibly reduce morbidity in CABS patients, the aim of this study was to determine the feasibility of hypnotherapeutic ego strengthening (HES) to facilitate patient coping with concomitant anxiety and depression. Fifty patients were randomly assigned to a non-intervention control group (n = 25) and an experimental group (n = 25) and exposed to a pre- and postoperative HES intervention. Anxiety and depression were assessed with the Beck Depression Inventory and Profile of Mood States, administered preoperatively, at discharge, and at 6-week follow-up. Findings confirmed large practical reductions of anxiety and depression in the experimental group and were maintained at follow-up, while a trend towards increased depression levels occurred in the control group. Although not generalizable, results suggest broadened applications of hypnotherapy with patients in cardiac centers.

[0982]

Stressors associated with dyspnea in childhood: patients' insights and a case report  
Am J Clin Hypn. 2004 Oct;47(2):93-101  
Anbar RD  
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**OBJECTIVE:** To highlight the concept that stress can be associated with dyspnea in children. **METHODS:** A chart review identified 22 patients (age range, 9-17 years) referred to a pediatric pulmonologist, who were offered instruction in self-hypnosis for treatment of dyspnea that persisted despite medical therapy. Patients were offered the opportunity to use hypnosis to gain insight into the causes of their dyspnea. **RESULTS:** The dyspnea resolved in 18 of the 22 patients within 1 month of instruction in self-hypnosis for relaxation and symptom reduction. Eight of the 22 patients (age range, 11-16 years) chose to use hypnosis for insight. Using automatic word processing, they explained that their dyspnea was associated with stressful situations, or that it reduced the chances of having to experience an uncomfortable situation. For example, a girl with dyspnea resulting from vocal cord dysfunction realized during hypnosis that she developed her symptom in order to prevent herself from talking about information that might cause discomfort were it disclosed. As soon as the patient decided that she could trust herself to handle the information appropriately, her symptom resolved. **CONCLUSIONS:** Dyspnea may provide patients with a way of expressing their reactions to perceived or anticipated stress. Thus, stress reduction interventions may prove very helpful in resolving this symptom. However, in some cases gaining an insight into the potential cause of the dyspnea may increase the effectiveness of therapy.

[0983]

A continuum of hypnotherapeutic interactions: from formal hypnosis to hypnotic conversation  
Am J Clin Hypn. 2004 Oct;47(2):103-15  
Teleska J, Roffman A

Hypnotherapeutic interactions can be mapped on a continuum from formal hypnosis to hypnotic conversation. Unlike the structured forms of formal hypnosis, hypnotic conversation relies upon utilizing the client's responses, both verbal and non-verbal, to facilitate therapeutic process. In this paper, we illustrate this continuum with a series of anecdotal clinical examples starting with formal hypnosis and moving incrementally towards hypnotic conversation. Finally, we offer an example similar in appearance to formal hypnosis, but now described in the context of hypnotic conversation. We are neither putting forth a theory nor offering a new perspective for those who research hypnosis as a phenomenon. Rather, these ideas and metaphors serve to broaden the framework of what constitutes hypnotic interaction so as to evoke new opportunities for increasing therapeutic efficiency and efficacy.

[0984]

General practitioners believe that hypnotherapy could be a useful treatment for irritable bowel syndrome in primary care  
BMC Fam Pract. 2004 Oct 13;5(1):22  
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**BACKGROUND:** Irritable bowel syndrome is a common condition in general practice. It occurs in 10 to 20% of the population, but less than half seek medical assistance with the complaint. **METHODS:** A questionnaire was sent to the 406 GPs listed on the West Sussex Health Authority Medical List to investigate their views of this condition and whether they felt hypnotherapy had a place in its management. **RESULTS:** 38% of general practitioners responded. The achieved sample shared the characteristics of target sample. Nearly half thought that irritable bowel syndrome (IBS) was a "nervous complaint" and used a combination of "the placebo effect of personal care," therapeutic, and dietary advice. There is considerable divergence in the perceived effectiveness of current approaches. Over 70% thought that hypnotherapy may have a role in the management of patients with IBS; though the majority (68%) felt that this should not be offered by general practitioners. 84% felt that this should be offered by qualified hypnotherapist, with 40% feeling that this should be offered outside the health service. **CONCLUSIONS:** General practitioners vary in their perceptions of what constitutes effective therapy in IBS. They are willing to consider referral to a qualified hypnotherapist.

[0985]

Kinematic strategies for lowering of upper limbs during suggestions of heaviness: a real-simulator design  
Exp Brain Res. 2004 Oct 21; [Epub ahead of print]  
Santarcangelo EL, Cavallaro E, Mazzoleni S, Marano E, Ghelarducci B, Dario P, Micera S, Sebastiani L  
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The aim of the experiment was to study possible differences between the kinematic strategies for the "involuntary" arm lowering of hypnotized highly susceptible subjects (H-Highs) and for the voluntary movement of non-hypnotizable simulators (Sims) during suggestions of arm heaviness (Part I). In addition, a comparison between awake susceptible subjects (W-Highs) and H-Highs was carried out to clarify the specific role of the hypnotic state and hypnotizability (Part II). Subjects' absorption and attentional/imagery capabilities were evaluated through neuropsychological tests. Their arm movements were monitored three-dimensionally at hand, wrist

and elbow level through a Polhemus Fastrack system. A final interview collected self-reports concerning the perception of movement involuntariness. Neuropsychological tests showed better "absorption" and imagery capabilities in Highs. In the interview, H-Highs perceived a higher involvement in the task and greater involuntariness and difficulties in contrasting the arm lowering than the Sims. Kinematic analysis showed significant differences between H-Highs and Sims for arm displacements along the vertical axis and on the horizontal plane. In fact, the former lowered the left arm earlier and to a greater degree than the right arm; on the horizontal plane, a forearm flexion was observed for H-Highs on the right side. On comparing W-Highs and H-Highs, hypnosis appeared to magnify the waking motor strategies, but also to induce specific changes, mainly concerning the horizontal plane. These results cannot be interpreted on the basis of "role playing" and socio-cognitive factors. They are believed to be due to a balance between the effectiveness of the frontal executive control towards the selection of behaviors and movement automaticity, which is in line with the neo-dissociation theory of hypnosis.

[0986]

Applied psychophysiology, clinical biofeedback, and rehabilitation neuropsychology: a case study--mild traumatic brain injury and post-traumatic stress disorder  
Phys Med Rehabil Clin N Am. 2004 Nov;15(4):919-31, viii  
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This article presents a case study of a 39-year-old European American married woman with a history of child and adolescent incest, marital rape, and physical abuse from her husband for more than 10 years. She was referred to a pain clinic for treatment of headaches and Tourette's syndrome. The client was evaluated with the Ackerman-Banks Neuropsychological Rehabilitation Battery to identify neuropsychological strengths and weaknesses. The Vulnerability to Stress Audit was used to identify life events that were positively and negatively influencing her life. The client was treated for mild traumatic brain injury, post-traumatic stress disorder, cognitive difficulties, impulsivity, confabulation, low frustration tolerance, and inability to evaluate and make decisions about socially appropriate behaviors. Treatment involved traditional psychotherapy, hypnosis, cognitive rehabilitation, biofeedback training, electromyography, finger temperature, and blood pressure.

[0987]

Perception and modulation of pain in waking and hypnosis: functional significance of phase-ordered gamma oscillations  
Pain. 2004 Nov;112(1-2):27-36  
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Somatosensory event-related phase-ordered gamma oscillations (40-Hz) to electric painful standard stimuli under an odd-ball paradigm were analyzed in 13 high, 13 medium, and 12 low hypnotizable subjects during waking, hypnosis, and post-hypnosis conditions. During these conditions, subjects received a suggestion of Focused Analgesia to produce an obstructive hallucination of stimulus perception; a No-Analgesia treatment served as a control. After hypnosis, a post-hypnotic suggestion was given to draw waking subjects into a deep hypnosis with opened eyes. High hypnotizables, compared to medium and low ones, experienced significant pain and distress reductions for Focused Analgesia during hypnosis and, to a greater extent, during post-hypnosis condition. Correlational analysis of EEG sweeps of each individual revealed brief intervals of phase ordering of gamma patterns, preceding and following stimulus onset, lasting approximately six periods. High and medium hypnotizable subjects showed significant reductions in phase-ordered gamma patterns for Focused Analgesia during hypnosis and post-hypnosis conditions; this effect was found, however, more pronounced in high hypnotizable subjects. Phase-ordered gamma scores over central scalp site predicted subject pain ratings across Waking-Pain and Waking-Analgesia conditions, while phase-ordered gamma scores over frontal scalp site predicted pain ratings during post-hypnosis analgesia condition. During waking conditions, this relationship was present in high, low and medium hypnotizable subjects and was independent of stimulus intensity measures. This relationship was unchanged by hypnosis induction in the low hypnotizable subjects, but not present in the high and medium ones during hypnosis, suggesting that hypnosis interferes with phase-ordered gamma and pain relationship.

[0988]

Critique of claims of improved visual acuity after hypnotic suggestion  
Optom Vis Sci. 2004 Nov;81(11):872-9  
Raz A, Zephrani ZR, Schweizer HR, Marinoff GP  
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Psychological approaches to improving vision present an enticing alternative to invasive procedures and corrective lenses; hypnotic suggestion is one such technique. During the past 60 years, multiple studies have documented improvements in the vision of myopic individuals after hypnotic interventions. Given the increasing interest in behavioral and alternative approaches, we have reviewed the pertinent studies to evaluate their validity. We delineate various shortcomings in these reports, including potential methodological caveats, problems with experimental controls, and controversial data interpretation. Overall, the data do not seem to support hypnosis as a viable option for significant long-term improvement of myopia. However, hypnosis can increase one's subjective feeling of enhanced visual acuity by affecting higher cognitive functions, such as attention, memorization, and perceptual learning, which could influence performance on visual tasks.

[0989]

Alternative therapies for tobacco dependence  
Med Clin North Am. 2004 Nov;88(6):1607-21  
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For both hypnotherapy and acupuncture, the evidence of any effect is anecdotal. There are insufficient rigorous studies that are homogeneous in design or results to allow a reliable conclusion on whether or not these therapies are effective. At best, individual smokers who choose one of these interventions for preference should not be discouraged provided that they are informed about the state of the evidence.

[0990]

Update on nonpharmacologic approaches to relieve labor pain and prevent suffering



J Midwifery Womens Health. 2004 Nov-Dec;49(6):489-504  
Simkin P, Bolding A

The control of labor pain and prevention of suffering are major concerns of clinicians and their clients. Nonpharmacologic approaches toward these goals are consistent with midwifery management and the choices of many women. We undertook a literature search of scientific articles cataloged in CINAHL, PUBMED, the Cochrane Library, and AMED databases relating to the effectiveness of 13 non-pharmacologic methods used to relieve pain and reduce suffering in labor. Suffering, which is different from pain, is not an outcome that is usually measured after childbirth. We assumed that suffering is unlikely if indicators of satisfaction were positive after childbirth. Adequate evidence of benefit in reducing pain exists for continuous labor support, baths, intradermal water blocks, and maternal movement and positioning. Acupuncture, massage, transcutaneous electrical nerve stimulation, and hypnosis are promising, but they require further study. The effectiveness of childbirth education, relaxation and breathing, heat and cold, acupressure, hypnosis, aromatherapy, music, and audioanalgesia are either inadequately studied or findings are too variable to draw conclusions on effectiveness. All the methods studied had evidence of widespread satisfaction among a majority of users.

[0991]

Use of complementary and alternative medicine among United States adults: the influences of personality, coping strategies, and social support

Prev Med. 2005 Jan;40(1):46-53

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**Background.** Although patterns of utilization of complementary and alternative medicine (CAM) in the community have begun to be described, few studies have addressed the relationships between dispositional psychological factors and the use of CAM. The aim of this study was to examine the associations between CAM use and personality, coping strategies, and perceived social support in a representative sample of adults in the United States. **Methods.** Data were drawn from the Midlife Development in the United States Survey (MIDUS), a representative sample of 3,032 adults aged 25-74 in the US population. We analyzed use of acupuncture, biofeedback, chiropractic, energy healing, exercise/movement therapy, herbal medicine, high-dose megavitamins, homeopathy, hypnosis, imagery techniques, massage, prayer/spiritual practice, relaxation/mediation, and special diet within the last year. Multiple logistic regression analyses were used to evaluate the association of personality, dispositional coping strategies (primary and secondary control), and perceived social support and strain with CAM use, controlling for sociodemographic factors, medical care access, and physical and mental disorders. **Results.** Openness was positively associated with the use of all types of CAM except manipulative body-based methods. Extroversion was inversely correlated with the use of mind-body therapies. Primary control was inversely and secondary control directly correlated with the use of CAM. Perceived friend support was positively associated with the use of mind-body therapies, manipulative body-based methods, and alternative medical systems. Perceived partner strain was positively associated with the use of biologically based therapies, and family strain increased the odds of manipulative body-based methods. **Conclusions.** This study is the first to document a significant association between specific domains of personality, coping strategies, and social support, and the use of CAM among adults in the general population. Understanding the relationships between psychological factors and CAM use may help researchers and health care providers to address patients' needs more effectively and to achieve better adherence to treatment recommendations.

[0992]

Clinical hypnosis modulates functional magnetic resonance imaging signal intensities and pain perception in a thermal stimulation paradigm

Reg Anesth Pain Med. 2004 Nov-Dec;29(6):549-56

Schulz-Stubner S, Krings T, Meister IG, Rex S, Thron A, Rossaint R

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**OBJECTIVE:** This study was designed to describe regional changes in blood oxygenation level dependent signals in functional magnetic resonance images (fMRI) elicited by thermal pain in hypnotized subjects. These signals approximately identify the neural correlates of the applied stimulation to identify neuroanatomic structures involved in the putative effects of clinical hypnosis on pain perception. **METHODS:** After determination of the heat pain threshold of 12 healthy volunteers, fMRI scans were performed at 1.5 Tesla by using echoplanar imaging technique during repeated painful heat stimuli. Activation of brain regions in response to thermal pain during hypnosis (using a fixation and command technique of hypnosis) was compared with responses without hypnosis. **RESULTS:** With hypnosis, less activation in the primary sensory cortex, the middle cingulate gyrus, precuneus, and the visual cortex was found. An increased activation was seen in the anterior basal ganglia and the left anterior cingulate cortex. There was no difference in activation within the right anterior cingulate gyrus in our fMRI studies. No activation was seen within the brainstem and thalamus under either condition. **CONCLUSION:** Our observations indicate that clinical hypnosis may prevent nociceptive inputs from reaching the higher cortical structures responsible for pain perception. Whether the effects of hypnosis can be explained by increased activation of the left anterior cingulate cortex and the basal ganglia as part of a possible inhibitory pathway on pain perception remains speculative given the limitations of our study design.

[0993]

Does dissociation offer a useful explanation for psychopathology?

Psychopathology. 2004 Nov-Dec;37(6):259-65. Epub 2004 Nov 9

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**BACKGROUND:** Dissociation is often conceptualised as an altered state of consciousness, a trance-like state in which normal barriers between conscious and unconscious memories, desires and beliefs break down and other amnesic barriers emerge. This review explores whether it is likely that there is a neurophysiology of pathological dissociative processes that will elucidate management. **METHOD:** A critical reading of current research, sourced through Medline and Psychinfo searches from 1990 to 2002, using subject headings: dissociative disorders, hypnosis and stress disorder (post-traumatic), as well as keywords: dissociation, hypnosis and trance. **RESULTS:** Current knowledge does not support the notion of dissociation as a discrete brain state or process. **CONCLUSIONS:** Psychiatric and neurophysiological research and theory development are better directed towards individual components that contribute to dissociative experience. Copyright (c) 2004 S. Karger AG, Basel.

[0994]

[Integration of psychodynamic imaginative trauma therapy in a modified psychoanalytic concept of an inpatient psychotherapy unit]

Psychiatr Prax. 2004 Nov;31 Suppl 1:S88-90

[Article in German]

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Results of latest neurobiological trauma-research suggest that many psychic disorders like personality disorders with complex traumatisation in patient's history and co-morbidities should better be treated as posttraumatic disorders. This is important for any therapy planning: should a modified psychoanalytic approach (like TFP by Kernberg) with emphasis on interpreting the transference-relation be preferred for patients with Borderline personality disorder or - diagnosing the same patients as complex posttraumatic stress disorder - a phase oriented trauma-specific approach. As such PITT combines psychodynamic understanding with hypnotherapeutic and imaginative methods. Crucial points are an active and supporting therapeutic relation, safety and reduction of stress, focus on all individual resources and use of imaginative ways for stabilization and later trauma-confrontation work.

[0995]

Functional dyspepsia

Curr Opin Gastroenterol. 2004 Nov;20(6):546-50

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**PURPOSE OF REVIEW:** Functional dyspepsia is a common disorder, most of the time of unknown etiology and with variable pathophysiology. Therapy has been and still is largely empirical. Data from recent studies provide new clues for targeted therapy based on knowledge of etiology and pathophysiologic mechanisms. **RECENT FINDINGS:** The role of *Helicobacter pylori* gastritis in the pathogenesis of functional dyspepsia has been defined: It is causative in a small minority of patients. Associations between (groups of) symptoms and pathophysiologic mechanisms have been established, but there is much overlap and interaction, and their relevance for the individual patient is uncertain, especially because of the variability of symptoms over time. Little progress has been made in pharmacotherapy of functional dyspepsia, but exploratory studies show interesting new options. Hypnotherapy seems a promising alternative. **SUMMARY:** For the time being, diagnostic strategies for patients with suspected functional dyspepsia continue to be directed at excluding other disorders, in particular peptic ulcer disease and gastroesophageal reflux disease. In the presence of reflux symptoms, acid inhibitory therapy, preferably with a proton pump inhibitor, is a rational choice; otherwise, therapy is still empirical. Hypnotherapy is an option that could be seriously considered.

[0996]

Breech presentation: increasing maternal choice

Complement Ther Nurs Midwifery. 2004 Nov;10(4):233-8

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Pregnant women with a third trimester breech presentation are almost invariably offered Caesarean section as the mode of delivery of first choice, especially when external version has failed to turn the fetus to cephalic. However, increasingly women are resorting to alternatives, to avoid either operative delivery or manipulative intervention in late pregnancy. This paper reviews some of the options for women with breech presentation, focusing especially on integrating these options into conventional maternity care.

[0997]

[Laparoscopy under local anaesthesia and hypnoanaesthesia about 35 cholecystectomies and 15 inguinal hernia repair]

Ann Fr Anesth Reanim. 2004 Nov;23(11):1093-101

[Article in French]

Sefiani T, Uscaïn M, Sany JL, Grousseau D, Marchand P, Villate D, Vincent JL.

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**OBJECTIVE:** To present hypnosedation and the feasibility of this technique performed for laparoscopic procedure. **STUDY DESIGN:** Retrospective and descriptive study of feasibility. **PATIENTS AND METHODS:** Hypnosis can significantly reduce intraoperative requirements of intravenous sedation for surgery under local anaesthesia. Modifications of surgical procedure: laparoscopic surgery under local anaesthesia and hypnosis is performed using a subcutaneous lifting of anterior abdominal wall. Insufflation is only used to push out smoke. If patient or surgical uncomfot happens, moral contract with patient includes convert to general anaesthesia. **RESULTS:** We performed 35 cholecystectomies; 13 needed convert to general anaesthesia, mainly for peritoneal pain induced by CO<sub>2</sub> insufflation; 22 procedures were completed with patients' satisfaction. Upon 15-hernia repairs, only one patient needed convert to general anaesthesia, for dissection difficulty. **CONCLUSION:** Probably hypnosis can't be extent to intraperitoneal laparoscopic procedures. On the other hand interest of hypnosis performed for extraperitoneal laparoscopic hernia repair must be explored.

[0998]

A phenomenological and perceptual research methodology for understanding hypnotic experiencing

Psychol Rep. 2004 Dec;95(3 Pt 1):887-904

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Phenomenology and perceptual psychology opens up the essential meanings of hypnosis by presenting a qualitative method as an alternative to the current predominant quantitative method in the study of hypnosis. Scales that measure susceptibility from behavioral and cognitive aspects abound in the hypnosis literature, but understanding the structure of hypnotic experiencing is yet to come. A new qualitative approach to researching hypnotic experiencing by combining aspects of phenomenological research as in work of Giorgi, Moustakas, and Wertz, familiarity with Husserl's philosophy, and a perceptual psychological research method (cf. work by Combs, Richards, & Richards and by Wasicsko). The author utilized this combined methodology to formulate the theory of Perceptually Oriented Hypnosis. This methodology enables the therapist or professional and patient or client to share benefits from the effects of their hypnotic experiencing in its intersubjective sense. This method can be applied in numerous life situations such as teaching and therapy in addition to the experimental situation.

[0999]

Chronic neuropathic pain: issues in patient education

Pain Manag Nurs. 2004 Dec;5(4 Suppl 1):34-41

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Chronic neuropathic pain is difficult to diagnose and treat. For the patient, multiple aspects of his or her life may be altered, including physical, emotional, and spiritual health, as well as the ability to work, and family and social relationships. Successful treatment plans require more than just pharmacotherapy. Patients often need to receive a lot of information about complex regimens related to both pharmacologic and nonpharmacologic strategies. Additionally, patients with neuropathic pain need nursing support and guidance to help them master the self-management and coping skills required to minimize pain flares, while optimizing mood and functioning. A number of specific strategies are available based on the cognitive-behavioral model. These include the ability to interpret changes in pain in a helpful way, engagement in health promoting behaviors (including diet and exercise), and the development of an action plan for coping with pain exacerbations. A central element in this approach is to help patients become experts in understanding and managing their pain, then addressing the toll it has taken on their emotions, daily activities, and important relationships. Self-initiated techniques, such as relaxation, imagery, and hypnosis, can also be used to alter the subjective experience of pain. This article presents an overview of patient education approaches useful in the management of chronic pain.

[1000]

[The berserks--what was wrong with them?]

Tidsskr Nor Laegeforen. 2004 Dec 16;124(24):3247-50

[Article in Norwegian]

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The terms berserk and going berserk reflect the violent and ferocious warriors and ruthless murderers of Scandinavia and Northern Europe, active from before the Viking age until the advent of Christianity. The main source on the phenomenon is the Old Norse literature, mainly the Icelandic sagas with their sober descriptive accounts of the berserks and their behaviour. The berserks are frequently depicted as having had antisocial character traits; often as bullies who evince, by way of autosuggestion, an enormous and uncontrollable rage, slaughtering and killing. They felt no pain and hardly took in the environment they lived in. The fits were followed by exhaustion or sleep. Although the phenomenon waned completely by the advent of Christianity, it can hardly be discarded as just myth or folklore. Most likely it could be explained as a kind of dissociative reaction. The widespread idea of toadstool as causative agent is at best debatable. The conceptions of pre-Christian heathenism about the human mind are of importance to the understanding of suggestibility and capacity for trance reaction. The condition is considered a culture-bound syndrome. Comparisons are drawn to lycanthropy (werewolf madness), frequently considered an identical phenomenon. Clinically (i.e. historically) it was mainly something different, namely psychotic conditions.

[1001]

Use of complementary and alternative medicine among American women

Womens Health Issues. 2005 Jan-Feb;15(1):5-13

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**INTRODUCTION AND BACKGROUND:** Although women are increasingly using complementary and alternative (CAM) therapies, a national profile characterizing women who use CAM has yet to be described. The purpose of this study is to provide prevalence estimates of recent CAM use among American women and to examine sociodemographic and other characteristics associated with use. **METHODS:** Data from the 1999 National Health Interview Survey are used for the analysis. Three operational definitions of recent CAM use are employed (any CAM, type-specific, and domain-specific use). All proportions and prevalence estimates are weighted and standard errors are adjusted to account for complex sample design; weighted logistic regression (with coefficient variance adjustment) is also used. **RESULTS:** Overall, 33.5% of American women used CAM in the past 12 months. Spiritual healing/prayer and herbal medicine are the most commonly used, and hypnosis, biofeedback, and energy healing are the least common. Multivariate results show that women who are older, have more education, poorer health, or live in the west or midwest (versus south) are more likely to use CAM. Compared to whites, blacks, Hispanics, and Asians are less likely to use CAM. Foreign-born women, those with lower income, or who live in the Northeast are also less likely to use CAM. Insurance status is not independently associated with CAM use. **CONCLUSIONS AND DISCUSSION:** This study provides one of the first comprehensive investigations of CAM use among American women. Future research examining the determinants of CAM use, incorporating attitudinal and health conditions, as well as clinical efficacy, effectiveness, and health outcome studies of specific CAM therapies are warranted.

[1002]

Effect of self-hypnosis on hay Fever symptoms - a randomised controlled intervention study

Psychother Psychosom. 2005;74(3):165-72

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**BACKGROUND:** Many people suffer from hay fever symptoms. Hypnosis has proved to be a useful adjunct in the treatment of conditions where allergic phenomena have an important role. **METHODS:** Randomised parallel group study over an observation period of two consecutive pollen seasons. Outcome data include nasal flow under hypnosis, pollinosis symptoms from diaries and retrospective assessments, restrictions in well-being and use of anti-allergic medication. We investigated 79 patients with a mean age of 34 years (range 19-54 years; 41 males), with moderate to severe allergic rhinitis to grass or birch pollen of at least 2 years duration and mild allergic asthma. The intervention consisted of teaching self-hypnosis during a mean of 2.4 sessions (SD 1.7; range 2-5 sessions) and continuation of standard anti-allergic pharmacological treatment. **RESULTS:** Of 79 randomised patients, 66 completed one, and 52 completed two seasons. Retrospective VAS scores yielded significant improvements in year 1 in patients who had learned self-hypnosis: pollinosis symptoms -29.2 (VAS score, range 0-100; SD 25.4; p < 0.001), restriction of well-being -26.2 (VAS score, range 0-100; SD 28.7; p < 0.001). In year 2, the control group improved significantly having learned self-hypnosis as well: pollinosis symptoms -24.8 (SD 29.1; p < 0.001), restriction of well-being -23.7 (SD 30.0; p < 0.001). Daily self-reports of subjects who learnt self-hypnosis do not show a significant improvement. The hazard ratio of reaching a critical flow of 70% in nasal provocation tests was 0.333 (95% CI 0.157-0.741) after having learnt and applied self-hypnosis.

[1003]

Use of complementary and alternative medicine among United States adults: the influences of personality, coping strategies, and social support

Prev Med. 2005 Jan;40(1):46-53

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**BACKGROUND:** Although patterns of utilization of complementary and alternative medicine (CAM) in the community have begun to be described, few studies have addressed the relationships between dispositional psychological factors and the use of CAM. The aim of this study was to examine the associations between CAM use and personality, coping strategies, and perceived social support in a representative sample of adults in the United States. **METHODS:** Data were drawn from the Midlife Development in the United States Survey (MIDUS), a representative sample of 3,032 adults aged 25-74 in the US population. We analyzed use of acupuncture, biofeedback, chiropractic, energy healing, exercise/movement therapy, herbal medicine, high-dose megavitamins, homeopathy, hypnosis, imagery techniques, massage, prayer/spiritual practice, relaxation/meditation, and special diet within the last year. Multiple logistic regression analyses were used to evaluate the association of personality, dispositional coping strategies (primary and secondary control), and perceived social support and strain with CAM use, controlling for sociodemographic factors, medical care access, and physical and mental disorders. **RESULTS:** Openness was positively associated with the use of all types of CAM except manipulative body-based methods. Extroversion was inversely correlated with the use of mind-body therapies. Primary control was inversely and secondary control directly correlated with the use of CAM. Perceived friend support was positively associated with the use of mind-body therapies, manipulative body-based methods, and alternative medical systems. Perceived partner strain was positively associated with the use of biologically based therapies, and family strain increased the odds of manipulative body-based methods. **CONCLUSIONS:** This study is the first to document a significant association between specific domains of personality, coping strategies, and social support, and the use of CAM among adults in the general population. Understanding the relationships between psychological factors and CAM use may help researchers and health care providers to address patients' needs more effectively and to achieve better adherence to treatment recommendations.

[1004]

Hypnosis reduces distress and duration of an invasive medical procedure for children

Pediatrics. 2005 Jan;115(1):e77-85

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**OBJECTIVE:** Voiding cystourethrography (VCUG) is a commonly performed radiologic procedure in children that can be both painful and frightening. Given the distress that some children experience during the VCUG and the need for children to be alert and cooperative during the procedure, finding a psychological intervention that helps children to manage anxiety, distress, and pain is clearly desirable. This study was designed to examine whether relaxation and analgesia facilitated with hypnosis could reduce distress and procedure time for children who undergo this procedure. **METHODS:** Forty-four children who were scheduled for an upcoming VCUG were randomized to receive hypnosis ( $n = 21$ ) or routine care ( $n = 23$ ) while undergoing the procedure. The sample consisted of 29 (66%) girls and 15 (34%) boys with a mean age of 7.6 years (SD: 2.5; range: 4-15 years). Ethnic/racial backgrounds were 72.7% white, 18.2% Asian, 4.5% Latino, 2.3% black, and 2.3% Filipino. The mean number of previous VCUGs was 2.95 (SD: 2.51; mode: 2; range: 1-15). Potential participants were identified through computerized hospital records of upcoming VCUGs. Parents were contacted by telephone and invited to participate if their child was eligible. To be eligible for the study, the child must have undergone at least 1 previous VCUG, been at least 4 years of age at that time, and experienced distress during that procedure, and both the child and the participating parent had to be English speaking. Each eligible child and parent met with the research assistant (RA) before the day of the scheduled procedure for an initial assessment. Children were queried regarding the degree of crying, fear, and pain that they had experienced during their most recent VCUG. Parents completed a series of parallel questions. Immediately after this assessment, those who were randomized to the hypnosis condition were given a 1-hour training session in self-hypnotic visual imagery by a trained therapist. Parents and children were instructed to practice using the imaginative self-hypnosis procedure several times a day in preparation for the upcoming procedure. The therapist was also present during the procedure to conduct similar exercises with the child. The majority (83%) of those who were randomized to the routine care control group chose to participate in a hospital-provided recreation therapy program (offered as part of routine care). The program includes demonstration of the procedure with dolls, relaxation and breath work training, and assistance during the procedure. On the day of the VCUG, the RA met the family at the clinic before the procedure, and both the child and the parent rated the child's present level of fearfulness. During the procedure, the RA recorded observational ratings of the child's emotional tone and behavior and timed the overall procedure and its phases. Immediately after the VCUG, the child was asked how much crying, fear, and pain he or she had experienced during the procedure; the parent rated the child's experience on the same dimensions and also how traumatic the procedure had been (both generally and compared with their previous one), and the medical staff rated the degree of procedural difficulty. Outcomes included child reports of distress during the procedure, parent reports of how traumatic the present VCUG was compared with the previous one, observer ratings of distress during the procedure, medical staff reports of the difficulty of the procedure overall, and total procedural time. **RESULTS:** Results indicate significant benefits for the hypnosis group compared with the routine care group in the following 4 areas: (1) parents of children in the hypnosis group compared with those in the routine care group reported that the procedure was significantly less traumatic for their children compared with their previous VCUG procedure; (2) observational ratings of typical distress levels during the procedure were significantly lower for children in the hypnosis condition compared with those in the routine care condition; (3) medical staff reported a significant difference between groups in the overall difficulty of conducting the procedure, with less difficulty reported for the hypnosis group; and (4) total procedural time was significantly shorter-by almost 14 minutes-for the hypnosis group compared with the routine care group. Moderate to large effect sizes were obtained on each of these 4 outcomes. **CONCLUSIONS:** Hypnotic relaxation may provide a systematic method for improving the overall medical care of children with urinary tract abnormalities and may be beneficial for children who undergo other invasive medical procedures. Because the VCUG is an essential part of the evaluation of urinary tract infections and vesicoureteral reflux in children, lower distress during the procedure may improve patient and family compliance with initial as well as follow-up evaluations. These findings augment the accumulating literature demonstrating the benefits of using hypnosis to reduce distress in the pediatric setting. The present findings are noteworthy in that this study was a controlled, randomized trial conducted in a naturalistic medical setting. In this context, we achieved a convergence of subjective and objective outcomes with moderate to large effect sizes, including those that may have an impact on patient care and procedure cost, that were consistently supportive of the beneficial effects of hypnosis-a noninvasive intervention with minimal risk. The findings, therefore, have immediate implications for pediatric care. Limitations of this study include the lack of participant and staff blindness to the child's condition assignment, which could have introduced bias into reports. However, the objective procedural time differences between groups were consistent with the other, more subjective outcome findings. The sample was also small and primarily white in ethnic/racial makeup, which may have restricted our ability to detect some differences and may limit the generalizability of findings to more representative samples. In addition, the sample comprised children who had already undergone at least 1 VCUG during which they had had difficulty. Consequently, additional research is needed to determine whether hypnosis would be helpful to those who are undergoing their first VCUG. Additional limitations, clinical observations, and directions for future research are also discussed.

[1005]

The art of alleviating pain in greek mythology

Neurosurgery. 2005 Jan;56(1):178-85; discussion 185-6

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We reviewed many of the essential Greek myths to identify the methods used at that time to relieve the pain of both illness and surgery, and we discovered many pioneering methods. Both gods and demigods implemented these methods to ease pain, to conduct surgery, and, on occasion, to kill mythological beings. The myths describe the three most common components of anesthesia: hypnosis, amnesia, and (an)algesia. Drugs and music-aided hypnosis were two of the most common methods used to treat emotional and surgical pain. This article identifies highlights in the development of concepts to treat pain in Greek mythology. The examples found in the Greek myths remind us of the historical significance of pain treatment.

[1006]

Jaw clenching modulates sensory perception in high- but not in low-hypnotizable subjects

J Orofac Pain. 2005 Winter;19(1):76-81

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AIMS: To investigate the effect of jaw clenching on the sensations evoked at segmental and nonsegmental levels by painful and nonpainful stimuli and in relation to hypnotic susceptibility. METHODS: The effect of jaw clenching on painful and nonpainful sensations on the face and leg was studied in high-hypnotizable (HH) and low-hypnotizable (LH) subjects. Sixteen healthy subjects were selected and assigned to either the HH group (n = 8) or the LH group (n = 8). Painful and nonpainful electrical stimuli were delivered in random order to the face and leg. The subjects rated the intensity of the evoked sensation on a visual analog scale (VAS) while clenching or not clenching their jaw. RESULTS: Jaw clenching significantly attenuated the VAS sensory ratings of all the subjects under various conditions ( $F(1-31) = 6.15$ ,  $P < .02$ ). When the HH and LH subjects were analyzed separately, jaw clenching was found to be effective in reducing sensations only in the HH subjects ( $F(1-15) = 8.30$ ,  $P = .01$ ), only those evoked in the face (segmental level), and only those evoked by nonpainful stimuli (tied  $Z = 2.52$ , tied  $P < .02$ ). CONCLUSION: Sensory modulation produced by jaw clenching may be related to hypnotic susceptibility. On the whole, jaw clenching had a weak, local effect in modulating sensation, in contrast to its known widespread effect on motor behavior.

[1007]

The vulvodynia guideline

J Low Genit Tract Dis. 2005 Jan;9(1):40-51

Haefner HK, Collins ME, Davis GD, Edwards L, Foster DC, Hartmann ED, Kaufman RH, Lynch PJ, Margesson LJ, Moyal-Barracco M, Piper CK, Reed BD, Stewart EG, Wilkinson EJ.

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OBJECTIVE: To provide a review of the literature and make known expert opinion regarding the treatment of vulvodynia. MATERIALS AND METHODS: Experts reviewed the existing literature to provide new definitions for vulvar pain and to describe treatments for this condition. RESULTS: Vulvodynia has been redefined by the International Society for the Study of Vulvovaginal Disease as vulvar discomfort in the absence of gross anatomic or neurologic findings. Classification is based further on whether the pain is generalized or localized and whether it is provoked, unprovoked, or both. Treatments described include general vulvar care, topical medications, oral medications, injectables, biofeedback and physical therapy, dietary changes with supplementations, acupuncture, hypnotherapy, and surgery. No one treatment is clearly the best for an individual patient. CONCLUSIONS: Vulvodynia has many possible treatments, but very few controlled trials have been performed to verify efficacy of these treatments. Provided are guidelines based largely on expert opinion to assist the patient and practitioner in dealing with this condition.

[1008]

Sexual abuse of boys

J Child Adolesc Psychiatr Nurs. 2005 Jan-Mar;18(1):10-6

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TOPIC: Sexual abuse in childhood can disable self-esteem, self-concept, relationships, and ability to trust. It can also leave psychological trauma that compromises a boy's confidence in adults. While some boys who willingly participate may adjust to sexual abuse, many others face complications, such as reduced quality of life, impaired social relationships, less than optimal daily functioning, and self-destructive behavior. These problems can respond to treatment if detected. PURPOSE: In this paper, we examine the prevalence, characteristics, psychological consequences, treatment, and coping patterns of boys who have been sexually abused and their failure to disclose abuse unless asked during a therapeutic encounter. Nurses have a responsibility to detect the clues to sexual abuse, diagnose the psychological consequences, and advocate for protection and treatment. SOURCES USED: Computerized literature search of the Medline and PsychInfo literature and books on sexual abuse of boys. CONCLUSIONS: Psychological responses to abuse such as anxiety, denial, self-hypnosis, dissociation, and self-mutilation are common. Coping strategies may include being the angry avenger, the passive victim, rescuer, daredevil, or conformist. Sexual abuse may precipitate runaway behavior, chronic use of sick days, poor school or job performance, costly medical, emergency and or mental health visits. In worst cases, the boy may decide that life is not worth living and plan suicide. The nurse has a key role to play in screening, assessing, and treating sexual abuse children.

[1009]

Gassner's exorcism--not Mesmer's magnetism--is the real predecessor of modern hypnosis

Int J Clin Exp Hypn. 2005 Jan;53(1):1-12

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Usually, Mesmer is considered to be the real predecessor of modern hypnosis and, consequently, of psychotherapy. The author questions this commonly accepted view and asserts that Gassner's therapeutic approach was much more elaborate and psychologically oriented than Mesmer's. In light of the present understanding of psychotherapeutic and hypnotherapeutic techniques, Gassner's methods can be characterized as a special kind of hypnotic training in self-control. The author describes Gassner's kind of exorcism and its similarities to hypnotherapy and goes into personal and sociocultural factors relevant to the debate surrounding Gassner's theory and procedure. It was the most heated dispute of the Enlightenment that took place in Munich around 1775 with Mesmer as an important

part of it. The author discusses whether Father Gassner, rather than Mesmer, is the real predecessor of modern hypnosis.

[1010]

Reality monitoring in hypnosis: a real-simulating analysis

Int J Clin Exp Hypn. 2005 Jan;53(1):13-25

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The extent to which hypnotic suggestions are perceived as real is central to understanding hypnotic response. This study indexed the reality attributed to hypnotic suggestion through subtle projection of a visual image during simultaneous suggestion for a visual hallucination that resembled the projected image. Twenty real hypnotized and 20 simulating nonhypnotized participants were administered a hypnotic induction and given a suggestion to hallucinate a shape, and then the projected image was introduced. Following the hypnosis session, an Experiential Analysis Technique was employed to index experiential responses. Real, but not simulating, participants made comparable reality ratings when the projected image was absent and present. Reals, but not simulators, also reported more effort in maintaining belief in the suggestion when the projection was absent. These findings suggest that the reality attributed to a hypnotic suggestion cannot be attributed to demand characteristics.

[1011]

Hypnotic emotional numbing: a study of implicit emotion

Int J Clin Exp Hypn. 2005 Jan;53(1):26-36

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Twenty high hypnotizable and 20 low hypnotizable participants were administered a hypnotic induction and then presented with emotionally distressing and neutral visual images. Half the participants were administered a suggestion for emotional numbing. Participants were then asked to rate the valence of neutral words that were preceded by subliminal presentations of the negative and neutral images. Whereas highs who received the emotional-numbing suggestion reported comparable ratings of the words following presentations of the negative and neutral images, highs in the control condition and lows in both conditions reported more positive ratings of words that were preceded by the negative stimuli. These findings suggest that the subliminally presented negative stimuli led participants to rate the subsequent neutral words more positively. In contrast, hypnotic emotional numbing diminished this pattern in highs. These results are discussed in terms of the influence of hypnotic emotional numbing at a preattentive stage of processing.

[1012]

The phenomenology of deep hypnosis: quiescent and physically active

Int J Clin Exp Hypn. 2005 Jan;53(1):37-59

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To study the phenomenology of hypnotic virtuosos, the author employed a 2 (hypnosis vs. control) x 3 (quiescent, pedaling a stationary bike, having a motor pedal the bike) within-subjects design with quantitative and qualitative measures. In a "neutral hypnosis" context with the only suggestion being to go as deeply into hypnosis as possible, participants reported alterations in body image, time sense, perception and meaning, sense of being in an altered state of awareness, affect, attention, and imagery. They also mentioned less self-awareness, rationality, voluntary control, and memory. Analyses of the 3 physical conditions showed that hypnotic experiences were overall similar, although quiescence was more conducive to alterations of body image and reports of depth. These results suggest that hypnotic virtuosos have alterations of consciousness that can be better conceptualized as distinct states rather than being on a continuum.

[1013]

"Hypnopuncture"--a dental-emergency treatment concept for patients with a distinctive gag reflex

Int J Clin Exp Hypn. 2005 Jan;53(1):60-73

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The present case report describes a newly developed dental treatment concept for patients with a distinctive gag reflex.

"Hypnopuncture" is a combination therapy of hypnosis and acupuncture. Its simple, fast, and effective application autonomous of the cause makes it a valuable tool for dental-emergency treatment procedures. Physiologic and psychological aspects of gagging are influenced at the same time. The protocol is illustrated in the case of a 76-year-old patient with a severe gag reflex who was successfully treated by this combination approach. Necessary and effective therapeutic measures from both acupuncture and hypnosis are portrayed.

[1014]

A long-term therapeutic treatment for patients with a severe gag reflex

Int J Clin Exp Hypn. 2005 Jan;53(1):74-86

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"Hypnopuncture," a combination treatment of hypnosis and acupuncture, provides a therapeutic treatment plan for long-term therapy for patients with a distinctive gag reflex. The treatment is applied independently of the cause. In cases of emergency treatment in dentistry, the immediate compliance of a patient is of utmost importance. The long-term goal of any therapeutic measure is control of the gag reflex. A new treatment protocol is illustrated in the case of a 50-year-old patient with a severe gag reflex. After only 5 visits, dental treatment could be conducted without any auxiliary means. Hypnosis is applied in the form of hypnosis (not as psychotherapy), while stereognosis occupies a central position for desensitization.

[1015]

Salient findings: A potentially groundbreaking study on the neuroscience of hypnotizability, a critical review of hypnosis' efficacy, and the neurophysiology of conversion disorder

Int J Clin Exp Hypn. 2005 Jan;53(1):87-93

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Three papers of special interest to researchers and clinicians alike have recently appeared in the general scientific and medical literatures. Two of these papers are original research studies that employ brain-imaging technologies, one using Magnetic Resonance Imaging (MRI), the other position emission tomography (PET). A third paper is a comprehensive review of the empirical findings on the clinical use of hypnosis in pediatric oncology. The research study using MRI technology is extraordinary, because it is the first to document differences in brain morphology between high hypnotizable and low hypnotizable individuals. Arguably, if its findings replicate, the study could be one of the most important developments in scientific hypnosis since the genesis of the Stanford scales 45 years ago. The PET study notes differences in brain activation during intentionally simulated and hypnotically experienced paralysis. The review article examines empirical work addressing the efficacy of hypnosis for procedural pain in pediatric oncology.

[1016]

On false premises and the hypnotic enhancement effect: reply to Schnall (2004)  
Health Psychol. 2005 Jan;24(1):112  
[Comment on: Health Psychol. 2004 May;23(3):335]  
Milling LS.

Replies to the comments by E. Schnall (see record 2004-13299-016) on the current author's original article (see record 2003-05896-014), which examined whether adding hypnosis enhances cognitive-behavioral pain treatments. Here, the author addresses Schnall's critique point-by-point, and concludes that --Schnall aside-- a voluminous body of research has clearly established that both hypnosis and cognitive-behavioral treatments are useful for reducing pain, and all evidence from a small but growing literature currently suggests that there is no benefit in adding one procedure to the other.

[1017]

Hypnotherapy in the treatment of irritable bowel syndrome  
Eur J Gastroenterol Hepatol. 2005 Jan;17(1):15-20  
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There is accumulating and compelling evidence that hypnotherapy is an effective treatment for irritable bowel syndrome. Recently, studies have shown that hypnotherapy has beneficial effects that are long lasting, with most patients maintaining improvement, and with decreased consultation and medication needs in the long term. The particular gut directed approach used, which is aimed at normalizing and controlling gut function, is also described. While the mechanisms of how hypnotherapy brings about its therapeutic effect are not fully known, changes in colonic motility and rectal sensitivity have been demonstrated, although changes in central processing and psychological effects may also play a role.

[1018]

Reconceptualizing children's suggestibility: bidirectional and temporal properties  
Child Dev. 2005 Jan-Feb;76(1):40-53  
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Forty-one children (3 to 7 years) were exposed to a staged event and later interviewed by 1 of 41 professional interviewers. All interviews were coded with a detailed, mutually exclusive, and exhaustive coding scheme capturing adult behaviors (leading questions vs. neutral) and child behaviors (acquiescence vs. denial) in a temporally organized manner. Overall, interviewers' use of leading questions did not result in increased acquiescence as previously found. However, one specific type of leading question (i.e., inaccurate misleading) was followed by acquiescence. Lagged sequential analyses showed that it was possible to predict directly from child-to-child behavior, effectively skipping the intervening adult behavior. This result raises questions about the current conceptualization that suggestibility is driven by adult behaviors.

[1019]

The body's story: a case report of hypnosis and physiological narration of trauma  
Am J Clin Hypn. 2005 Jan;47(3):149-59  
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Adult Posttraumatic Stress Disorder secondary to childhood sexual abuse is clinically complicated by its increasingly noted deficient linguistic recording of the abuse, perhaps partially explaining consequent difficulties with verbalizing in therapy. A single case illustrates that hypnotically utilizing the body-emotion register of encrypted sexual abuse trauma may not only afford more naturalistic retrieval and purgation of the experience, but may also provide the very medium for the healing narrative required for recovery. The patient's original and continuing therapist was also present as support and observer for all but 1 of 25 hypnosis sessions. Treatment gains were robust at 3-year follow up. This case suggests that effective treatment for sexual abuse PTSD may in some instances reside in more nonverbally sensitive interventions not aiming to prove, probe, or process linguistic reconstructions of memory. This is the first published report of such a bodily narrative in hypnosis.

[1020]

Hypnosis and irritable bowel syndrome: a review of efficacy and mechanism of action  
Am J Clin Hypn. 2005 Jan;47(3):161-78  
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Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder characterized by abdominal pain, distension, and an altered bowel habit for which no cause can be found. Despite its prevalence, there remains a significant lack of efficacious medical treatments for IBS to date. In this paper we reviewed a total of 14 published studies (N=644) on the efficacy of hypnosis in treating IBS (8 with no control group and 6 with a control group). We concluded that hypnosis consistently produces significant results and improves the cardinal symptoms of IBS in the majority of patients, as well as positively affecting non-colonic symptoms. When evaluated according to the efficacy guidelines of the Clinical Psychology Division of American Psychological Association, the use of hypnosis with IBS qualifies for the highest level of acceptance as being both efficacious and specific. In reviewing the research on the mechanism of action as to how hypnosis works to reduce symptoms of IBS, some evidence was found to support both physiological and psychological mechanisms of action.

[1021]

Utilizing hypnosis and ego-state therapy to facilitate healthy adaptive differentiation in the treatment of sexual disorders  
Am J Clin Hypn. 2005 Jan;47(3):179-89  
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Much of the literature focuses on the pathology that falls to the far right of the Watkins (1997) differentiation-dissociation continuum, such as Dissociative Identity Disorder and Dissociative Disorder NOS. Adding a "far left" to this continuum, as well as a construct of what the "far left" looks like, makes apparent the value of healthy adaptive differentiation for those individuals that fall to the "far left" of the spectrum; those who don't differentiate enough. A discussion of sexual dysfunction at this end of the continuum and cases of Hypoactive Sexual Desire Disorder and Vaginismus demonstrate the clinical effectiveness of an approach combining hypnosis and ego-state therapy to facilitate healthy adaptive differentiation.

[1022]

Three failures of direct suggestion in psychogenic dermatitis followed by successful intervention  
Am J Clin Hypn. 2005 Jan;47(3):191-8  
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Three adult cases of psychogenic dermatitis of atypical presentation were treated with direct suggestion under hypnosis (DSUH), which included suggestions for developing cooling, soothing and healing numbness in the affected areas. After a trial of 5 sessions over a period of 2 months, the results in all 3 cases were determined to be unappreciable and unsuccessful. The patients were subsequently treated with hypnoanalysis including ideomotor questioning, regression to onset, and reframing followed by direct suggestions under hypnosis (DSUH) for healing of all affected areas except a negotiated index finger on the nondominant hand. This technique proved an effective treatment that extinguished the flairs-ups in 6 visits or less over a period of 2 months. These cases were followed at intervals of up to 1 year and no evidence of relapse found.

[1023]

Haiku: language, communication, and hypnosis  
Am J Clin Hypn. 2005 Jan;47(3):199-209  
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This article will illustrate how effective hypnotic communication closely resembles the Haiku form. Working with the Haiku form is an effective and dynamic approach that encourages the therapists to keep their awareness sharpened and observation astute. Haiku is not just a type of poetry; it is a way of looking at the world with a heightened level of attentiveness. Crafting effective and evocative hypnotic suggestions requires that the therapist become immersed in the world of passion, images, sounds, sights, opposites, humor, creativity, and perceptive consciousness. Enhancing our skills of observation is an important aspect of the continuing experience of the hypnotherapist. The Haiku method can help us enhance our observation and utilize what we observe in developing evocative hypnotic suggestions that help the client access their internal representational systems to stimulate their healing response. A systematized method for learning to write Haiku is presented.

[1024]

Integrative therapy for fibromyalgia: possible strategies for an individualized treatment program  
South Med J. 2005 Feb;98(2):177-84  
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One of the most complex patient treatment situations encountered by the clinician is the patient who presents with the cluster of signs and symptoms that lead to the diagnosis of fibromyalgia syndrome. While physicians focus primarily on pharmacologic treatment, a number of nonpharmacologic modalities have been shown to benefit patients as well. No one therapy is uniformly effective in every patient; treatment programs consisting of a combination of pharmacologic and nonpharmacologic therapies must be individualized to the patient, and the clinician may have to try several different modalities before reaching an optimal improvement in the patient's symptoms.

[1025]

Complementary and alternative medicine use by psychiatric inpatients  
Psychol Rep. 2005 Feb;96(1):163-6  
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82 psychiatric inpatients hospitalized for acute care were interviewed about their use of complementary and alternative medicine (CAM) modalities. The clinical diagnoses of respondents included Depressive Disorder (61%), Substance Abuse (26%), Schizophrenia (9%), and Anxiety Disorders (5%). Analysis indicated that 63% used at least one CAM modality within the previous 12 mo. The most frequently used modality was herbal therapies (44%), followed by mind-body therapies such as relaxation or mental imagery, hypnosis, meditation, biofeedback (30%), and spiritual healing by another (30%). Physical modalities such as massage, chiropractic treatment, acupuncture, and yoga were used by 21% of respondents. CAM therapies were used for a variety of reasons ranging from treatment of anxiety and depression to weight loss. However, most respondents indicated they did not discuss such use with their psychiatrist or psychotherapist.

[1026]

Hypnotherapy in radiotherapy patients: a randomized trial  
Int J Radiat Oncol Biol Phys. 2005 Feb 1;61(2):499-506  
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PURPOSE: To determine whether hypnotherapy reduces anxiety and improves the quality of life in cancer patients undergoing curative radiotherapy (RT). METHODS AND MATERIALS: After providing written informed consent, 69 patients were randomized between



standard curative RT alone (36 controls) and RT plus hypnotherapy (33 patients). Patients in the hypnotherapy group received hypnotherapy at the intake, before RT simulation, before the first RT session, and halfway between the RT course. Anxiety was evaluated by the State-Trait Anxiety Inventory DY-1 form at six points. Quality of life was measured by the Rand Medical Outcomes Study 36-item Health Survey (SF-36) at five points. Additionally, patients answered a questionnaire to evaluate their experience and the possible benefits of this research project. RESULTS: No statistically significant difference was found in anxiety or quality of life between the hypnotherapy and control groups. However, significantly more patients in the hypnotherapy group indicated an improvement in mental ( $p < 0.05$ ) and overall ( $p < 0.05$ ) well-being. CONCLUSION: Hypnotherapy did not reduce anxiety or improve the quality of life in cancer patients undergoing curative RT. The absence of statistically significant differences between the two groups contrasts with the hypnotherapy patients' own sense of mental and overall well-being, which was significantly greater after hypnotherapy. It cannot be excluded that the extra attention by the hypnotherapist was responsible for this beneficial effect in the hypnotherapy group. An attention-only control group would be necessary to control for this effect.

[1027]

Hypnotic modulation of flow-mediated endothelial response to mental stress  
Int J Psychophysiol. 2005 Feb;55(2):221-7  
Jambrik Z, Sebastiani L, Picano E, Ghelarducci B, Santarcangelo EL.  
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Post-ischaemic flow mediated dilation of peripheral arteries (FMD) is transiently reduced during mental stress. This experiment was aimed at assessing whether hypnosis, which is a powerful relaxation technique, modulated the FMD response to mental stress in subjects with different hypnotic susceptibility. Results showed that hypnotic relaxation prevented the expected stress-related reduction of FMD only in highly hypnotizable subjects, suggesting a protective role of hypnotisability against vascular damage.

[1028]

'It's still bending': verbal suggestion and alleged psychokinetic ability  
Br J Psychol. 2005 Feb;96(Pt 1):115-27  
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Some alleged psychics appear to be able to deform metallic objects, such as keys and cutlery, by thought alone. This paper describes two studies that examined whether one aspect of these demonstrations could be created by verbal suggestion. In the first study, participants were shown a videotape in which a fake psychic placed a bent key on a table. Participants in one condition heard the fake psychic suggest that the key was continuing to bend, whilst those in the other condition did not. Participants in the suggestion condition were significantly more likely to report that the key continued to bend. These findings were replicated in the second study. In addition, participants who reported that the key continued to bend displayed a significantly higher level of confidence in their testimony than others, and were significantly less likely to recall that the fake psychic had suggested the continued bending of the key. Neither experiment revealed any differences between participants who expressed a prior belief in the paranormal compared with those who did not. The paper discusses the implications of these results for the psychology of suggestion and the assessment of eyewitness testimony for anomalous events.

[1029]

Brain correlates of subjective reality of physically and psychologically induced pain  
Proc Natl Acad Sci U S A. 2005 Feb 8;102(6):2147-51. Epub 2005 Jan 31  
Raij TT, Numminen J, Narvanen S, Hiltunen J, Hari R.  
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Meaningful behavior requires successful differentiation of events surfacing from one's mind from those arising from the external world. Such judgements may be especially demanding during pain because of the strong contribution from psychological factors to this experience. It is unknown how the subjective reality of pain (SRP) is constructed in the human brain, and neuronal mechanisms of the subjective reality are poorly understood in general. To address these questions, 14 suggestion-prone healthy subjects rated reality of pain that was induced either by laser pulses to the skin or by hypnotic suggestion during functional MRI. Both pain states were associated with activation of the brain's pain circuitry. During laser stimulation, the sensory parts of this circuitry were activated more strongly, and their activation strengths correlated positively with the SRP. During suggestion-induced pain, the reality estimates were lower and correlated positively with activation strengths in the rostral and perigenual anterior cingulate cortex and in the pericingulate regions of the medial prefrontal cortex; a similar trend was evident during laser-induced pain. These findings support the view that information about sensory-discriminative characteristics of pain contributes to the SRP. Differences in such information between physically and psychologically induced pain, however, could be quantitative rather than qualitative and therefore insufficient for judging the reality of pain without knowledge about the source of this information. The medial prefrontal cortex is a likely area to contribute to such source monitoring.

[1030]

Pain management in children: developmental considerations and mind-body therapies  
South Med J. 2005 Mar;98(3):295-302  
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One of the most challenging roles of medical providers serving children is to appropriately assess and treat their pain. Pain is one of the most misunderstood, underdiagnosed, and undertreated/untreated medical problems, particularly in children. New JCAHO regulations regard pain as "the fifth vital sign" and require caregivers to regularly assess and address pain. This review focuses on the clinical assessment of pain, based on a developmental model and addresses common beliefs and myths that affect the management of pain in children. We provide a review of the pain literature that focuses on the integration of mind-body therapies into the management of procedure-related pain, headache, and recurrent abdominal pain in children.

[1031]

Can words hurt? Patient-provider interactions during invasive procedures  
Pain. 2005 Mar;114(1-2):303-9. Epub 2005 Jan 26  
Lang EV, Hatsiopoulou O, Koch T, Berbaum K, Lutgendorf S, Kettenmann E, Logan H, Kaptchuk TJ.  
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Patients are often prepared for procedural discomforts with descriptions of pain or undesirable experiences. This practice is thought to be compassionate and helpful, but there is little data on the effect of such communicative behavior. This study assesses how such descriptions affect patients' pain and anxiety during medical procedures. The interactions of patients with their healthcare providers during interventional radiological procedures were videotaped during a previously reported 3-arm prospective randomized trial assessing the efficacy of self-hypnotic relaxation. One hundred and fifty-nine videos of the standard care and attention control arms were reviewed. All statements that described painful or undesirable experiences as warning before potentially noxious stimuli or as expression of sympathy afterwards were recorded. Patients' ratings of pain and anxiety on 0-10 numerical scales (0=No Pain, No Anxiety at All and 10=Worst Pain Possible, Terrified) after the painful event and/or sympathizing statement were the basis for this study. Warning the patient in terms of pain or undesirable experiences resulted in greater pain ( $P < 0.05$ ) and greater anxiety ( $P < 0.001$ ) than not doing so. Sympathizing with the patient in such terms after a painful event did not increase reported pain, but resulted in greater anxiety ( $P < 0.05$ ). Contrary to common belief, warning or sympathizing using language that refers to negative experiences may not make patients feel better. This conclusion has implications for the training in medical communication skills and suggests the need for randomized trials testing different patient-practitioner interactions.

[1032]

Source recall enhances children's discrimination of seen and heard events

J Exp Psychol Appl. 2005 Mar;11(1):33-44

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The effects of rehearsing actions by source (slideshow vs. story) and of test modality (picture vs. verbal) on source monitoring were examined. Seven- to 8-year-old children ( $N = 30$ ) saw a slideshow event and heard a story about a similar event. One to 2 days later, they recalled the events by source (source recall), recalled the events without reference to source (no-source-cue recall), or engaged in no recall. Seven to 8 days later, all children received verbal and picture source-monitoring tests. Children in the source recall group were less likely than children in the other groups to claim they saw actions merely heard in the story. No-source-cue recall impaired source identification of story actions. The picture test enhanced recognition, but not source monitoring, of slide actions. Increasing the distinctiveness of the target events (Experiment 2) allowed the picture test to facilitate slideshow action discrimination by children in the no-recall group. (c) 2005 APA, all rights reserved

[1033]

Kinematic strategies for lowering of upper limbs during suggestions of heaviness: a real-simulator design

Exp Brain Res. 2005 Mar;162(1):35-45. Epub 2004 Oct 21

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The aim of the experiment was to study possible differences between the kinematic strategies for the "involuntary" arm lowering of hypnotized highly susceptible subjects (H-Highs) and for the voluntary movement of non-hypnotizable simulators (Sims) during suggestions of arm heaviness (Part I). In addition, a comparison between awake susceptible subjects (W-Highs) and H-Highs was carried out to clarify the specific role of the hypnotic state and hypnotizability (Part II). Subjects' absorption and attentional/imagery capabilities were evaluated through neuropsychological tests. Their arm movements were monitored three-dimensionally at hand, wrist and elbow level through a Polhemus Fastrack system. A final interview collected self-reports concerning the perception of movement involuntariness. Neuropsychological tests showed better "absorption" and imagery capabilities in Highs. In the interview, H-Highs perceived a higher involvement in the task and greater involuntariness and difficulties in contrasting the arm lowering than the Sims. Kinematic analysis showed significant differences between H-Highs and Sims for arm displacements along the vertical axis and on the horizontal plane. In fact, the former lowered the left arm earlier and to a greater degree than the right arm; on the horizontal plane, a forearm flexion was observed for H-Highs on the right side. On comparing W-Highs and H-Highs, hypnosis appeared to magnify the waking motor strategies, but also to induce specific changes, mainly concerning the horizontal plane. These results cannot be interpreted on the basis of "role playing" and socio-cognitive factors. They are believed to be due to a balance between the effectiveness of the frontal executive control towards the selection of behaviors and movement automaticity, which is in line with the neo-dissociation theory of hypnosis.

[1034]

A review of gagging problems in dentistry: 2. Clinical assessment and management

Dent Update. 2005 Mar;32(2):74-6, 78-80

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A pronounced gag reflex can be a severe limitation to a patient's ability to accept dental care and for a clinician's ability to provide it. It can compromise all aspects of dentistry from diagnostic procedures to active treatment and can be distressing for all concerned. Many 'management' techniques have been described. This paper describes the different categories of treatment used to manage people with pronounced gag reflexes.

[1035]

Integrative oncology: complementary therapies for pain, anxiety, and mood disturbance

CA Cancer J Clin. 2005 Mar-Apr;55(2):109-16

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Many people with cancer experience pain, anxiety, and mood disturbance. Conventional treatments do not always satisfactorily relieve these symptoms, and some patients may not be able to tolerate their side effects. Complementary therapies such as acupuncture, mind-body techniques, massage, and other methods can help relieve symptoms and improve physical and mental well-being. Self-hypnosis and relaxation techniques help reduce procedural pain. Acupuncture is well documented to relieve chronic cancer pain. Massage and meditation improve anxiety and other symptoms of distress. Many dietary supplements contain biologically active constituents with effects on mood. However, not all complementary therapies are appropriate or useful, and even helpful complementary modalities may not be optimal under some circumstances. Situations when precaution is indicated include acute onset of symptoms and severe symptoms, which require immediate mainstream intervention. Dietary supplements are associated with serious negative consequences under some circumstances. The authors summarize the research on these modalities and discuss the rationale, expectation, and necessary precautions involved with combining complementary therapies and mainstream care. Practical clinical

issues are addressed.

[1036]

A randomized controlled trial of an internet-based treatment for chronic headache

Behav Res Ther. 2005 Mar;43(3):277-92

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Chronic headache is a significant public health problem in Western nations. Although controlled trials demonstrate the efficacy and cost-effectiveness of face-to-face behavioral therapy, most headache sufferers have limited access to these treatments. Delivery of behavioral interventions using Internet technology has the potential to reach a larger number of headache sufferers and reduce the burden of disease. This randomized controlled study evaluated an Internet-delivered behavioral regimen composed of progressive relaxation, limited biofeedback with autogenic training, and stress management versus a symptom monitoring waitlist control. Treatment led to a significantly greater decrease in headache activity than symptom monitoring alone. Thirty-nine percent of treated individuals showed clinically significant improvement on self-report measures of headache symptoms at post-treatment. At two-month follow-up, 47% of participants maintained improvement. Treatment had a significant impact on general headache symptoms and headache-related disability. There was a 35% within-group reduction of medication usage among the treated subjects. The Internet program was more time-efficient than traditional clinical treatment. Treatment and follow-up dropout rates, 38.1% and 64.8%, respectively, were typical of behavioral self-help studies. This approach to self-management of headache is promising; however, several methodological and ethical challenges need to be addressed.

[1037]

The anterior cingulate cortex contains distinct areas dissociating external from self-administered painful stimulation: a parametric fMRI study

Pain. 2005 Apr;114(3):347-57

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The anterior cingulate cortex (ACC) has a pivotal role in human pain processing by integrating sensory, executive, attentional, emotional, and motivational components of pain. Cognitive modulation of pain-related ACC activation has been shown by hypnosis, illusion and anticipation. The expectation of a potentially noxious stimulus may not only differ as to when but also how the stimulus is applied. These combined properties led to our hypothesis that ACC is capable of distinguishing external from self-administered noxious tactile stimulation. Thermal contact stimuli with noxious and non-noxious temperatures were self-administered or externally applied at the resting right hand in a randomized order. Two additional conditions without any stimulus-eliciting movements served as control conditions to account for the certainty and uncertainty of the impending stimulus. Calculating the differences in the activation pattern between self-administered and externally generated stimuli revealed three distinct areas of activation that graded with perceived stimulus intensity: (i) in the posterior ACC with a linear increase during external but hardly any modulation for the self-administered stimulation, (ii) in the midcingulate cortex with activation patterns independent of the mode of application and (iii) in the perigenual ACC with increasing activation during self-administered but decreasing activation during externally applied stimulation. These data support the functional segregation of the human ACC: the posterior ACC may be involved in the prediction of the sensory consequences of pain-related action, the midcingulate cortex in pain intensity coding and the perigenual ACC is related to the onset uncertainty of the impending stimuli.

[1038]

Premedication in children: hypnosis versus midazolam

Paediatr Anaesth. 2005 Apr;15(4):275-81

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**BACKGROUND:** The main objectives of premedication in children are to facilitate the separation from the parents, to reduce preoperative anxiety, to smooth the induction of anesthesia and to lower the risk of postoperative behavioral disorders. The most common technique is sedative premedication with midazolam. Hypnosis enables a state of relaxation to be achieved and has never been evaluated as a premedication technique. The aim of the present study was to evaluate the efficacy of hypnosis on anxiety and perioperative behavioral disorders versus midazolam. **METHODS:** Fifty children from 2 to 11 years of age were randomized into two groups: group H received hypnosis as premedication; group M were given 0.5 mg x kg(-1) midazolam orally, 30 min before surgery. Preoperative anxiety was evaluated using the Modified Yale Preoperative Anxiety Scale (mYPAS) score when arriving in the department (T1), when entering the operating room (T2), and when fitting the facemask (T3). Postoperative behavioral disorders were evaluated using the Posthospitalization Behavioral Questionnaire (PHBQ) at days 1, 7 and 14. **RESULTS:** The two groups showed no significant difference preoperatively with the PHBQ: (M) 21 (17-25) vs (H) 20 (8-25) and mYPAS score: (M) 28 (23-75) vs (H) 23 (23-78). The number of anxious children was less during induction of anesthesia in the hypnosis group (T3: 39% vs 68%) (P < 0.05). Postoperatively, hypnosis reduced the frequency of behavior disorders approximately by half on day 1 (30% vs 62%) and day 7 (26% vs 59%). **CONCLUSIONS:** Hypnosis seems effective as premedication in children scheduled for surgery. It alleviates preoperative anxiety, especially during induction of anesthesia and reduces behavioral disorders during the first postoperative week.

[1039]

Hypnosis in contemporary medicine

Mayo Clin Proc. 2005 Apr;80(4):511-24

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Hypnosis became popular as a treatment for medical conditions in the late 1700s when effective pharmaceutical and surgical treatment options were limited. To determine whether hypnosis has a role in contemporary medicine, relevant trials and a few case reports are reviewed. Despite substantial variation in techniques among the numerous reports, patients treated with hypnosis experienced substantial benefits for many different medical conditions. An expanded role for hypnosis and a larger study of techniques appear to be indicated.

[1040]

Tape recorded hypnosis in oral and maxillofacial surgery--basics and first clinical experience

J Craniomaxillofac Surg. 2005 Apr;33(2):123-9. Epub 2005 Jan 26

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**BACKGROUND:** Surgical treatment of diseases of the oral and maxillofacial region under local anaesthesia is quite commonly restricted by limited patient compliance. 'Medical Hypnosis' could be an alternative to treatment under pharmacological sedation. With this method, both autosuggestive and other suggestive procedures are used for anxiolysis, relaxation, sedation and analgesia of the patient. The purpose of this paper was to see whether there could be any potential for this treatment when operating on oral and maxillofacial patients. **METHODS:** During a 1-year-trial period, 209 operations under combined local anaesthesia/medical hypnosis were carried out on 174 non-preselected patients between the ages of 13 and 87 years. The surgical range covered oral, plastic and reconstructive, oncological, septic and trauma operations. **RESULTS:** Medical hypnosis turned out to be a reliable and standardizable method with high patient compliance. Remarkable improvements in treatment conditions for both patient and surgeons were achieved in 93% of cases. **CONCLUSION:** Controlled clinical studies are now necessary to obtain objective data on the effectiveness of hypnosis-induced intraoperative effects in oral and maxillofacial surgery.

[1041]

The additive benefit of hypnosis and cognitive-behavioral therapy in treating acute stress disorder

J Consult Clin Psychol. 2005 Apr;73(2):334-40

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This research represents the first controlled treatment study of hypnosis and cognitive-behavioral therapy (CBT) of acute stress disorder (ASD). Civilian trauma survivors (N=87) who met criteria for ASD were randomly allocated to 6 sessions of CBT, CBT combined with hypnosis (CBT-hypnosis), or supportive counseling (SC). CBT comprised exposure, cognitive restructuring, and anxiety management. CBT-hypnosis comprised the CBT components with each imaginal exposure preceded by a hypnotic induction and suggestions to engage fully in the exposure. In terms of treatment completers (n=69), fewer participants in the CBT and CBT-hypnosis groups met criteria for posttraumatic stress disorder at posttreatment and 6-month follow-up than those in the SC group. CBT-hypnosis resulted in greater reduction in reexperiencing symptoms at posttreatment than CBT. These findings suggest that hypnosis may have use in facilitating the treatment effects of CBT for posttraumatic stress. Copyright (c) 2005 APA, all rights reserved.

[1042]

Integration of complementary and alternative medicine in a major pediatric teaching hospital: an initial overview

J Altern Complement Med. 2005 Apr;11(2):373-80

Highfield ES, McLellan MC, Kemper KJ, Risko W, Woolf AD.

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**OBJECTIVE:** To describe the establishment of a multidisciplinary team of complementary and alternative medicine (CAM) providers and educators in an urban pediatric hospital and affiliated medical school. **BACKGROUND:** Pediatric CAM use is increasing. Physicians are interested in CAM-related education but few programs had been developed in pediatrics. In 1998, Children's Hospital Boston established the Center for Holistic Pediatric Education and Research (CHPER), a CAM multidisciplinary team providing clinical services, education, and research. **METHOD:** A retrospective review describing data from patient consultation notes, CAM lectures, clinical practice guidelines, curriculum materials, team meeting minutes, and team member manuscripts and publications. **RESULTS:** Over 5.5 years, CHPER staff provided over 2100 consults: acupuncture, massage, holistic pediatrician, relaxation therapies, biofeedback, hypnosis, and bio-pharmaceuticals. Acupuncture and massage therapies were incorporated into a Clinical Practice Guideline. Formal education was delivered through didactic sessions, workshops, self-learning modules, clinical observation, and clinical practice. CHPER faculty published 1 book and 64 articles on CAM-related topics. **CONCLUSION:** An interdisciplinary team of CAM clinicians and educators can be integrated into an urban pediatric teaching hospital to provide CAM medical education and clinical services.

[1043]

Idiopathic Dyspepsia

Curr Treat Options Gastroenterol. 2005 Apr;8(2):175-183

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Idiopathic dyspepsia refers to pain and/or discomfort perceived in the epigastrium that is not secondary to organic, systemic, or metabolic diseases. Symptoms may overlap with those of gastroesophageal reflux disease and irritable bowel syndrome. Gastrointestinal motor disorders, hypersensitivity to mechanical or chemical stimuli, and psychosocial factors can act individually or in concert to induce the symptoms of dyspepsia. Accordingly, there is no single therapy, and treatment must be individualized. Eradication of *Helicobacter pylori* infection rarely achieves symptom improvement. Treatment of idiopathic dyspepsia should begin by reassuring the patient about the benign nature of the syndrome and educating them on the knowledge that has been achieved in recent years regarding potential causes of the syndrome. Both prokinetic and antisecretory drugs have been reported to improve dyspeptic symptoms, but results are not completely convincing. Although well-designed studies demonstrate superiority of proton pump inhibitors over placebo, it should be noted that patients with nonerosive gastroesophageal reflux disease were invariably included; when these patients are excluded, the benefit of antisecretory medications is questionable. We suggest that patients with idiopathic dyspepsia be initially treated according to the predominant symptom. Those with epigastric pain/burning should receive a trial with standard doses of proton pump inhibitors for 4 to 8 weeks, whereas prokinetic patients should be prescribed at recommended doses for similar periods of time to patients with nonpainful dyspeptic symptoms such as postprandial fullness, early satiety, nausea, or vomiting. Nonresponders may benefit from combination therapies or short trials with higher doses of drugs. Visceral analgesics and antidepressants can also be prescribed alone or in combinations with other therapeutic strategies. Recent studies demonstrate utility for psychologic therapy and hypnotherapy, although truly controlled studies are difficult in this area. Herbal medicines deserve further evaluation.

[1044]

Hypnosis in human sexuality problems

Am J Clin Hypn. 2005 Apr;47(4):229-42

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This is a general overview of the use of hypnosis in five aspects of human sexuality where problems or pathology may move patients to seek therapy. These are gender identity, sexual orientation, sexual preferences, sexual functioning and sexual mores. The article emphasizes two main hypnotic techniques that respect the patient's existential experiences regarding his/her own sexuality. The use of hypnosis proposed here is patient-centered, permissive and utilizing the patient's imagery and other inner resources. Several clinical vignettes illustrate the theoretical points with the intention of giving the reader an opportunity for identification with these cases.

[1045]

Integration of hypnosis with acupuncture: possible benefits and case examples

Am J Clin Hypn. 2005 Apr;47(4):243-8

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Acupuncture treatment uses ultrafine needles which are inserted into specified points on the skin (acupoints). Acupuncture can help alleviate pain and inflammation, possibly through the increased release of pituitary beta-endorphins and ACTH. Hypnosis can also help alleviate pain syndromes, and may have centrally mediated immunomodulatory effects. The use of these 2 treatments simultaneously may potentially assist and augment the effects of each another. Two case reports where both treatments are used together are presented: One showing how hypnosis can help in the treatment of painful acupoints, the other how the response to acupuncture may be augmented by hypnosis in the treatment of headache. Controlled trials of this combined treatment are warranted.

[1046]

Awake-alert hypnosis in the treatment of panic disorder: a case report

Am J Clin Hypn. 2005 Apr;47(4):249-57

Iglesias A, Iglesias A.

An individual developed a lifestyle-limiting case of Panic Disorder that threatened to interfere with her *raison d'être*: To participate in the exclusive lifestyle of her community. The panic episodes started to cripple her social calendar and as the "season" came into full swing her coveted role of chairwoman of various philanthropic functions came into peril. A variant of awake-alert hypnosis had to be created for this case. Hypnosis consisting of eye closure with relaxation was out of the question. The authors created an induction technique and specific suggestions based on the Waterford glassware, as focal point, with the purpose of not only inducing awake-alert hypnosis but also of executing a series of specific strategies, tailored to abort the incipient panic episodes.

[1047]

Successful repeated hypnotic treatment of warts in the same individual: a case report

Am J Clin Hypn. 2005 Apr;47(4):259-64

Goldstein RH.

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We report on a case of a female patient who was successfully treated with hypnosis for warts on 2 occasions separated by an interval of 7 years. Of note is the fact that she had low expectations regarding the benefit to be derived from hypnosis and did not at first appear to be highly hypnotizable.

[1048]

Psychological interventions for non-ulcer dyspepsia

Cochrane Database Syst Rev. 2005 Apr 18;(2):CD002301

Soo S, Moayyedi P, Deeks J, Delaney B, Lewis M, Forman D.

**BACKGROUND:** Studies have also shown that non-ulcer dyspepsia (NUD) patients have higher scores of anxiety, depression, neurotism, chronic tension, hostility, hypochondriasis and tendency to be more pessimistic when compared with the community controls. However, the role of psychological interventions in NUD remains uncertain. **OBJECTIVES:** This review aims to determine the effectiveness of psychological interventions including psychotherapy, psychodrama, cognitive behavioural therapy, relaxation therapy and hypnosis in the improvement of either individual or global dyspepsia symptom scores and quality of life scores in patients with NUD. **SEARCH STRATEGY:** Trials were identified by searching the Cochrane Controlled Trials Register (Issue 3-1999), MEDLINE (1966-99), EMBASE (1988-99), PsycLIT (1987-1999) and CINAHL (1982-99). Bibliographies of retrieved articles were also searched and experts in the field were contacted. Searches were updated on 10 December 2002 and 21 January 2004. The searches were re-run on 24 January 2005 and no new trials were found. **SELECTION CRITERIA:** All randomised controlled trials (RCTs) or quasi-randomised studies assessing the effectiveness of psychological interventions (including psychotherapy, psychodrama, cognitive behavioural therapy, relaxation therapy and hypnosis) for non-ulcer dyspepsia (NUD) were identified. **DATA COLLECTION AND ANALYSIS:** Data collected included both individual and global dyspepsia symptom scores and quality of life (QoL) scores. **MAIN RESULTS:** We identified only four trials each using different psychological interventions; three presented results in a manner that did not allow synthesis of the data to form a meta-analysis. All trials suggested that psychological interventions benefit dyspepsia symptoms and this effect persists for one year. However, all trials used statistical techniques that adjusted for baseline differences between groups. This should not be necessary for a randomised trial that is adequately powered suggesting that the sample size was too small. Unadjusted data was not statistically significant. The other problems of psychological intervention included low recruitment and high drop out rate, which has been shown to be greater in patients receiving group therapy. **AUTHORS' CONCLUSIONS:** There is insufficient evidence from this review to confirm the efficacy of psychological intervention in NUD.

[1049]

Psychological treatment of post-traumatic stress disorder (PTSD)

Cochrane Database Syst Rev. 2005 Apr 18;(2):CD003388

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**BACKGROUND:** Psychological interventions are widely used in the treatment of post-traumatic stress disorder (PTSD). **OBJECTIVES:** To perform a systematic review of randomised controlled trials of all psychological treatments except eye movement desensitisation and reprocessing following the guidelines of the Cochrane Collaboration. **SEARCH STRATEGY:** Systematic searches of computerised databases, hand search of the Journal of Traumatic Stress, searches of reference lists, known websites and discussion fora, and personal communication with key workers. **SELECTION CRITERIA:** Types of studies - Any randomised controlled trial of a

psychological treatment. Types of participants - Adults suffering from traumatic stress symptoms for three months or more. Types of interventions - Trauma-focused cognitive behavioural therapy/exposure therapy (TFCBT); stress management (SM); other therapies (supportive therapy, non-directive counselling, psychodynamic therapy and hypnotherapy); group cognitive behavioural therapy (group CBT). Types of outcomes - Severity of clinician rated traumatic stress symptoms. Secondary measures included self-reported traumatic stress symptoms, depressive symptoms, anxiety symptoms, adverse effects and dropouts. DATA COLLECTION AND ANALYSIS: Data was entered using the Review Management software. Quality assessments were performed. The data were analysed for summary effects using the RevMan 4.2 programme. MAIN RESULTS: Twenty-nine studies were included in the review. With regards to reduction of clinician assessed PTSD symptoms TFCBT did significantly better than waitlist/usual care (standardised mean difference (SMD) = -1.36; 95% CI, -1.88 to -0.84; 13 studies; n = 609). There was no significant difference between TFCBT and SM (SMD = -0.27; 95% CI, -0.71 to 0.16; 6 studies; n = 239). TFCBT did significantly better than other therapies (SMD = -0.81; 95% CI, -1.19 to -0.42; 3 studies; n = 120). Stress management did significantly better than waitlist/usual care (SMD = -1.14; 95% CI, -1.62 to -0.67; 3 studies; n = 86) and than other therapies (SMD = -1.22; 95% CI, -2.09 to -0.35; 1 study; n = 25). There was no significant difference between other therapies and waitlist/usual care control (SMD = -0.43; 95% CI, -0.90 to 0.04; 2 studies; n = 72). Group TFCBT was significantly better than waitlist/usual care (SMD = -0.72; 95% CI, -1.14 to -0.31). AUTHORS' CONCLUSIONS: There was evidence that individual TFCBT, stress management and group TFCBT are effective in the treatment of PTSD. Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. There was insufficient evidence to determine whether psychological treatment is harmful. There was some evidence of greater drop-out in active treatment groups.

[1050]

Psychological interventions for overweight or obesity

Cochrane Database Syst Rev. 2005 Apr 18;(2):CD003818

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BACKGROUND: Overweight and obesity are global health problems which are increasing throughout the industrialised world. If left unchecked, they will continue to contribute to the ever increasing noncommunicable disease burden. OBJECTIVES: To assess the effects of psychological interventions for overweight or obesity as a means of achieving sustained weight loss. SEARCH STRATEGY: Studies were obtained from searches of multiple electronic bibliographic databases. The date of the latest search was June 2003. SELECTION CRITERIA: Trials were included if the fulfilled the following criteria: 1) they were randomised controlled clinical trials of a psychological intervention versus a comparison intervention, 2) one of the outcome measures of the study was weight change measured by any method, 3) participants were followed for at least three months, 4) the study participants were adults (18 years or older) who were overweight or obese (BMI  $\geq$  25 kg/m<sup>2</sup>) at baseline. DATA COLLECTION AND ANALYSIS: Two people independently applied the inclusion criteria to the studies identified and assessed study quality. Disagreement was resolved by discussion or by intervention of a third party. Meta-analyses were performed using a fixed effect model. MAIN RESULTS: A total of 36 studies met the inclusion criteria and were included in the review. Overall, 3495 participants were evaluated. The majority of studies assessed behavioural and cognitive-behavioural weight reduction strategies. Cognitive therapy, psychotherapy, relaxation therapy and hypnotherapy were assessed in a small number of studies. Behaviour therapy was found to result in significantly greater weight reductions than placebo when assessed as a stand-alone weight loss strategy (WMD -2.5 kg; 95% CI -1.7 to -3.3). When behaviour therapy was combined with a diet / exercise approach and compared with diet / exercise alone, the combined intervention resulted in a greater weight reduction. Studies were heterogeneous however the majority of studies favoured combining behaviour therapy with dietary and exercise interventions to improve weight loss. Increasing the intensity of the behavioural intervention significantly increased the weight reduction (WMD -2.3 kg; 95% CI -1.4 to -3.3). Cognitive-behaviour therapy, when combined with a diet / exercise intervention, was found to increase weight loss compared with diet / exercise alone (WMD -4.9 kg; 95% CI -7.3 to -2.4). No data on mortality, morbidity or quality of life were found. AUTHORS' CONCLUSIONS: People who are overweight or obese benefit from psychological interventions, particularly behavioural and cognitive-behavioural strategies, to enhance weight reduction. They are predominantly useful when combined with dietary and exercise strategies. The bulk of the evidence supports the use of behavioural and cognitive-behavioural strategies. Other psychological interventions are less rigorously evaluated for their efficacy as weight loss treatments.

[1051]

Complementary and miscellaneous interventions for nocturnal enuresis in children

Cochrane Database Syst Rev. 2005 Apr 18;(2):CD005230

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BACKGROUND: Nocturnal enuresis (bedwetting) is a socially disruptive and stressful condition which affects around 15 to 20% of five year olds, and up to 2% of young adults. OBJECTIVES: To assess the effects of complementary interventions and others such as surgery or diet on nocturnal enuresis in children, and to compare them with other interventions. SEARCH STRATEGY: We searched the Cochrane Incontinence Group Specialised Register (searched 22 November 2004), the Traditional Chinese Medical Literature Analysis and Retrieval System (TCMLARS) (January 1984 to June 2004) and the reference lists of relevant articles. SELECTION CRITERIA: All randomised or quasi-randomised trials of complementary and other miscellaneous interventions for nocturnal enuresis in children were included except those focused solely on daytime wetting. Comparison interventions could include no treatment, placebo or sham treatment, alarms, simple behavioural treatment, desmopressin, imipramine and miscellaneous other drugs and interventions. DATA COLLECTION AND ANALYSIS: Two reviewers independently assessed the quality of the eligible trials, and extracted data. MAIN RESULTS: In 15 randomised controlled trials, 1389 children were studied, of whom 703 received a complementary intervention. The quality of the trials was poor: four trials were quasi-randomised, five showed differences at baseline and ten lacked follow up data. The outcome was better after hypnosis than imipramine in one trial (relative risk (RR) for failure or relapse after stopping treatment 0.42, 95% confidence interval (CI) 0.23 to 0.78). Psychotherapy appeared to be better in terms of fewer children failing or relapsing than both alarm (RR 0.28, 95% CI 0.09 to 0.85) and rewards (0.29, 95% CI 0.09 to 0.90) but this depended on data from only one trial. Acupuncture had better results than sham control acupuncture (RR for failure or relapse after stopping treatment 0.67, 95% CI 0.48 to 0.94) in a further trial. Active chiropractic adjustment had better results than sham adjustment (RR for failure or relapse after stopping treatment 0.74, 95% CI 0.60 to 0.91). However, each of these findings came from small single trials, and need to be verified in further trials. The findings for diet and faradization were unreliable, and there were no trials including homeopathy or surgery. AUTHORS' CONCLUSIONS: There was weak evidence to support the use of hypnosis, psychotherapy, acupuncture and chiropractic but it was provided in each case by single small trials, some of dubious methodological rigour. Robust randomised trials are required with efficacy,

cost-effectiveness and adverse effects carefully monitored.

[1052]

Identification of children who may benefit from self-hypnosis at a pediatric pulmonary center  
BMC Pediatr. 2005 Apr 25;5(1):6

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**BACKGROUND:** Emotional difficulties can trigger respiratory symptoms. Thus, children presenting with respiratory complaints may benefit from a psychological intervention. The purpose of this study was to define the proportion of patients referred to a Pediatric Pulmonary Center who may benefit from instruction in self-hypnosis, as a psychological intervention. **METHODS:** A retrospective chart review was conducted for all newly referred patients to the SUNY Upstate Medical University Pediatric Pulmonary Center during an 18 month period beginning January 1, 2000. Patients were offered hypnosis if they presented with symptoms or signs suggestive of psychological difficulties. Hypnosis was taught in one or two 15-45 minute sessions by a pediatric pulmonologist. **RESULTS:** Of 725 new referrals, 424 were 0-5 years old, 193 were 6-11 years old, and 108 were 12-18 years old. Diagnoses of anxiety, habit cough, or vocal cord dysfunction accounted for 1% of the 0-5 year olds, 20% of the 6-11 year olds, and 31% of the 12-18 year olds. Hypnotherapy was offered to 1% of 0-5 year olds, 36% of 6-11 year olds, and 55% of 12-18 year olds. Of 81 patients who received instruction in self-hypnosis for anxiety, cough, chest pain, dyspnea, or inspiratory difficulties, 75% returned for follow-up, and among the returning patients 95% reported improvement or resolution of their symptoms. **CONCLUSION:** A large number of patients referred to a Pediatric Pulmonary Center appeared to benefit from instruction in self-hypnosis, which can be taught easily as a psychological intervention.

[1053]

The effect of mental stress on the non-dipolar components of the T wave: modulation by hypnosis

Psychosom Med. 2005 May-Jun;67(3):376-83

Taggart P, Sutton P, Redfern C, Batchvarov VN, Hnatkova K, Malik M, James U, Joseph A.

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**OBJECTIVE:** Mental or emotional stress-induced ventricular arrhythmias and sudden cardiac death are thought to be mediated by the autonomic nervous system and ischemia. In the absence of ischemia, increased inhomogeneity of repolarization is thought to be important. We tested the hypotheses that in the absence of ischemia, mental stress may modulate repolarization by changing autonomic balance; and mental relaxation induced by hypnosis may offset the potentially adverse effects of stress on the cardiac electrophysiology. **METHODS:** Twelve healthy volunteers (6 male, age 18-35, mean 25 years) experienced a series of different emotions intended to induce a wide range of autonomic response (42 test epochs) on two separate occasions, with and without hypnosis, with continuous electrocardiogram recording. Low- (LF) and HF (high-frequency) heart rate variability was measured and ventricular repolarization was assessed using the relative T-wave residua (proportion of nondipolar components of the T wave) calculated for the T-onset - T peak (TWR-peak T), T peak -T end (TWR-end T), and the whole T wave (TWR). **RESULTS:** Emotionally induced changes in LF and LF/HF ratio correlated with changes in TWR, e.g., ( $R = 0.51$ ,  $p < .001$ ;  $R = 0.59$ ,  $p < .0001$ ; and  $R = 0.59$ ,  $p < .0003$ , for LF/HF versus TWR, TWR-Peak T, and TWR-end T, respectively. Mental relaxation induced by hypnosis increased LF power (1,205 ms<sup>2</sup> versus 624 ms<sup>2</sup>,  $p < .003$  for hypnotized versus nonhypnotized state), HF power (1,619 ms<sup>2</sup> versus 572 ms<sup>2</sup>),  $p < .0004$ ), and reduced LF/HF ratio (1.0 versus 1.5,  $p = .052$ ) and was associated with a marked reduction in the changes in repolarization in response to emotion, e.g.,  $10.7 \times 10^{-6}$  versus  $5.0 \times 10^{-6}$ ,  $p < .03$  for TWR. **CONCLUSIONS:** a) Mental stress in the absence of ischemia altered repolarization inhomogeneity via change in the autonomic balance. b) Mental relaxation induced by hypnosis greatly reduced the effect of mental stress on repolarization. c) These findings may have implications for arrhythmogenesis.

[1054]

Complementary and alternative pain therapy in the emergency department

Emerg Med Clin North Am. 2005 May;23(2):529-49

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One primary reason patients go to emergency departments is for pain relief. Understanding the physiologic dynamics of pain, pharmacologic methods for treatment of pain, as well as CAM therapies used in treatment of pain is important to all providers in emergency care. Asking patients about self-care and treatments used outside of the emergency department is an important part of the patient history. Complementary and alternative therapies are very popular for painful conditions despite the lack of strong research supporting some of their use. Even though evidenced-based studies that are double blinded and show a high degree of interrater observer reliability do not exist, patients will likely continue to seek out CAM therapies as a means of self-treatment and a way to maintain additional life control. Regardless of absolute validity of a therapy for some patients, it is the bottom line: "it seems to help my pain." Pain management distills down to a very simple endpoint, patient relief, and comfort. Sham or science, if the patient feels better, feels comforted, feels less stressed, and more functional in life and their practices pose no health risk, then supporting their CAM therapy creates a true holistic partnership in their health care. CAM should be relatively inexpensive and extremely safe. Such is not always the case, as some patients have discovered with the use of botanicals. It becomes an imperative that all providers be aware of CAM therapies and informed about potential interactions and side effects when helping patients manage pain and explore adding CAM strategies for pain relief. The use of regulated breathing, meditation, guided imagery, or a massage for a pain sufferer are simple but potentially beneficial inexpensive aids to care that can be easily employed in the emergency department. Some CAM therapies covered here, while not easily practiced in the emergency department, exist as possibilities for exploration of patients after they leave, and may offer an improved sense of well-being and empowerment in the face of suffering and despair. The foundations of good nutrition, exercise, stress reduction, and reengagement in life can contribute much to restoring the quality of life to a pain patient. Adding nondrug therapies of physical therapy, cognitive-behavioral therapy, TENS, hypnosis, biofeedback, psychoanalysis, and others can complete the conventional picture. Adding in simple mind/body therapies, touch therapies, acupuncture, or others may be appropriate in select cases, and depending on the circumstances, may effect and enhance a conventional pain management program. Armed with an understanding of pain dynamics and treatments, practitioners can better meet patient needs, avoid serious side effects, and improve care when addressing pain management in the emergency department.

[1055]

[Migraine and headache in childhood]

Arch Pediatr. 2005 May;12(5):624-9. Epub 2005 Jan 22

[Article in French]

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In childhood and adolescence, migraine is the main primary headache. This diagnosis is extensively underestimated and misdiagnosed in pediatric population. Lacks of specific biologic marker, specific investigation or brain imaging reduce these clinical entities too often to a psychological illness. Migraine is a severe headache evolving by stereotyped crises associated with marked digestive symptoms (nausea and vomiting); throbbing pain, sensitivity to sound or to light are usual symptoms; the attack is sometimes preceded by a visual or sensory aura. During attacks, pain intensity is severe, most of children must lie down. Abdominal pain is frequently associated, rest brings relief and sleep ends often the attack. The prevalence of the migraine varies between 5% and 10% in childhood. At childhood, headache duration is quite often shorter than in adult population, it is more often frontal, bilateral (2/3 of cases) than one-sided. Migraine is a disabling illness: children with migraine lost more school days in a school year, than a matched control group. Migraine episodes are frequently triggered by several factors: emotional stress (school pressure, vexation, excitement, upset), hypoglycemia, lack of sleep or excess (week end migraine), sensorial stimulation (loud noise, bright light, strong odor, heat or cold...), sympathetic stimulation (sport, physical exercise). Attack treatments must be given at the early beginning of the crisis; oral dose of ibuprofen (10 mg/kg) is recommended. If the oral route is not available when nausea or vomiting occurs, the rectal or nasal routes have then to be used. Non pharmacological treatments (relaxation training, self hypnosis, biofeedback) have shown to have good efficacy as prophylactic measure. Daily prophylactic pharmacological treatments are prescribed in second line after failure of non-pharmacological treatment.

[1056]

Physiological and pathophysiological down-regulation of cough

Respir Physiol Neurobiol. 2005 May 4; [Epub ahead of print]

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[Related Articles, Links](#)

Recent clinical studies have emphasized the up-regulation (sensitization) of cough in pathological conditions of the airways. However there are also many situations where voluntary and reflex cough can be down-regulated. These include: (1) chemical stimulation of breathing by hypercapnia or hypoxia or both, establishing that cough sensitivity can be inversely related to drive to breathing; (2) voluntary inhibition of cough, probably similar in mechanism to the depression of cough that can be induced by hypnosis and other branches of alternative medicine; (3) the placebo effect of many antitussive treatments; (4) sleep; (5) general anaesthesia; (6) central nervous disorders such as coma, stroke, Parkinson's disease and several other conditions where the defect in the protective reflexes may lead to aspiration pneumonia; (7) increased activity in various afferent inputs from viscera in the thorax and abdomen; (8) a number of bronchopulmonary clinical disorders. The list is long, but regrettably the nervous mechanisms of these down-regulations have been little studied. In addition there are a number of situations, such as exercise, coitus, talking and singing which, while important to coughing humans, have been not investigated in relation to cough. Most of the studies have been with experimental animals, and their extension to human research is desirable. In view of the importance of cough and other defensive reflexes in maintaining human well-being, far more research is needed. The field is wide-open.

[1057]

Complementary therapies for reducing body weight: a systematic review

Int J Obes Relat Metab Disord. 2005 May 31; [Epub ahead of print]

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[Related Articles, Links](#)

The prevalence of obesity is increasing at an alarming rate and a plethora of complementary therapies are on offer claiming effectiveness for reducing body weight. The aim of this systematic review is to critically assess the evidence from randomized controlled trials (RCTs) and systematic reviews of complementary therapies for reducing body weight. Literature searches were conducted on Medline, Embase, Amed, and the Cochrane Library until January 2004. Hand-searches of relevant medical journals and bibliographies of identified articles were conducted. There were no restrictions regarding the language of publication. Trial selection, quality assessment and data abstraction were performed systematically and independently by two authors. Data from RCTs and systematic reviews, which based their findings on the results of RCTs, were included. Six systematic reviews and 25 additional RCTs met our inclusion criteria and were reviewed. The evidence related to acupuncture, acupressure, dietary supplements, homeopathy and hypnotherapy. Except for hypnotherapy, Ephedra sinica and other ephedrine-containing dietary supplements the weight of the evidence is not convincing enough to suggest effectiveness. For these interventions, small effects compared with placebo were identified. In conclusion, our findings suggest that for most complementary therapies, the weight of the evidence for reducing body is not convincing. Hypnotherapy, E. sinica and other ephedrine-containing dietary supplements may lead to small reductions in body weight. However, the intake of E. sinica and ephedrine is associated with an increased risk of adverse events. Interventions suggesting positive effects in single RCTs require independent replication. International Journal of Obesity advance online publication, 31 May 2005; doi:10.1038/sj.ijo.0803008.

[1058]

[Stress, cancer and circadian rhythm of melatonin]

Pathol Biol (Paris). 2005 Jun;53(5):269-72. Epub 2005 Jan 20

[Article in French]

Kwiatkowski F, Abrial C, Gachon F, Chevrier R, Cure H, Chollet P.

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Influence of stress on immunity and pathogenesis relates to corticotropic axis: hypothalamus-hypophysis-surrenals (HHS). Its over-stimulation due to traumas during early childhood or before birth seems to generate brain abnormalities such as reduction of hippocampus volume. More typical of adult age, hypothalamus-pineal gland axis (HP), responsible for melatonin production, may be impaired because of chronic stress, mainly through sleep disturbances or addictive behaviours. Old age has been reported to produce same impairments. Circadian cycle of melatonin is closely related to immune functions and its disturbance seems to induce, among populations undergoing frequent changes of life rhythm, a significant raise of cancer incidence: night shift workers, air pilots... Stress then seems able to increase cancer risk through its negative impact on HHS and HP axis and therefore on immunity. Immunotherapy, which was an interesting solution considering this, has not yield yet expected results. Upstream, other ways have been successfully investigated in prospective randomised trials, such as psychotherapeutic treatments, with positive effects on cellular immunity and survival. The ability to condition immune responses in animals allows thinking that hypnotherapy could also be used along with standard treatments.



[1059]

[Medical hypnosis in cases of herpes labialis improves propensity for recurrence. A pilot study]  
Hautarzt. 2005 Jun;56(6):562-8  
[Article in German]  
Pfitzer BE, Clark K, Revenstorf D.  
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The present study examined the effectiveness of a hypnotherapeutic treatment program for patients suffering from recurrent orofacial herpes infections. Twenty-one patients were randomly allocated to either an experimental group (n=10) or a control condition (n=11). During five weekly individual therapy sessions the participants received symptom-oriented treatment. In addition, they learnt how to improve their stress coping skills and their management of aversive emotions. The final assessment took place 6 months after treatment. Besides documentation of the frequency and intensity of symptoms, questionnaires were administered to assess stress coping mechanisms (SVF), skin disease-related subjective strain (MHF) and perceptions of control (KKG). A significant reduction of disease intensity could be confirmed. Individual scales of the SVF and MHF also revealed significant results. For an effective treatment of severe herpes infections a mere focus on physical changes appears to be insufficient. A common reflection of a person's sensuality and expectations of closeness and distance seem to influence treatment success remarkably.

[1060]

Potential future therapies for irritable bowel syndrome: will disease modifying therapy as opposed to symptomatic control become a reality?  
Gastroenterol Clin North Am. 2005 Jun;34(2):337-54  
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Irritable bowel syndrome can remit spontaneously, implying cure is possible. Predictors of good prognosis include a short history, acute onset (possibly postinfective origin), absence of psychological disorders, and resolution of chronic life stressors. Possible-disease modifying treatments with long-lasting effects include diet and anti-inflammatory and psychological treatments. Dietary modifications, which often involve excluding dairy and wheat products, are successful in some patients. Anti-inflammatory treatments have been subjected to one RCT in postinfective IBS without benefit. Probiotics may have benefit in altering bacterial flora and as anti-inflammatory agents, but further trials are needed before they can be recommended. Psychological treatments may produce long-lasting responses. Relaxation therapy appears to have a nonspecific benefit. Psychotherapy has been shown to have long-term benefit and is particularly acceptable to, and effective for, those with overt psychological distress. Hypnotherapy has been shown to be effective in randomized placebo controlled trials and has a sustained effect.

[1061]

[Recent development in research and management of cancer anorexia-cachexia syndrome]  
Gan To Kagaku Ryoho. 2005 Jun;32(6):743-9  
[Article in Japanese]  
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Cachexia is among the most debilitating and life-threatening aspects of cancer, and is more common in children and elderly patients. Associated with anorexia, fat and muscle tissue wasting, psychological distress, and a lower quality of life, cachexia arises from a complex interaction between the cancer and the host. This process results from a failure of the adaptive feeding response seen in simple starvation and includes cytokine production, release of lipid-mobilizing and proteolysis-inducing factors, and alterations in intermediary metabolism. Cytokines play a pivotal role in long-term inhibition of feeding by mimicking the hypothalamic effect of excessive negative feedback signaling from leptin, a hormone secreted by adipose tissue, which is an integral component of the homeostatic loop of body weight regulation. This could be done by persistent inhibition of feeding-stimulatory circuitry including neuropeptide Y. Cachexia should be suspected in patients with cancer if an involuntary weight loss of greater than five percent of pre-morbid weight occurs within a 3-6-month period. The two major options for pharmacological therapy have been either progestational agents or corticosteroids. However, knowledge of the mechanisms of cancer anorexia-cachexia syndrome has led to, and continues to lead to, effective therapeutic interventions for several aspects of the syndrome. These include antiserotonergic drugs, gastroprokinetic agents, branched-chain amino acids, eicosapentanoic acid, cannabinoids, melatonin, and thalidomide—all of which act on the feeding-regulatory circuitry to increase appetite and inhibit tumor-derived catabolic factors to antagonize tissue wasting and/or host cytokine release. The outcomes of drug studies in cancer cachexia should focus on the symptomatic and quality-of-life advantages rather than simply on nutritional end points, since the survival of cachexia cancer patients may be limited to weeks or months due to the incurable nature of the underlying malignancy. Communication among physicians and other health care professionals provides the patient with a multidisciplinary approach to care. The patient record will be an excellent resource to document a plan of care and patient responses to treatment. Psychological distress and psychiatric disorders are common among cancer patients. These problems are also as common among the family members of people with cancer. The use of psychological and behavioral interventions in cancer is increasing, and recent studies have suggested that some of these techniques may affect quality of life and, perhaps, survival rates. Evaluations of relaxation, hypnosis, and short-term group psychotherapy have suggested some benefit with regard to anorexia and fatigue, although the population most likely to benefit from these interventions has not yet been determined. Because weight loss shortens the survival time of cancer patients and decreases performance status, effective therapy would extend patient survival and improve quality of life.

[1062]

Complementary and Alternative Medicine Approaches for Pediatric Pain: A Review of the State-of-the-science  
Evid Based Complement Alternat Med. 2005 Jun;2(2):149-159. Epub 2005 Apr 27  
Tsao JC, Zeltzer LK.

In recent years, the use of complementary and alternative medicine (CAM) in pediatric populations has increased considerably, especially for chronic conditions such as cancer, rheumatoid arthritis and cystic fibrosis in which pain may be a significant problem. Despite the growing popularity of CAM approaches for pediatric pain, questions regarding the efficacy of these interventions remain. This review critically evaluates the existing empirical evidence for the efficacy of CAM interventions for pain symptoms in children. CAM modalities that possess a published literature, including controlled trials and/or multiple baseline studies, that focused on either chronic or acute, procedural pain were included in this review. The efficacy of the CAM interventions was evaluated according to the framework developed by the American Psychological Association (APA) Division 12 Task Force on Promotion and Dissemination of Psychological Procedures. According to these criteria, only one CAM approach reviewed herein (self-hypnosis/guided imagery/relaxation for recurrent

pediatric headache) qualified as an empirically supported therapy (EST), although many may be considered possibly efficacious or promising treatments for pediatric pain. Several methodological limitations of the existing literature on CAM interventions for pain problems in children are highlighted and future avenues for research are outlined.

[1063]

Attention to pain localization and unpleasantness discriminates the functions of the medial and lateral pain systems  
Eur J Neurosci. 2005 Jun;21(11):3133-42  
Kulkarni B, Bentley DE, Elliott R, Youell P, Watson A, Derbyshire SW, Frackowiak RS, Friston KJ, Jones AK.  
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Abstract. Functional imaging studies have identified a matrix of structures in the brain that respond to noxious stimuli. Within this matrix, a division of function between sensory-discriminative and affective responses has so far been demonstrated by manipulating either pain intensity or unpleasantness under hypnosis in two different normal volunteer groups studied on separate occasions. Our study used positron emission tomography (PET) to demonstrate this division of function under more natural conditions in a healthy group of volunteers, using a CO<sub>2</sub> laser to provide nociceptive stimuli that selectively activate A-delta and C-fibres without contamination by touch sensations. We measured the differential cerebral responses to noxious and innocuous laser stimuli during conditions of selective attention to either the unpleasantness or location of the stimuli. Attention to location increased responses in the contralateral (right) primary somatosensory and inferior parietal cortices. This result implies that these components of the lateral pain system are concerned mainly with the localization of pain. In contrast, attention to unpleasantness increased responses in bilateral perigenual cingulate and orbitofrontal cortices, contralateral (right) amygdala, ipsilateral (left) hypothalamus, posterior insula, M1 and frontal pole. These areas comprise key components of the medial pain and neuroendocrine systems and the results suggest that they have a role in the affective response to pain. Our results indicate the importance of attentional effects on the pattern of nociceptive processing in the brain. They also provide the first clear demonstration, within a single experiment, of a major division of function within the neural pain matrix.

[1064]

Hypnotherapy for functional gastrointestinal disorders  
Drug Ther Bull. 2005 Jun;43(6):45-8

About 20% of people in the UK have functional gastrointestinal disorders such as irritable bowel syndrome and functional dyspepsia. These conditions account for about 4% of GP consultations and 50% of gastroenterologists' workload. For some, the symptoms affect quality of life and ability to work. Drug treatment aimed at relieving symptoms is often ineffective. Other options include psychological treatments such as cognitive behavioural therapy, brief psychotherapy and gut-directed hypnotherapy. Here we discuss whether hypnotherapy has a role in the treatment of patients with irritable bowel syndrome or functional dyspepsia.

[1065]

Nonpharmacologic treatment of migraine  
Curr Pain Headache Rep. 2005 Jun;9(3):202-5  
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Nonpharmacologic treatment of migraine is often used by patients and can provide interesting options for physicians. Knowledge about the evidence and its absence is important. Avoidance of trigger factors can help, if individualized. Behavioral approaches, such as relaxation techniques, biofeedback, and cognitive-behavioral therapy, require far more specialist time or technical devices, but are supported by some evidence, which is mostly old. The same is true for hypnosis. A new approach in migraine prevention is aerobic exercise, which is associated with positive side effects. Whether it will take a strong role, similar to the treatment of depression, remains to be seen. There is no convincing evidence for the efficacy of spinal manipulation. Hyperbaric oxygen may be an effective, but rarely practical prophylactic measure. The evidence pertaining to the efficacy of acupuncture is controversial because of methodologic difficulties, but an ongoing large German study may provide valuable evidence in the near future. Nutritional supplements acting on mitochondrial metabolism, such as magnesium, riboflavin, and coenzyme Q10, were shown to be effective in small, randomized, controlled trials. More studies on the different therapeutic interventions are needed, using modern diagnostic standards and state-of-the-art trial methodology.

[1066]

Hypnotic susceptibility, baseline attentional functioning, and the Stroop task  
Conscious Cogn. 2005 Jun;14(2):296-303  
Rubichi S, Ricci F, Padovani R, Scagletti L.  
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According to the theoretical framework relating hypnosis to attention, baseline attentional functioning in highly hypnotizable individuals should be more efficient than in low hypnotizable individuals. However, previous studies did not find differences in Stroop-like tasks in which the measure indicative of the Stroop interference effect was based on response latencies. This study was designed to determine whether subjects with different levels of hypnotic susceptibility show differences in baseline attentional functioning. To assess this hypothesis, high, medium, and low hypnotizable subjects performed a Stroop task designed to evaluate accuracy performance, before being subjected to hypnotic induction. Results showed that the Stroop interference effect was smaller in high hypnotizable subjects than in low hypnotizable subjects, whereas it was not different between high, and medium hypnotizable subjects. This outcome supports the notion that baseline attentional functioning is related to hypnotic susceptibility.

[1067]

Does 'hypnosis' by any other name smell as sweet? The efficacy of 'hypnotic' inductions depends on the label 'hypnosis'  
Conscious Cogn. 2005 Jun;14(2):304-15  
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Hypnosis is associated with profound changes in conscious experience and is increasingly used as a cognitive tool to explore neuropsychological processes. Studies of this sort typically employ suggestions following a hypnotic induction to produce changes in perceptual experience and motor control. It is not clear, however, to what extent the induction procedure serves to facilitate suggested phenomena. This study investigated the effect on suggestibility of (a) a hypnotic induction and (b) labelling that procedure 'hypnosis.' Suggestibility of participants was tested before and after an adapted hypnotic procedure, which was either labelled as 'hypnosis' or as 'relaxation'. The hypnotic procedure produced a modest increase in suggestibility when it was called 'relaxation,' but a very significant

increase if it was labelled 'hypnosis.' The results are important for both clinical and experimental applications and indicate that labelling an induction procedure 'hypnosis' is an important determinant of subsequent responses to suggestion.

[1068]

Biological sensitisation and psychological amplification: Gateways to subjective health complaints and somatoform disorders  
Psychoneuroendocrinology. 2005 Jun 14; [Epub ahead of print] Related Articles, Links  
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Subjective health complaints without known physical pathology are common and might develop into somatoform disorders. Normalization of neuroticism and anxiety in patients with duodenal ulcer disease after a relapse-free state is acquired and maintained is an indication that biological factors influence psychological factors. Recent research has shown that psychological and behavioural changes, on the other hand, have the capacity to change the brain. Visceral hyperalgesia is an example of biological sensitisation, but the abnormal sensory perception can be normalised by hypnotherapy. The dual-etiology hypothesis of functional somatic syndromes implies that in some patients with somatoform disorders there is a predominant biological etiology, whereas in others there is a predominant psychological etiology. The theory is supported by recent research, and may result in better handling of patients. Cognitive factors like catastrophising amplifies subjective physical symptoms and emotions effect the perception of them. In preventive health care the following slogans are proposed as antidotes preventing subjective health complaints form developing into somatoform disorders: Do not listen to your body's signals! Do not trust your feelings! Do not trust your thoughts!

[1069]

Hypnosis decouples cognitive control from conflict monitoring processes of the frontal lobe  
Neuroimage. 2005 Jun 16; [Epub ahead of print] Related Articles, Links  
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Hypnosis can profoundly alter sensory awareness and cognitive processing. While the cognitive and behavioral phenomena associated with hypnosis have long been thought to relate to attentional processes, the neural mechanisms underlying susceptibility to hypnotic induction and the hypnotic condition are poorly understood. Here, we tested the proposal that highly hypnotizable individuals are particularly adept at focusing attention at baseline, but that their attentional control is compromised following hypnosis due to a decoupling between conflict monitoring and cognitive control processes of the frontal lobe. Employing event-related fMRI and EEG coherence measures, we compared conflict-related neural activity in the anterior cingulate cortex (ACC) and control-related activity in the lateral frontal cortex (LFC) during Stroop task performance between participants of low and high hypnotic susceptibility, at baseline and after hypnotic induction. The fMRI data revealed that conflict-related ACC activity interacted with hypnosis and hypnotic susceptibility, in that highly susceptible participants displayed increased conflict-related neural activity in the hypnosis condition compared to baseline, as well as with respect to subjects with low susceptibility. Cognitive-control-related LFC activity, on the other hand, did not differ between groups and conditions. These data were complemented by a decrease in functional connectivity (EEG gamma band coherence) between frontal midline and left lateral scalp sites in highly susceptible subjects after hypnosis. These results suggest that individual differences in hypnotic susceptibility are linked with the efficiency of the frontal attention system, and that the hypnotized condition is characterized by a functional dissociation of conflict monitoring and cognitive control processes.

[1070]

Modulation of pain-induced endothelial dysfunction by hypnotisability  
Pain. 2005 Jun 23; [Epub ahead of print] Related Articles, Links  
Jambrik Z, Santarcangelo EL, Rudisch T, Varga A, Forster T, Carli G.  
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Mental stress induces endothelial dysfunction, that is a reduction of the post-occlusion brachial artery flow-mediated vasodilation (FMD). This does not occur in subjects highly susceptible to hypnosis (Highs) in either the waking or hypnotic state. The aim of the present experiment was to assess whether endothelial dysfunction is also induced by acute nociceptive stimulation and whether high hypnotisability and/or the specific instruction of analgesia prevent its occurrence in awake highly hypnotizable individuals. Thus, nine Highs and nine subjects with low susceptibility to hypnosis (Lows) underwent an experimental session including the administration of pressor pain and of pressor pain associated with the instruction of analgesia. Heart rate, basal artery diameters and brachial artery flow-mediated vasodilation were measured during stimulation and rest conditions. Heart rate exhibited slight changes not modulated by hypnotisability. During painful stimulation both Highs and Lows showed a decrease of FMD, but it was significantly less pronounced in Highs. During the administration of painful stimulation together with the instruction of analgesia, only Highs reported analgesia and their FMD no longer decreased. This study provides the first evidence of pain-related endothelial dysfunction and extends previous findings concerning a sort of natural protection of Highs against the vascular effects of mental stress to acute pain.

[1071]

The cognitive interview: does it successfully avoid the dangers of forensic hypnosis?  
Am J Psychol. 2005 Summer;118(2):213-34  
Whitehouse WG, Orne EC, Dinges DF, Bates BL, Nadon R, Orne MT.  
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Seventy-two undergraduates viewed a videotape of a bank robbery that culminated in the shooting of a young boy. Several days later, participants were interviewed about their recollection of events in the film through baseline oral and written narrative accounts followed by random assignment to a hypnosis (HYP) condition, the cognitive interview (CI), or a motivated, repeated recall (MRR) control interview. Participants also completed a forced interrogatory recall test, which indexed potential report criterion differences between the interview conditions. In terms of information provided for the first time during treatment interviews, HYP led to greater productivity than the CI or the MRR interview, which did not differ significantly from each other. Evidence that these differences in recall resulted primarily from report criterion differences rather than differences in accessible memory was obtained from the forced interrogatory recall test. In this test, no differences were observed between the three interview conditions. Finally, the data revealed that participants' hypnotic ability was associated with the recall of erroneous and confabulatory material for those tested in the HYP and CI conditions but not those in the MRR condition. This suggests that some CI mnemonics may invoke hypnotic-like processes in hypnotizable people.

[1072]

#### Suicidality and interrogative suggestibility

Arch Suicide Res. 2005;9(4):353-9

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All people are subject to memory suggestibility, but suicidal individuals may be especially so. The link between suicidality and suggestibility is unclear given mixed findings and methodological weaknesses of past research. To test the link between suicidality and interrogative suggestibility, 149 undergraduates answered questions about suicidal thoughts and reasons for living, and participated in a direct suggestibility procedure. As expected, suggestibility correlated with suicidality but accounted for little overall variance (4%). Mental health professionals might be able to take advantage of client suggestibility by directly telling suicidal persons to refrain from suicidal thoughts or actions.

[1073]

Strategies for verifying false autobiographical memories

Am J Psychol. 2005 Winter;118(4):587-602

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This study examined the types of strategies people use to verify putative childhood memories and the degree to which their preferred strategies are restricted in typical memory implantation studies. We asked subjects to describe a situation in which they recalled a false childhood experience and a hypothetical situation in which they pretended to have developed a false memory after taking part in a memory implantation study. We also asked them how they did (or would) determine the source of the event. We found that subjects relied primarily on other people and cognitive strategies to verify their experiences. These results suggest that laboratory situations cultivate false memories in part because they prevent people from talking to others about the false event, which causes them to rely on less optimal strategies.

[1074]

Induction of compulsive-like washing by blocking the feeling of knowing: an experimental test of the security-motivation hypothesis of obsessive-compulsive disorder

Behav Brain Funct. 2005 Jul 26;1:11

Woody EZ, Lewis V, Snider L, Grant H, Kamath M, Szechtman H

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**BACKGROUND:** H. Szechtman and E. Woody (2004) hypothesized that obsessive-compulsive disorder results from a deficit in the feeling of knowing that normally terminates thoughts or actions elicited by security motivation. To test the plausibility of this proposed mechanism, an experiment was conducted to produce an analog of washing in obsessive-compulsive disorder by eliciting a scenario of potential harm and using hypnosis to block changes in internally generated feelings that would normally occur during washing.

**RESULTS:** Participants reacted with increased disgust, anxiety, and heart rate to their mental images of contamination and potential danger. As predicted, high but not low hypnotizable participants showed a significant prolongation of washing when change in feelings during washing was blocked hypnotically. **CONCLUSION:** Results show that blocking the affective signal that is normally generated during security-related behaviors, such as washing, leads to prolonged performance of these behaviors. This finding lends support to the plausibility of the proposed model of obsessive-compulsive disorder.

[1075]

Hypnotic suggestion reduces conflict in the human brain

Proc Natl Acad Sci U S A. 2005 Jul 12;102(28):9978-83. Epub 2005 Jun 30

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Many studies have suggested that conflict monitoring involves the anterior cingulate cortex (ACC). We previously showed that a specific hypnotic suggestion reduces involuntary conflict and alters information processing in highly hypnotizable individuals. Hypothesizing that such conflict reduction would be associated with decreased ACC activation, we combined neuroimaging methods to provide high temporal and spatial resolution and studied highly and less-hypnotizable participants both with and without a suggestion to interpret visual words as nonsense strings. Functional MRI data revealed that under posthypnotic suggestion, both ACC and visual areas presented reduced activity in highly hypnotizable persons compared with either no-suggestion or less-hypnotizable controls. Scalp electrode recordings in highly hypnotizable subjects also showed reductions in posterior activation under suggestion, indicating visual system alterations. Our findings illuminate how suggestion affects cognitive control by modulating activity in specific brain areas, including early visual modules, and provide a more scientific account relating the neural effects of suggestion to placebo.

[1076]

Experiencing hypnotizability scale motor items by an amputee: a brief report

Am J Clin Hypn. 2005 Jul;48(1):51-4

Page RA, Green JP

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The following brief report describes the experiences of a hand and arm amputee following the administration of the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A) of Shor and Orne, 1962. The participant passed two of the three motor items involving his missing limb. This report discusses the results of a postsession interview regarding our participant's experiences during hypnosis and briefly discusses phantom limb sensations in general.

[1077]

Teamwork approach to clinical hypnosis at a pediatric pulmonary center

Am J Clin Hypn. 2005 Jul;48(1):45-9

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The aim of this report is to demonstrate the success of a teamwork approach for providing instruction in self-hypnosis at a Pediatric Pulmonary Center. In order to add to the hypnosis service provided by a pulmonologist at the Center, the Center social worker learned how to use clinical hypnosis. During a 3-year period, she instructed 72 patients (average age 11.6 years) in self-hypnosis. Eighty-two

percent of the patients reported improvement or resolution of the primary symptoms, which included anxiety, asthma, chest pain, dyspnea, habit cough, hyperventilation, sighing, and vocal cord dysfunction. The social worker and pulmonologist consulted with each other on a regular basis regarding their hypnosis work, and achieved similar successful results following their hypnosis interventions. Thus, clinical hypnosis at a Pediatric Pulmonary Center can be provided by a team of varied professionals. As a team, these professionals can support each other in their on-going development of hypnosis skills.

[1078]

An interview with Andre M. Weitzenhofer, Ph.D., Sc.B., Sc.M., M.A. Interview by Michael D. Yapko  
Am J Clin Hypn. 2005 Jul;48(1):29-43  
Weitzenhofer A

The hypnosis world recently lost one of its giant figures, Andre Weitzenhoffer. Dr. Weitzenhoffer devoted almost his entire professional life to the study of hypnosis and hypnotic phenomena. While almost everyone in the field is familiar with his many professional contributions, not as many had the privilege of hearing the man speak candidly about his career and personal views. This is a transcript of an interview with Andre Weitzenhoffer conducted by Michael Yapko in 1988. In it he describes his personal history and how his interest in hypnosis began, how the Stanford Hypnotic Susceptibility Scales came about, why he feels the Scales are irrelevant in clinical practice, his views on Milton Erickson, and a number of other topics of general interest.

[1079]

The cognitive interview: does it successfully avoid the dangers of forensic hypnosis?  
Am J Psychol. 2005 Summer;118(2):213-34  
Whitehouse WG, Orne EC, Dinges DF, Bates BL, Nadon R, Orne MT  
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Seventy-two undergraduates viewed a videotape of a bank robbery that culminated in the shooting of a young boy. Several days later, participants were interviewed about their recollection of events in the film through baseline oral and written narrative accounts followed by random assignment to a hypnosis (HYP) condition, the cognitive interview (CI), or a motivated, repeated recall (MRR) control interview. Participants also completed a forced interrogatory recall test, which indexed potential report criterion differences between the interview conditions. In terms of information provided for the first time during treatment interviews, HYP led to greater productivity than the CI or the MRR interview, which did not differ significantly from each other. Evidence that these differences in recall resulted primarily from report criterion differences rather than differences in accessible memory was obtained from the forced interrogatory recall test. In this test, no differences were observed between the three interview conditions. Finally, the data revealed that participants' hypnotic ability was associated with the recall of erroneous and confabulatory material for those tested in the HYP and CI conditions but not those in the MRR condition. This suggests that some CI mnemonics may invoke hypnotic-like processes in hypnotizable people.

[1080]

[Nicotine addiction and current therapy of smoking cessation] [Article in Italian]  
Clin Ter. 2005 Jul-Aug;156(4):159-71  
Picciolo M, Gigante D, Nunziata A  
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Nicotine is defined as substance which provokes addiction because it creates both physiological and biochemical modifications in the nervous system stimulating the activity of dopaminergic neurons releasing dopamine in the areas of the brain that control pleasure. In this paper, after a short overview of neurobiological and cellular mechanisms involved in the pathway of nicotine addiction, the main therapies, used in order to provide support to smokers who decide to reduce their cigarette consumption or to quit smoking, are examined. These therapies can be enclosed in the following categories: nicotine replacement therapy (NRT), non-nicotine pharmacological therapy (NNPT), psychological-behavioural therapies (PBT), alternative therapies (AT). In this work the advantages and disadvantages of various therapies are analysed, assessing the criteria found in literature. Results from randomised and controlled clinical studies which examine some of these therapies, alone or in association, also related to relapse time are reported. In conclusion, results of this analysis confirm that, as well as therapies and their treatment time, psychological support and personal motivation are indispensable for successful smoking cessation.

[1081]

Mexican norms for the Stanford Hypnotic Susceptibility Scale, Form C  
Int J Clin Exp Hypn. 2005 Jul;53(3):321-31  
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Normative data for the Mexican adaptation of the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C) are presented. Twenty-seven raters administered the scale to 513 Mexican volunteers. Score distribution, item analysis, and reliability of the SHSS:C are presented and compared to other international norming studies. The findings show that the Mexican adaptation of the SHSS:C has psychometric properties essentially comparable to those of the Dutch, German, Italian, and United States reference samples. However, the elevated sample mean suggests Mexicans may have an elevated ability to engage in hypnotic behavior, thus they would likely be especially good candidates for hypnotherapeutic interventions that would better the health options currently available.

[1082]

The Harvard Group Scale of Hypnotic Susceptibility: accuracy of self-report and the memory for items  
Int J Clin Exp Hypn. 2005 Jul;53(3):306-20  
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Whereas early studies have found moderately high agreement between self- and observer-rated scores on the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A), these studies shared a common confound in that participants were aware of being directly observed. In the present study, confederates made surreptitious observations of group participants' hypnotic responding. Following the hypnotic procedure, participants indicated whether or not they remembered each item and provided self-reports of their hypnotic response. The study assesses the accuracy of participant self-report for hypnosis items when individuals are unaware of being observed. Thirty-two percent of participants failed to recognize at least one item from the hypnosis session, suggesting that the inability to remember items is a common phenomenon. When participants reported not remembering an item, the accuracy of their self-reported

response was no better than chance.

[1083]

Treating psychological problems in medical settings: primary care as the de facto mental health system and the role of hypnosis  
Int J Clin Exp Hypn. 2005 Jul;53(3):290-305  
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Psychological comorbidity with medical illness is associated with poor health status, complicated medical management, and increased utilization and greater costs of medical services. Hypnosis practitioners in specialty psychological or psychiatric treatment settings infrequently treat such patients, since there is a greater likelihood of patients' psychological problems being treated solely in primary medical care. Referring patients from primary care to the mental health system will most likely not result in patients initiating psychological or hypnotic treatment. At the same time, integrated provision of medical and psychological treatment in the medical office has demonstrated much higher rates of initiation of treatment and improved medical outcomes. Although hypnosis has been found to be an empirically effective treatment for many medical problems, when hypnosis practitioners do not practice in these medical sites then patients do not have access to effective hypnotic interventions for cotreatment of medical problems.

[1084]

Preferences for descriptors of hypnosis: a brief communication  
Int J Clin Exp Hypn. 2005 Jul;53(3):281-9  
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Alternative descriptors of the capacity to experience hypnosis, intended to describe the same phenomenon, appear in the current literature. Published members of the Society for Clinical and Experimental Hypnosis (SCEH) were surveyed to determine their preferences. The descriptors were empirically derived from recent International Journal of Clinical and Experimental Hypnosis articles and input from the executive committee of SCEH. Participants also indicated their primary theoretical conceptualization of hypnosis. Hypnotizability was chosen nearly 4 times more frequently than the next most favored choice (susceptibility) as a descriptor of hypnotic talent. Hypnosis as an "identifiable state" was chosen more than 4 times more frequently than the socio-cognitive version. This latter finding suggests that the notion of the continued debatability of hypnosis as primarily a state is now shared by only a few.

[1085]

The importance of being earnest when crafting definitions: science and scientism are not the same thing  
Int J Clin Exp Hypn. 2005 Jul;53(3):265-80  
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The APA Division 30 definition of hypnosis is laudable in some respects. For instance, the committee rightly defines the "induction" as nothing more or less than the first suggestion after the introduction. However, the definition stumbles over its nonposition on whether the word hypnosis must be uttered during the procedure. This equivocation invites research designs that preemptively define a hypnotic group and a control group in terms of whether or not the word hypnosis is used in the protocol. These designs represent a backslide into naive operationism; they reveal little new about human nature or hypnosis. The field deserves an optimally heuristic definition that preserves pluralism and is relatively resistant to the teflon shield of preemptive definition. Researchers and practitioners require a definition that recognizes the incompleteness of our concepts, generates a level epistemological playing field, and enables hypnosis theories to "reach."

[1086]

Forging ahead: the 2003 APA Division 30 definition of hypnosis  
Int J Clin Exp Hypn. 2005 Jul;53(3):259-64  
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The article describes the rationale for and the process of developing a new definition of hypnosis by the Society of Psychological Hypnosis, Division 30 of the American Psychological Association. Both theoretical and practical implications led to the production of the definition, which is targeted toward informing clinicians, researchers, and the lay public alike. The definition is presented at the conclusion of the article.

[1087]

Attention and hypnosis: neural substrates and genetic associations of two converging processes  
Int J Clin Exp Hypn. 2005 Jul;53(3):237-58  
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Although attention is a central theme in psychological science, hypnosis researchers rarely incorporate attentional findings into their work. As with other biological systems, attention has a distinct anatomy that carries out basic psychological functions. Specific brain injuries, states, and drugs can all influence attentional networks. Investigation into these networks using modern neuroimaging techniques has revealed important mechanisms involved in attention. In this age of genomics, genetic approaches can supplement these neuroimaging techniques. As genotyping becomes an affordable and technologically viable complement to phenotyping, exploratory genetic assays offer insights into the genetic bases of both attention and hypnotizability. This paper discusses relevant aspects of attentional mechanisms and their underlying neuroanatomy as they relate to hypnosis. Underlining data from attentional networks, neuroimaging, and genetics, these findings should help to explain individual differences in hypnotizability and the neural systems subserving hypnosis.

[1088]

The struggle to listen: continuing reflections, lingering paradoxes, and some thoughts on recovery of memory  
J Am Psychoanal Assoc. 2005 Summer;53(3):789-810  
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This paper offers a further expansion of the author's continuing endeavor to highlight and explore subtle distinctions and lingering paradoxes in how we listen, and to reconsider their profound implications for clinical work and discovery. Several perhaps commonplace clinical moments are used to sharpen illumination on psychic experience that might otherwise remain outside conscious awareness, whether in the domain of the repressed or in other mnemonic realms, such as "implicit" or "procedural" memory. It is suggested that added dimensions of these different levels of memory may, through our struggle to listen, be ultimately knowable.

[1089]

Source monitoring in eyewitness memory: implicit associations, suggestions, and episodic traces  
Mem Cognit. 2005 Jul;33(5):759-69  
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Both the distinctiveness heuristic and discrepancy detection hypotheses were investigated by independently manipulating both schema consistency and incidental suggestion in an eyewitness memory paradigm. A sequence of slides was shown, followed by a postevent questionnaire that contained both schema-typical and schema-atypical information. Fifteen minutes later, a source-monitoring task was administered. In Experiment 1, the proportion of source misattribution errors was greater for schema-typical items than for schema-atypical items, and the proportion of errors on suggested items was greater than that on control items. Suggestion affected schema-typical and schema-atypical items equally, providing no support for the predictions of either hypothesis. In Experiment 2, the interval between the questionnaire and the source test was manipulated. The results of Experiment 1 were replicated under the short delay, whereas the proportion of errors increased under the long delay. An associative network model involving two types of episodic traces was used to account for the results.

[1090]

The dynamics of the spatial synchronization of brain biopotentials in conditions of intense attention in the hypnotic state  
Neurosci Behav Physiol. 2005 Jul;35(6):643-7  
Tambiev AE, Medvedev SD

Twelve mentally healthy women aged 21-38 years were studied in the state of consciousness and hypnosis. The main study method was electroencephalography with assessment of the spatial synchronization of brain biopotentials (SSBP). Suggestion of high-intensity attention delivered to subjects in the hypnotic state was found to lead to significant reorganization of SSBP, with increases in SSBP between both occipital areas, the right temporal area, and other parts of the brain. The dynamics of brain SSBP in intense attention were opposite in the hypnotic and conscious states, which appears to result from the temporary exclusion in the hypnotic state of the functions of the frontal areas of the cortex responsible for conscious control and regulation of ongoing activity.

[1091]

Systematic review of hypnotherapy for treating symptoms in terminally ill adult cancer patients  
Palliat Med. 2005 Jul;19(5):418-26  
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The aim of this review was to find the evidence for or against the use of hypnotherapy in the treatment of symptoms in terminally ill adult cancer patients. The title and abstract were evaluated following a search through Index Medicus/MEDLINE, EMBASE, CINHAHL, CancerLit, AHMED, Psychinfo, CISCOP, Cochrane and DARE. Search terms included hypnotherapy, cancer, terminal care and palliative care. Inclusion criteria included systematic reviews, randomized controlled trials, observational and prospective studies, retrospective surveys, case studies and reports. A total of 27 papers were evaluated. Two reviewers assessed the studies, one extracted the relevant data and 10% were evaluated independently by a third reviewer. The 27 papers comprised a randomized controlled trial, an observational study, a retrospective questionnaire and 24 case studies. Hypnotherapy was used to treat a variety of symptoms, including pain, anxiety and depression. The poor quality of the studies and heterogeneity of the study population limited further evaluation; further research is required to understand the role of hypnotherapy in managing symptoms.

[1092]

[Migraine in childhood] [Article in French]  
Rev Neurol (Paris). 2005 Jul;161(6-7):687-8  
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In childhood and adolescence, migraine is the main primary headache. This diagnosis is largely underestimated and misdiagnosed in the pediatric population. Because of the lack of specific biologic markers, specific investigation tools or brain imaging techniques, these clinical entities are too often considered to be a psychological illness. Migraine is a severe headache evolving by stereotyped attacks associated with marked digestive symptoms (nausea and vomiting); throbbing pain and sensitivity to sound or light are common symptoms; the attack is sometimes preceded by a visual or sensory aura. During attacks, pain intensity is severe; most of the children have to lie down. Abdominal pain is frequently associated, rest brings relief and sleep often ends the attack. The prevalence of migraine varies between 5 percent and 10 percent in childhood. In children, the duration of the headache is quite often shorter than in adults; it is more often frontal and bilateral (2/3 of cases) than one-sided. Migraine is a disabling illness: children with migraine miss more school days in a school year than their matched controls. Migraine episodes are frequently triggered by several factors: emotional stress (school pressure, vexation, excitement: upset), hypoglycemia, lack of sleep or excess (week end migraine), sensorial stimulation (loud noise, bright light, strong odor, heat or cold...), sympathetic stimulation (sports, physical exercise). Treatment must be given early at onset of attacks; oral ibuprofen (10 mg/kg) is recommended. If the oral route is not available because of nausea or vomiting, the rectal or nasal routes can be used. Triptan can be prescribed (body weight above 30 kg) when NSAID (prescribed at right dose and time) fail to abort the attack. Non-drug treatments (relaxation training, self hypnosis, biofeedback) have shown to have good efficacy as prophylactic measures. Daily prophylactic drug treatments are prescribed in second line after failure of non-drug treatment.

[1093]

Molecular and systemic mechanisms of general anaesthesia: the 'multi-site and multiple mechanisms' concept  
Curr Opin Anaesthesiol. 2005 Aug;18(4):386-91  
Grasshoff C, Rudolph U, Antkowiak B  
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PURPOSE OF REVIEW: Amnesia, hypnosis and immobility are essential components of general anaesthesia. This review highlights recent advances in our understanding of how these components are achieved at a molecular level. RECENT FINDINGS: Commonly used volatile anaesthetic agents such as isoflurane or sevoflurane cause immobility by modulating multiple molecular targets predominantly in the spinal cord, including gamma-aminobutyric acidA receptors, glycine receptors, glutamate receptors and TREK-1 potassium channels. In contrast, intravenously applied drugs such as propofol or etomidate depress spinal motor reflexes almost exclusively via enhancing gamma-aminobutyric acidA receptor function. Studies on knock-in animals showed that etomidate and propofol act via gamma-aminobutyric acidA receptors containing beta3 subunits, whereas gamma-aminobutyric acidA receptors including alpha2 and gamma subunits mediate the myorelaxant properties of diazepam. These findings suggest that a large fraction of gamma-aminobutyric acidA receptors in the spinal cord assemble from alpha2, beta3 and most probably gamma2 subunits. The hypnotic actions of etomidate are mediated by beta3-containing gamma-aminobutyric acidA receptors expressed in the brain. In contrast, gamma-aminobutyric acidA receptors harbouring beta2 subunits produce sedation, but not hypnosis. Furthermore, there is growing evidence that extrasynaptic gamma-aminobutyric acidA receptors in the hippocampus containing alpha5 subunits contribute to amnesia. SUMMARY: Clinical anaesthesia is based on drug actions at multiple anatomical sites in the brain. The finding that amnesia, hypnosis and immobility involve distinct molecular targets opens new avenues for developing improved therapeutic strategies in anaesthesia.

[1094]

Functional dyspepsia pathogenesis and therapeutic options--implications for management  
Dig Liver Dis. 2005 Aug;37(8):547-58  
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Functional dyspepsia is far more common than dyspepsia due to organic disease, both in the community and general practice. Proposed aetiopathogenic factors include gastric acid, *Helicobacter pylori* infection, delayed emptying, hypersensitivity or impaired accommodation of the stomach, dysfunction of the duodenum or brain-gut axis, psychosocial morbidity and post-infective mucosal damage. More effective therapy will depend on the development of drugs targeted at these putative pathophysiological mechanisms. On current evidence tricyclic antidepressants appear to be more effective than either acid suppressants or *H. pylori* eradication.

[1095]

Suggestibility, social support, and memory for a novel experience in young children  
J Exp Child Psychol. 2005 Aug;91(4):315-41  
Quas JA, Wallin AR, Papini S, Lench H, Scullin MH  
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This study examined 5- and 6-year-olds' suggestibility and interviewer demeanor as joint predictors of their memory for a novel experience. Session 1 consisted of children taking part in a novel laboratory event. Session 2 took place after approximately a 1-week delay and consisted of children completing both a memory test concerning what happened during the prior event and the Video Suggestibility Scale for Children (VSSC). During the second session, the interviewer behaved either supportively or nonsupportively. Greater acquiescence on the VSSC was associated with fewer correct responses to misleading questions about the laboratory event in the supportive and nonsupportive conditions and with more errors in response to specific questions in the nonsupportive condition. Results indicate that individual differences in children's suggestibility are related to the accuracy of their memory for separate events, although some of these relations may vary depending on the context in which children are interviewed.

[1096]

Do jurors "know" what isn't so about child witnesses?  
Law Hum Behav. 2005 Aug;29(4):425-56  
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Are expert witnesses needed in child sexual abuse cases to educate jurors about children's memory, suggestibility, and reactions to abuse, or do jurors already know what such experts could tell them? To cast light on this question, we surveyed jurors and jury-eligible college students and compared their beliefs with what is known via scientific research regarding children's memory and ability to testify, reactions to interrogation, and reactions to sexual abuse. We also asked participants to infer results of four widely cited studies of children's suggestibility. Participants' beliefs were consistent with findings from research on some issues (e.g., that children can be led to claim that false events occurred) but diverged from the scientific consensus on other issues (e.g., whether children can remember painful events in infancy). Similarly, participants sometimes overestimated and sometimes underestimated the level of suggestibility observed in empirical studies. Individual differences in accuracy were related to participants' gender, education and ethnicity, and there was considerable disagreement among participants on many questions. Implications of findings for the admissibility of expert testimony in child abuse cases are discussed.

[1097]

Modulation of pain-induced endothelial dysfunction by hypnotisability  
Pain. 2005 Aug;116(3):181-6  
Jambrik Z, Santarcangelo EL, Rudisch T, Varga A, Forster T, Carli G  
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Mental stress induces endothelial dysfunction, that is a reduction of the post-occlusion brachial artery flow-mediated vasodilation (FMD). This does not occur in subjects highly susceptible to hypnosis (Highs) in either the waking or hypnotic state. The aim of the present experiment was to assess whether endothelial dysfunction is also induced by acute nociceptive stimulation and whether high hypnotisability and/or the specific instruction of analgesia prevent its occurrence in awake highly hypnotizable individuals. Thus, nine Highs and nine subjects with low susceptibility to hypnosis (Lows) underwent an experimental session including the administration of pressor pain and of pressor pain associated with the instruction of analgesia. Heart rate, basal artery diameters and brachial artery flow-mediated vasodilation were measured during stimulation and rest conditions. Heart rate exhibited slight changes not modulated by hypnotisability. During painful stimulation both Highs and Lows showed a decrease of FMD, but it was significantly less pronounced in Highs. During the administration of painful stimulation together with the instruction of analgesia, only Highs reported analgesia and their FMD no longer decreased. This study provides the first evidence of pain-related endothelial dysfunction and extends previous findings concerning a sort of natural protection of Highs against the vascular effects of mental stress to acute pain.



[1098]

Perceptually oriented hypnosis: cross-cultural perspectives

Psychol Rep. 2005 Aug;97(1):141-57

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Literature is reviewed and summarized relevant to present cross-cultural, shamanic, and spiritual aspects of hypnosis. Explanations are offered within the framework of Woodard's theory of Perceptually Oriented Hypnosis. Research on cross-cultural aspects of hypnosis could enhance understanding of phenomenological and perceptual aspects of hypnosis, increase knowledge of hypnotic phenomena, and expand understanding of perceptual awareness. A summary of the qualitative research methodologies to enhance understanding of multicultural hypnotic experiences is presented. This groundwork provides for further exploration of cross-cultural hypnosis. Surprisingly, some suggestions have remained underutilized or not published.

[1099]

A preliminary phenomenological study of being hypnotized and hypnotizing

Psychol Rep. 2005 Oct;97(2):423-66

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This paper presents phenomenological research conducted following Woodard's phenomenological and perceptual research methodology for understanding hypnotic experiencing. The research emphasizes examining the internal experientings of individuals involved in hypnotic experiencing. Examples are presented of Individual Situated Structures and the General Structures from both a group of 8 participants who hypnotized their clients and another group of 17 individuals who volunteered to be hypnotized. The explicated themes identified in hypnotic experiencing (the hypnotic relationship, phenomenology of trance, use of imagination, problem with psychic energy, a gestalt of experiencing, and linear-nonlinear experiencing) are discussed. The author discusses limitations of this study and suggestions for further work.

[1100]

Hypnotic disgust makes moral judgments more severe

Psychol Sci. 2005 Oct;16(10):780-4

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Highly hypnotizable participants were given a posthypnotic suggestion to feel a flash of disgust whenever they read an arbitrary word. They were then asked to rate moral transgressions described in vignettes that either did or did not include the disgust-inducing word. Two studies show that moral judgments can be made more severe by the presence of a flash of disgust. These findings suggest that moral judgments may be grounded in affectively laden moral intuitions.

[1101]

False beliefs about fattening foods can have healthy consequences

Proc Natl Acad Sci U S A. 2005 Sep 27;102(39):13724-31. Epub 2005 Aug 3

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We suggested to 228 subjects in two experiments that, as children, they had had negative experiences with a fattening food. An additional 107 subjects received no such suggestion and served as controls. In Experiment 1, a minority of subjects came to believe that they had felt ill after eating strawberry ice cream as children, and these subjects were more likely to indicate not wanting to eat strawberry ice cream now. In contrast, we were unable to obtain these effects when the critical item was a more commonly eaten treat (chocolate chip cookie). In Experiment 2, we replicated and extended the strawberry ice cream results. Two different ways of processing the false suggestion succeeded in planting the false belief and producing avoidance of the food. These findings show that it is possible to convince people that, as children, they experienced a negative event involving a fattening food and that this false belief results in avoidance of that food in adulthood. More broadly, these results indicate that we can, through suggestion, manipulate nutritional selection and possibly even improve health.

[1102]

Understanding pain, part 2: pain management

Br J Nurs. 2005 Sep 22-Oct 12;14(17):904-9

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This article is the second in a two-part series which explores pain and its management from a physiological perspective. Nurses play an important role in assessing and managing pain. Effective pain management by nurses requires them to have an understanding of the biological basis of the pain interventions which may be used to control pain. This article emphasizes the importance of pain assessment as a precursor for effective pain management and explores the biological basis of pain interventions which contribute to pain control. The role of non-pharmacological approaches in alleviating pain and their actions which contribute to pain relief are explored. The three main types of pharmaceutical agents used, non-opioids, opioids and adjuvant drugs, are introduced and their mechanisms of actions discussed.

[1103]

Complementary therapies for reducing body weight: a systematic review

Int J Obes (Lond). 2005 Sep;29(9):1030-8

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The prevalence of obesity is increasing at an alarming rate and a plethora of complementary therapies are on offer claiming effectiveness for reducing body weight. The aim of this systematic review is to critically assess the evidence from randomized controlled trials (RCTs) and systematic reviews of complementary therapies for reducing body weight. Literature searches were conducted on Medline, Embase, Amed, and the Cochrane Library until January 2004. Hand-searches of relevant medical journals and bibliographies of identified articles were conducted. There were no restrictions regarding the language of publication. Trial selection, quality

assessment and data abstraction were performed systematically and independently by two authors. Data from RCTs and systematic reviews, which based their findings on the results of RCTs, were included. Six systematic reviews and 25 additional RCTs met our inclusion criteria and were reviewed. The evidence related to acupuncture, acupressure, dietary supplements, homeopathy and hypnotherapy. Except for hypnotherapy, Ephedra sinica and other ephedrine-containing dietary supplements the weight of the evidence is not convincing enough to suggest effectiveness. For these interventions, small effects compared with placebo were identified. In conclusion, our findings suggest that for most complementary therapies, the weight of the evidence for reducing body is not convincing. Hypnotherapy, E. sinica and other ephedrine-containing dietary supplements may lead to small reductions in body weight. However, the intake of E. sinica and ephedrine is associated with an increased risk of adverse events. Interventions suggesting positive effects in single RCTs require independent replication.

[1104]

Hypnosis for pain management in the older adult

Pain Manag Nurs. 2005 Sep;6(3):105-11

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Pain is a physical, emotional and psychologic phenomenon that is often ignored in older adults causing depression and poor quality of life. Older adults report the use of complementary and alternative medicine in some form with 80% of these users reporting improvement in their health conditions. Although physical pain in the older adult is usually managed with pharmacologic interventions, methods that may reduce the use of prescription drugs may decrease adverse effects that can compromise the physiologic state of the older adult. Hypnosis has continued to gain acceptance within mainstream medicine as an appropriate treatment and can be integrated safely with conventional medicine as an effective treatment for a variety of conditions in the older adult. It is an intervention that can be used for relaxation and pain control, especially when conventional pharmacologic regimens have failed. The purpose of this article is to review the concepts related to pain in older adults; the use of complementary and alternative medicine in the older adult; hypnosis and the older adult (i.e., background, definition, benefits, research, mechanism of action, hypnotizability, and the process); and the implications of using hypnosis for pain management in the older adult.

[1105]

Studentized maximum root procedures for coherent analyses of two-factor fixed-effects designs

Psychol Methods. 2005 Sep;10(3):352-66

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The authors provide generalizations of R. J. Boik's (1993) studentized maximum root (SMR) procedure that allow for simultaneous inference on families of product contrasts including simple effect contrasts and differences among simple effect contrasts in coherent analyses of data from 2-factor fixed-effects designs. Unlike the F-based simultaneous test procedures (STPs) proposed by M. A. Betz and K. R. Gabriel (1978) for coherent analyses allowing for inferences on all factorial contrasts, SMR STPs are designed for analyses where each contrast of interest is a product contrast, which is usually the case in analyses of data from factorial experiments. When both factors have more than 2 levels, SMR STPs always provide more power and precision than F STPs for inferences on product contrasts. Copyright 2005 APA, all rights reserved.

[1106]

Imagined risk of suffocation as a trigger for hyperventilation

Psychosom Med. 2005 Sep-Oct;67(5):813-9

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**OBJECTIVE:** Although hyperventilation has been hypothesized to play a role in many pathologies, its critical triggers remain poorly understood. The present experiment aimed to test whether stronger hyperventilation responses occur in response to suggested risk of suffocation compared with other fearful situations in high- and low-trait anxious women. **METHODS:** Fractional end-tidal CO<sub>2</sub>-concentration (FetCO<sub>2</sub>), respiratory frequency, and inspiratory volume were measured noninvasively in high- (n = 24) and low- (n = 24) trait anxious women during imagery of 3 fear, 1 tension, 1 depressive, and 3 relaxation scripts. The fear scripts were equal in ratings of unpleasantness and arousal but differed regarding the inclusion of suggested risk of suffocation and entrapment. After each imagery trial, participants rated the emotional dimensions of pleasantness, arousal, and dominance and the vividness of their imagery. **RESULTS:** Decreases in FetCO<sub>2</sub> occurred in all fear scripts. High-trait anxious women showed a stronger reduction in FetCO<sub>2</sub> compared with low-trait anxious women during the fear script suggesting risk of suffocation but not during the other fear scripts. This effect was unrelated to any of the self-reported fear ratings. Self-reported fear of entrapment was associated with an overall lower FetCO<sub>2</sub> but not with enhanced reactivity to imagined entrapment. **CONCLUSION:** High-trait anxiety is associated with stronger respiratory responsivity to imagined risk of suffocation and may constitute a specific vulnerability factor for the development of panic disorder and claustrophobia.

[1107]

[Autogenic training as a therapy for adjustment disorder in adolescents]

[Article in Serbian]

Srp Arh Celok Lek. 2005 Sep-Oct;133(9-10):424-8

Jojic BR, Leposavic LM

**INTRODUCTION:** Autogenic training is a widespread technique used in psychotherapy. The British school of autogenic training cites a large list of diseases, health states, and life changes, in which autogenic training can be of help. We wanted to explore the application of autogenic training as a therapy for adjustment disorder in adolescents. The sample consisted of a homogeneous group of 31 individuals, with an average age of 17.3 +/- 0.2 years, who were diagnosed with adjustment disorder, F 43.2, in accordance with ICD 10 search criteria. **OBJECTIVE:** The aim of our work was to figure out the influence of autogenic training on adjustment disorder, through biophysical and biochemical indicators, and to research the efficacy of autogenic training as a therapy for adjustment disorder in adolescents. **METHOD:** We observed adjustment disorder indicators and their changes in three phases, using initial, final, and control values, which we measured immediately before the beginning, immediately after the completion, and six months after the completion, of the practical course in autogenic training. We measured systolic and diastolic arterial blood pressure, brachial pulse rates, cortisol levels in plasma, cholesterol levels in blood, as well as glucose concentrations. During that period, autogenic training was employed as the sole therapy. **RESULTS:** The study confirmed our preliminary assumptions. The measurements we performed showed that arterial blood pressure, pulse rates, cholesterol and cortisol concentrations, after the application of autogenic training among adolescents

suffering from adjustment disorder, were lower than the initial values. They remained lower even six months after the completion of the practical course in autogenic training. CONCLUSION: We concluded that autogenic training significantly decreases the values of physiological indicators of adjustment disorder, diminishes the effects of stress in an individual, and eases the adaptation of adolescents to stress, helping with recovery.

[1108]

[Psychotherapy and psychocorrection in sanatorium rehabilitation of invalids with poor vision]

[Article in Russian]

Vopr Kurortol Fizioter Lech Fiz Kult. 2005 Sep-Oct;(5):23-6

Momot VA

Sanatorium rehabilitation of weak-sighted invalids shows that they need psychocorrection and psychotherapy. The corrective measures should be based on psychological examination results and subjective preferences of the weak-sighted invalids. Criteria of the design of corrective programs and their efficacy are described.

[1109]

Pain-related emotions modulate experimental pain perception and autonomic responses

Pain. 2005 Dec 5;118(3):306-18. Epub 2005 Nov 14

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The effect of emotions on pain perception is generally recognized but the underlying mechanisms remain unclear. Here, emotions related to pain were induced in healthy volunteers using hypnosis, during 1-min immersions of the hand in painfully hot water. In Experiment 1, hypnotic suggestions were designed to induce various positive or negative emotions. Compared to a control condition with hypnotic-relaxation, negative emotions produced robust increases in pain. In Experiment 2, induction of pain-related anger and sadness were found to increase pain. Pain increases were associated with increases in self-rated desire for relief and decreases in expectation of relief, and with increases in arousal, negative affective valence and decreases in perceived control. In Experiment 3, hypnotic suggestions specifically designed to increase and decrease the desire for relief produced increases and decreases in pain, respectively. In all three experiments, emotion-induced changes in pain were most consistently found on ratings of pain unpleasantness compared to pain intensity. Changes in pain-evoked cardiac responses (R-R interval decrease), measured in experiments 2 and 3, were consistent with changes in pain unpleasantness. Correlation and multiple regression analyses suggest that negative emotions and desire for relief influence primarily pain affect and that pain-evoked autonomic responses are strongly associated with pain affect. These results confirm the hypothesized influence of the desire for relief on pain perception, and particularly on pain affect, and support the functional relation between pain affect and autonomic nociceptive responses. This study provides further experimental confirmation that pain-related emotions influence pain perception and pain-related physiological responses.

[1110]

Review article: The history of hypnotherapy and its role in the irritable bowel syndrome

Aliment Pharmacol Ther. 2005 Dec;22(11-12):1061-7

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Hypnosis is a technique by which an individual can gain a degree of control over physiological as well as psychological function. This paper reviews the history of the phenomenon as well as the accumulating evidence that it is effective in relieving the symptoms of irritable bowel syndrome and improving the quality of life of sufferers. The physiological effects of hypnosis are also discussed coupled with an outline of how a hypnotherapy service might be provided.

[1111]

Hypnosis-associated blue-tinted vision: a case report

BMC Ophthalmol. 2005 Dec 1;5:28

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BACKGROUND: Self-hypnosis has been taught routinely at the SUNY Upstate Medical University for treatment of pulmonary symptoms thought to be amenable to psychological therapy. While using hypnosis for relaxation, four individuals, including a patient with cystic fibrosis, reported development of blue-tinted vision. Based on a search of the literature, we believe this is the first published report of hypnosis-associated blue-tinted vision. CASE PRESENTATION: The patient reported blue-tinted vision when he used hypnosis on an almost daily basis for seven years. The visual change typically occurred when he was relaxed. Moreover, a concurrent erection in the absence of sexual thoughts usually was present. The other three individuals reported blue-tinted vision after learning how to use hypnosis for relaxation as part of a group hypnosis instruction. CONCLUSION: The blue-tinted vision experienced by the individuals in this report may be the result of an hypnosis-induced primary change in cognitive processing. Additionally, as the relaxing effect of hypnosis can be associated with a reduction in blood pressure and increased blood flow, hypnosis-associated blue-tinted vision also may be related to retinal vasodilation.

[1112]

Treatment expectations for CAM interventions in pediatric chronic pain patients and their parents

Evid Based Complement Alternat Med. 2005 Dec;2(4):521-7. Epub 2005 Oct 10

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Patient expectations regarding complementary and alternative medicine (CAM) interventions have important implications for treatment adherence, attrition and clinical outcome. Little is known, however, about parent and child treatment expectations regarding CAM approaches for pediatric chronic pain problems. The present study examined ratings of the expected benefits of CAM (i.e. hypnosis, massage, acupuncture, yoga and relaxation) and conventional medicine (i.e. medications, surgery) interventions in 45 children (32 girls; mean age = 13.8 years +/- 2.5) and parents (39 mothers) presenting for treatment at a specialty clinic for chronic pediatric pain. Among children, medications and relaxation were expected to be significantly more helpful than the remaining approaches (P < 0.01). However, children expected the three lowest rated interventions, acupuncture, surgery and hypnosis, to be of equal benefit. Results

among parents were similar to those found in children but there were fewer significant differences between ratings of the various interventions. Only surgery was expected by parents to be significantly less helpful than the other approaches ( $P < 0.01$ ). When parent and child perceptions were compared, parents expected hypnosis, acupuncture and yoga, to be more beneficial than did children, whereas children expected surgery to be more helpful than did parents ( $P < 0.01$ ). Overall, children expected the benefits of CAM to be fairly low with parents' expectations only somewhat more positive. The current findings suggest that educational efforts directed at enhancing treatment expectations regarding CAM, particularly among children with chronic pain, are warranted.

[1113]

BIS monitor findings during self-hypnosis

J Clin Monit Comput. 2005 Dec;19(6):391-3. Epub 2006 Jan 25

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**OBJECTIVE:** We describe BIS values for a patient undergoing breast surgery under self-hypnosis in order to access the value of global surface EEG measures occurring during this process. **METHODS:** Following verbal consent, a BIS(TM) monitor (Aspect Medical, Newton MA) was placed and values measured while the patient performed self-hypnosis for a simple mastectomy and sentinel node biopsy. **RESULTS:** Thirty-nine minutes after incision the BIS value decreased transiently to 72 followed by several other transient decreases, the lowest of which was 59. Values remained at approximately 90 throughout most of the operative period. The BIS value returned to baseline after completion of the operation. **CONCLUSIONS:** Our findings support the hypothesis that hypnosis is a dynamic cerebral process incorporating many changes within brain activation centers and one distinct from dissociative patterns seen under anesthesia. Current algorithms employed by the BIS(TM) monitor add little to the management of patients utilizing hypnosis for analgesia.

[1114]

Pain and anxiety during interventional radiologic procedures: effect of patients' state anxiety at baseline and modulation by nonpharmacologic analgesia adjuncts

J Vasc Interv Radiol. 2005 Dec;16(12):1585-92

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**PURPOSE:** To assess how patients' underlying anxiety affects their experience of distress, use of resources, and responsiveness toward nonpharmacologic analgesia adjunct therapies during invasive procedures. **MATERIALS AND METHODS:** Two hundred thirty-six patients undergoing vascular and renal interventions, who had been randomized to receive during standard care treatment, structured empathic attention, or self-hypnotic relaxation, were divided into two groups: those with low state anxiety scores on the State-Trait Anxiety Inventory (STAI, scores  $< 43$ ;  $n = 116$ ) and those with high state anxiety scores ( $\geq 43$ ;  $n = 120$ ). All had access to patient-controlled analgesia with fentanyl and midazolam. Every 15 minutes during the procedure, patients rated their anxiety and pain on a scale of 0-10 (0, no pain/anxiety at all; 10, worst possible pain/anxiety). Effects were assessed by analysis of variance and repeated-measures analysis. **RESULTS:** Patients with high state anxiety levels required significantly greater procedure time and medication. Empathic attention as well as hypnosis treatment reduced procedure time and medication use for all patients. These nonpharmacologic analgesia adjunct treatments also provided significantly better pain control than standard care for patients with low anxiety levels. Anxiety decreased over the time of the procedure; patients with high state anxiety levels experienced the most significant decreases in anxiety with nonpharmacologic adjuncts whereas patients with low state anxiety levels coped relatively well under all conditions. **CONCLUSION:** Patients' state anxiety level is a predictor of trends in procedural pain and anxiety, need for medication, and procedure duration. Low and high state anxiety groups profit from the use of nonpharmacologic analgesia adjuncts but those with high state anxiety levels have the most to gain.

[1115]

[A case of fibromyalgia treated with medical and autogenic training]

[Article in Japanese]

Nippon Jibiinkoka Gakkai Kaiho. 2005 Dec;108(12):1171-4

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Fibromyalgia, which is relatively rare, may include symptoms of dizziness, vertigo and tinnitus. Subject was 38 years old woman reporting vertigo and whole body pain. Cochleovestibular function was normal. Pain was gradually intensified during her outpatient clinic and she was admitted. Treatments including intramuscular injection of botulinus toxin and intravenous injection of steroid were applied. Psychological counseling and autogenic training were effective in relieving her pain and vertigo. During her admission, several spells of vertigo occurred but no nystagmus was found. The abnormality in proprioception and neural disintegration may be related to vertigo. Treatment should start as early as possible together with psychological therapy.

[1116]

Wailing babies in her wake

Am Psychol. 2005 Nov;60(8):872-81

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The scientific study of child witnesses has influenced both developmental science and jurisprudence concerning children. Focusing on the author's own studies, 4 categories of research are briefly reviewed: (a) children's eyewitness memory and suggestibility; (b) memory for traumatic events in childhood; (c) disclosure of child sexual abuse; and (d) experiences of child victim/witnesses within the legal system. Implications for psychology and for legal practice are discussed. Copyright (c) 2005 APA, all rights reserved.

[1117]

Trying to recollect past events: confidence, beliefs, and memories

Clin Psychol Rev. 2005 Nov;25(7):917-34

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Numerous studies claim to have shown that false memories can be easily created in the laboratory. However, a critical analysis of the methods employed in these studies indicates that many of them do not address memory in the strict sense of the word. Instead, some of these studies assess the confidence that participants have in a fictitious (childhood) event, while others pertain to false beliefs about childhood events. While it is difficult to draw precise demarcation lines, we argue that inflated confidence, false beliefs, and false memories are different phenomena. Keeping the origins of these studies in mind (i.e., people who file lawsuits on the basis of their recovered memories), we propose that a fruitful, but stringent definition of false memories would incorporate their consequences. Thus, we argue that this research domain would profit from studies looking explicitly at whether experimental manipulations intended to implant false memories have overt behavioral consequences.

[1118]

The effects of prior knowledge on children's memory and suggestibility

J Exp Child Psychol. 2005 Nov;92(3):247-75. Epub 2005 Jul 22

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In this study, 5- and 6-year-olds were read a story and asked to recall its details. Two independent factors—prestory knowledge and poststory suggestions—were crossed to examine the effects on children's story recall. The results indicated that prestory social knowledge about the story protagonist as well as academic knowledge relating to the content of the story influenced the accuracy of children's recall immediately after the story presentation. Following the suggestive interview, children reported interviewer-provided social and academic misinformation to a greater extent when the misinformation was consistent with their prior knowledge. In contrast, children were more likely to refute misinformation that contradicted their academic knowledge. These findings are discussed in terms of the mechanisms underlying the knowledge-memory and knowledge-suggestibility linkages.

[1119]

Changes in mismatch negativity across pre-hypnosis, hypnosis and post-hypnosis conditions distinguish high from low hypnotic susceptibility groups

Brain Res Bull. 2005 Oct 30;67(4):298-303

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The role of alterations in mismatch negativity (MMN) in hypnosis was examined by recording MMN of the auditory ERP at frontal (F3, Fz, and F4) and mastoid (M1 and M2) placements. Frontal MMN is believed to reflect activity in right anterior cortical generators, whereas MMN at mastoid leads reflects generators located bilaterally in the temporal auditory cortex. MMN recordings were obtained in 11 low and 12 high hypnotically susceptible participants in three successive blocks; pre-hypnosis, hypnosis and post-hypnosis. Frontal (but not temporal) MMN showed a significant quadratic trend across testing conditions. It increased during hypnosis and then dropped post-hypnosis for both susceptibility groups. Linear trends for frontal and temporal MMN showed directly opposite patterns of change in the interaction between hypnotic susceptibility and testing blocks. Frontal MMN built up linearly over the test blocks in high relative to low susceptibility participants. Temporal MMN showed the reverse pattern and increased linearly across test conditions in those with low relative to high hypnotic susceptibility.

[1120]

Psychosocial interventions for conversion disorder

Cochrane Database Syst Rev. 2005 Oct 19;(4):CD005331

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**BACKGROUND:** Conversion disorder is an alteration or loss of physical functioning suggestive of a physical disorder that is thought to be due to a psychological stressor or conflict. The fact that many theories about the cause of conversion disorder focus on psychological and social factors would suggest that a psychosocial intervention might be of most benefit. **OBJECTIVES:** To investigate the efficacy of psychosocial interventions on people diagnosed with conversion disorder compared with standard care, a biological intervention or another psychosocial intervention. **SEARCH STRATEGY:** We searched the Cochrane Depression, Anxiety and Neurosis Group Trials Register (May 2004), various databases on OVID (February 2004), handsearched reference lists and textbooks on conversion disorder and contacted relevant authors. **SELECTION CRITERIA:** We included all randomised controlled trials that compared psychosocial interventions for conversion disorder with standard care or other interventions (biological or psychosocial). **DATA COLLECTION AND ANALYSIS:** We reliably selected, quality assessed and extracted data from the studies. For dichotomous outcomes we calculated a relative risk with its associated 95% confidence interval and a number needed to treat. For continuous data we calculated a weighted mean difference. **MAIN RESULTS:** The search identified 260 references, 217 were clearly not relevant to this review and excluded on the basis of their titles and abstracts, 40 more were excluded after reading the full papers (the reasons are given in the excluded studies tables) and only three studies (total n = 119) met the inclusion criteria. One study was concerned with paradoxical injunction therapy and the other two studied the value of hypnosis. The three studies had different interventions and control groups so the results could not be combined. All of the studies were of poor methodological quality and it is therefore difficult to place much value on the results of the studies. We were unable to include some data because of poor reporting. **AUTHORS' CONCLUSIONS:** Randomised studies are possible in this field. The use of psychosocial interventions for conversion disorder requires more research and it is not possible to draw any conclusions about their potential benefits or harms from the included studies.

[1121]

Helping children with asthma by repairing maternal-infant bonding problems

Am J Clin Hypn. 2005 Oct-2006 Jan;48(2-3):199-211

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Studies about the psychology of childhood asthma have revealed that parenting difficulties are related to the development of asthma in some children. Disruptions in maternal-infant bonding are highly correlated with pediatric asthma and are presented as a cause for these parenting problems. Bonding problems are known to be caused most often by physical separation at birth or by some recent trauma in the mother's life. By using hypnosis to remove the pain of the separation or trauma in the mother, and by creating a new birth history in her imagination, some children's asthmatic symptoms have been shown to remit or greatly improve. The hypnotic method for this treatment is described.

[1122]

Treatment of binge eating with automatic word processing and self-hypnosis: a case report

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Am J Clin Hypn. 2005 Oct-2006 Jan;48(2-3):191-8

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Binge eating frequently is related to emotional stress and mood problems. In this report, we describe a 16-year-old boy who utilized automatic word processing (AWP) and self-hypnosis techniques in treatment of his binge eating, and associated anxiety, insomnia, migraine headaches, nausea, and stomachaches. He was able to reduce his anxiety by gaining an understanding that it originated as a result of fear of failure. He developed a new cognitive strategy through AWP, after which his binge eating resolved and his other symptoms improved with the aid of self-hypnosis. Thus, AWP may have helped achieve resolution of his binge eating by uncovering the underlying psychological causes of his symptoms, and self-hypnosis may have given him a tool to implement a desired change in his behavior.

[1123]

Hypnotic treatment of PTSD in children who have complicated bereavement

Am J Clin Hypn. 2005 Oct-2006 Jan;48(2-3):183-9

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Although conceptualized as a normal reaction to loss and not classified as a mental disorder, grief can be considered a focus of treatment. When grief complicates and becomes pathological by virtue of its duration, intensity, and absence or by bizarre or somatic manifestation, a psychiatric diagnosis is in order. Childhood PTSD in Complicated Bereavement is a condition derived from the loss of a loved one when the nature of death is occasioned through traumatic means. The traumatic nature of the loss engenders trauma symptoms, which impinge on the child's normal grieving process and his/ her ability to negotiate the normal grieving system. The 2 cases presented herein constitute single session treatment with clinical hypnosis of PTSD, a result of the traumatic loss of the paternal figures. The setting in which these cases took place was rural Guatemala. Treatment consisted of single session hypnosis with the Hypnotic Trauma Narrative, a tool designed to address the symptomatology of PTSD. Follow-up a week later and telephone follow-up 2 months later demonstrated the resolution of traumatic manifestations and the spontaneous beginning of the normal grief process.

[1124]

Prospects for exploring the molecular-genomic foundations of therapeutic hypnosis with DNA microarrays

Am J Clin Hypn. 2005 Oct-2006 Jan;48(2-3):165-82

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A new perspective on how therapeutic hypnosis and neuroscience may be integrated on the molecular-genomic level is offered as a guide for basic research and clinical applications. An update of Watson and Crick's original formulation of molecular biology is proposed to illustrate how psychosocial experiences modulate gene expression, protein synthesis, and brain plasticity during memory trace reactivation for the reorganization of neural networks that encode fear, stress, and traumatic symptoms. Examples of the scientific literature on DNA microarrays are used to explore how this new technology could integrate therapeutic hypnosis, neuroscience, and psychosocial genomics as a new foundation for mind-body medicine. Researchers and clinicians in therapeutic hypnosis need to partner with colleagues in neuroscience and molecular biology that utilize DNA microarray technology. It is recommended that hypnotic susceptibility scales of the future incorporate gene expression data to include the concept of "embodied imagination" and the "ideoplastic faculty" on a molecular-genomic level as well as the psychological and behavioral level of ideomotor and ideosensory responses that are currently assessed.

[1125]

Pain reduction is related to hypnotizability but not to relaxation or to reduction in suffering: a preliminary investigation

Am J Clin Hypn. 2005 Oct-2006 Jan;48(2-3):153-61

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The present study examined the facilitation of pain reduction through the use of a pain reduction protocol. The protocol emphasized converting pain sensations into visual and auditory representations, which then were manipulated through therapeutic suggestion. Hypnosis was not mentioned in the intervention, minimizing creation of expectancy effects related to hypnosis. At the conclusion of the study, the Stanford Clinical Hypnotic Scale was administered. Measures of relaxation and reduction of suffering were not related to hypnotizability. However, pain reduction was significantly related to hypnotizability ( $r = .55, P < .001$ ). High hypnotizables had a greater reduction in pain than low hypnotizables, even though both had equivalent degrees of relaxation.

[1126]

Reaction to pain stimulus before and during hypnosis measured by pupillary reaction

Am J Clin Hypn. 2005 Oct-2006 Jan;48(2-3):145-52

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The aim of this study was to investigate the analgesic effects of hypnotic pain control on experimental pain by measuring pupil reactions as an objective psycho-physiologic parameter. Twenty-two healthy volunteers (11 female and 11 male) aged between 22 and 35 years participated in the study. Pupil diameter was measured as baseline measurement (i.e., static measurement) in the non-hypnotic and in the hypnotic state. Pupil diameter changes to a standardized pain stimulus were measured in the non-hypnotic and hypnotic state and compared. Additionally, a Fourier analysis of pupil oscillations reflecting central nervous activation during the static measurement (25.6 sec) was calculated. During the hypnotic state the pain related pupil dilation was significantly smaller than during the non-hypnotic state. Pupil oscillations were significantly reduced during hypnosis.

[1127]

Some polite applause for the 2003 APA Division 30 definition of hypnosis

Am J Clin Hypn. 2005 Oct-2006 Jan;48(2-3):99-106

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The authors argue that the new definition of hypnosis by Division 30 of the American Psychological Association contains questionable information about the role of imagination in hypnosis, about the use versus omission of the word hypnosis in inductions, and about the nature of individual differences and their relation to the standardized scales. In addition, the definition appears to conflate formal and exemplar-based types of definition, and it does not seem particularly well-tuned to the interests of lay persons. The authors advance some suggestions for future definitional efforts.

[1128]

Whither spontaneous hypnosis: A Critical issue for practitioners and researchers

Am J Clin Hypn. 2005 Oct-2006 Jan;48(2-3):91-7

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The critical aspects of recognizing that hypnotic responses are part of everyday life for those who are hypnotizable are considered. The failure of the American Psychological Association (APA) definition to include spontaneous hypnosis is discussed along with the resultant implications for misinforming clinicians, researchers and the public.

[1129]

The use of relaxation, hypnosis, and imagery in sport psychiatry

Clin Sports Med. 2005 Oct;24(4):973-7, xi

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Hypnosis is a procedure during which a mental health professional suggests that a patient experience changes in sensations, perceptions, thoughts, or behavior. The purpose of this article is to briefly describe the use of various methods of relaxation, hypnosis, and imagery techniques available to enhance athletic performance. The characteristics that these techniques have in common include relaxation, suggestibility, concentration, imaginative ability, reality testing, brain function, autonomic control, and placebo effect. Case studies are provided for illustration.

[1130]

Complementary psychocutaneous therapies in dermatology

Dermatol Clin. 2005 Oct;23(4):723-34

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The skin and the nervous system develop side by side in the fetus and remain intimately interconnected and interactive throughout life. Because of the skin-nervous system interactions, there is a significant psychosomatic or behavioral component to many dermatologic conditions. This permits complementary nonpharmacologic psychotherapeutic interventions, such as acupuncture, aromatherapy, biofeedback, cognitive-behavioral therapy, hypnosis, placebo, and suggestion, to have positive impacts on many dermatologic diseases. Complementary pharmacologic psychotherapeutic interventions, such as herbs and supplements, also may help improve some dermatologic disorders.

[1131]

Salient findings: hypnosis in medical settings

Int J Clin Exp Hypn. 2005 Oct;53(4):430-6

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Five papers of special interest to medical researchers and clinicians have recently appeared in the general scientific and medical literatures. Three of these papers are original clinical research studies evaluating whether hypnosis can be useful in treating acute stress disorder, allergic rhinitis, and distress associated with an invasive medical procedure for children. The remaining two articles critically review the empirical literature on whether and how hypnosis might be useful in a number of medical specialties.

[1132]

False reports of childhood events in appropriate interviews

Memory. 2005 Oct;13(7):700-10

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The present study employed the "parental misinformation" paradigm to examine whether individuals report false events from their childhood even when they are interviewed in an appropriate manner by a trained interviewer. Each participant was interviewed on three occasions. By the final interview, one participant produced a "full" report, and six participants produced "partial" reports, of childhood events that did not occur. Although participants reported perceiving greater pressure to report the false events than the real events, independent judges' ratings of social pressure in the interviews did not differ as a function of what type of event participants were being asked about. Participants also reported higher confidence in their parents', compared to their own, recall of events from their childhood. False reports were also positively correlated with scores on both the full and the revised versions of the Dissociative Experiences Scale, and negatively correlated with score on the Self-Monitoring scale. These results indicate that, despite being interviewed in an appropriate manner by a trained interviewer, some participants will falsely report events from their childhoods.

[1133]

Field and observer viewpoint in remember-know memories of personal childhood events

Memory. 2005 Oct;13(7):673-81

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This experiment examined the viewpoint and other phenomenal characteristics of childhood memories based on both personal recollections and self-knowledge. Participants were asked to provide examples of remember, know, and uncertain memories, and to rate each memory on a number of dimensions. Remembered events were generally viewed from a field perspective, while known-about events were generally viewed from an observer perspective. In line with earlier research, remembered events received the highest ratings for sensory and contextual detail, emotional content, and memory accuracy, while known-about events were given the lowest ratings. The results are discussed with reference to their possible implications for memory recovery or enhancement techniques that ask people to adopt a different viewpoint. Consideration is given as to whether a switch to a field perspective might encourage the acceptance of suggested details or events.

[1134]

Hypnosis decouples cognitive control from conflict monitoring processes of the frontal lobe

Neuroimage. 2005 Oct 1;27(4):969-78

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Hypnosis can profoundly alter sensory awareness and cognitive processing. While the cognitive and behavioral phenomena associated with hypnosis have long been thought to relate to attentional processes, the neural mechanisms underlying susceptibility to hypnotic induction and the hypnotic condition are poorly understood. Here, we tested the proposal that highly hypnotizable individuals are particularly adept at focusing attention at baseline, but that their attentional control is compromised following hypnosis due to a decoupling between conflict monitoring and cognitive control processes of the frontal lobe. Employing event-related fMRI and EEG coherence measures, we compared conflict-related neural activity in the anterior cingulate cortex (ACC) and control-related activity in the lateral frontal cortex (LFC) during Stroop task performance between participants of low and high hypnotic susceptibility, at baseline and after hypnotic induction. The fMRI data revealed that conflict-related ACC activity interacted with hypnosis and hypnotic susceptibility, in that highly susceptible participants displayed increased conflict-related neural activity in the hypnosis condition compared to baseline, as well as with respect to subjects with low susceptibility. Cognitive-control-related LFC activity, on the other hand, did not differ between groups and conditions. These data were complemented by a decrease in functional connectivity (EEG gamma band coherence) between frontal midline and left lateral scalp sites in highly susceptible subjects after hypnosis. These results suggest that individual differences in hypnotic susceptibility are linked with the efficiency of the frontal attention system, and that the hypnotized condition is characterized by a functional dissociation of conflict monitoring and cognitive control processes.

[1135]

Effects of tailored and manualized hypnotic inductions for complicated irritable bowel syndrome patients

Int J Clin Exp Hypn. 2006 Jan;54(1):100-12

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This modest clinical pilot study was intended to provide preliminary data on the effects of hypnotic inductions tailored to an irritable bowel syndrome patient at each session compared to Palssson's manualized protocol. Patients (N = 8) who had not previously responded to any form of treatment were assigned randomly to either a tailored or manualized induction condition. Other than pretesting for hypnotizability, the procedure followed for the manualized group (n = 4) was exactly as prescribed by O. Palssson (1998). The identical procedure was used for the other 4 patients except that the inductions were individualized. All 8 patients showed favorable responses to treatment immediately posttreatment and at 10-month follow-up. Only the tailored group showed no incapacitating pain at posttreatment but greater emotional stress than the manualized group. The tailored group continued to improve and showed better results than the manualized group at 10 months, and the posttreatment emotional distress was significantly attenuated.

[1136]

Hypnosis home treatment for irritable bowel syndrome: a pilot study

Int J Clin Exp Hypn. 2006 Jan;54(1):85-99

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Hypnosis treatment often improves irritable bowel syndrome (IBS), but the costs and reliance on specialized therapists limit its availability. A 3-month home-treatment version of a scripted hypnosis protocol previously shown to improve all central IBS symptoms was completed by 19 IBS patients. Outcomes were compared to those of 57 matched IBS patients from a separate study receiving only standard medical care. Ten of the hypnosis subjects (53%) responded to treatment by 3-month follow-up (response defined as more than 50% reduction in IBS severity) vs. 15 (26%) of controls. Hypnosis subjects improved more in quality of life scores compared to controls. Anxiety predicted poor treatment response. Hypnosis responders remained improved at 6-month follow-up. Although response rate was lower than previously observed in therapist-delivered treatment, hypnosis home treatment may double the proportion of IBS patients improving significantly across 6 months.

[1137]

Hypnosis for irritable bowel syndrome: the quest for the mechanism of action

Int J Clin Exp Hypn. 2006 Jan;54(1):65-84

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Irritable bowel syndrome (IBS) is a very common condition in the Western part of the world, and it accounts for a large proportion of the workload of a gastroenterologist. Unfortunately, the pathogenesis and pathophysiology of the syndrome are incompletely understood, and the treatment options are limited. However, hypnotherapy is one treatment option that has proven to be very useful in IBS. The mechanisms of action explaining why hypnosis is effective for IBS are not altogether known, but recent studies have shed some light on this issue. These studies, and what can be learned from them about how hypnosis impacts IBS, are reviewed in this article. Hypnosis may affect IBS partly through changes in colorectal sensitivity and improvement in psychological factors. The effects on GI motility and the autonomic nervous system are less clear and need further evaluation.

[1138]

Standardized hypnosis treatment for irritable bowel syndrome: the North Carolina protocol

Int J Clin Exp Hypn. 2006 Jan;54(1):51-64

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The North Carolina protocol is a seven-session hypnosis-treatment approach for irritable bowel syndrome that is unique in that the entire course of treatment is designed for verbatim delivery. The protocol has been tested in two published research studies and found to benefit more than 80% of patients. This article describes the development, content, and testing of the protocol, and how it is used in clinical practice.

[1139]

Gut-directed hypnotherapy: the Manchester approach for treatment of irritable bowel syndrome

Int J Clin Exp Hypn. 2006 Jan;54(1):27-50

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This article describes the particular approach of using hypnosis as an adjunct to treating irritable bowel syndrome, developed within the Department of Medicine at the University Hospital of South Manchester, UK, since the 1980s. Patients receive up to 12 sessions over a 3-month period, and the majority of patients achieve marked improvement in symptoms and quality of life, an effect that is usually sustained. The therapy has a "gut-directed" framework that aims to teach patients the necessary hypnotic skills to control gut function and reduce symptoms, such as hand warmth on the abdomen and imagery. Other interventions based on particular lifestyle and psychological factors commonly found to influence symptoms are also included as appropriate for the individual patient.

[1140]

Effective management of irritable bowel syndrome--the Manchester Model

Int J Clin Exp Hypn. 2006 Jan;54(1):21-6

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Over the years, researchers have shown that hypnotherapy can be exceptionally helpful in the management of refractory irritable bowel syndrome. However, it is a labor-intensive modality with a finite success rate and is not suitable for everyone. It is therefore best incorporated into a program of graduated care that has a contingency plan for dealing with individuals who do not respond to this particular form of treatment. This paper describes how hypnotherapy has been successfully integrated into the functional gastroenterology service in Manchester.

[1141]

Hypnosis for irritable bowel syndrome: the empirical evidence of therapeutic effects

Int J Clin Exp Hypn. 2006 Jan;54(1):7-20

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Irritable bowel syndrome (IBS) is a complex and prevalent functional gastrointestinal disorder that is treated with limited effectiveness by standard medical care. Hypnosis treatment is, along with cognitive-behavioral therapy, the psychological therapy best researched as an intervention for IBS. Eleven studies, including 5 controlled studies, have assessed the therapeutic effects of hypnosis for IBS. Although this literature has significant limitations, such as small sample sizes and lack of parallel comparisons with other treatments, this body of research consistently shows hypnosis to have a substantial therapeutic impact on IBS, even for patients unresponsive to standard medical interventions. The median response rate to hypnosis treatment is 87%, bowel symptoms can generally be expected to improve by about half, psychological symptoms and life functioning improve after treatment, and therapeutic gains are well maintained for most patients for years after the end of treatment.

[1142]

Treatment motives as predictors of acquisition and transfer of relaxation methods to everyday life

J Clin Psychol. 2006 Jan;62(1):83-96

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This article presents results from four studies of the significance of type and number of initial treatment motives for acquisition and transfer to everyday life of progressive relaxation (PR) and autogenic training (AT). On the basis of theories of treatment motivation and compliance, we hypothesize that motives for participation are determinants of learning and transfer. Results are reported from (1) two studies with 113 participants in introductory courses on AT and 94 participants in introductory courses on PR and (2) two replication studies with 94 (AT) and 101 participants (PR). Participants indicated their motives for participation. Short-term indicators of treatment success include number of dropouts and subjective evaluations of relaxation exercises; long-term outcomes include transfer of relaxation exercises to everyday life and evaluations of exercise evaluations at follow-up 3 to 6 months after the end of course. Results suggest that for both AT and PR, dropout and subjective relaxation exercise evaluations can be predicted from participation motives. Long-term outcomes can be predicted only for AT. However, for both PR and AT it is shown that for up to four motives, the number of initial course motives is correlated with short-term and long-term predictors of course outcome. We conclude that motivation for participation is highly relevant to client-course matching and adaptive indication of relaxation therapies. Results lead to a threshold hypothesis about the relationship between the number of participation motives and short-term as well as long-term learning and transfer outcome.

[1143]

Treatments for chronic pain in persons with spinal cord injury: A survey study

J Spinal Cord Med. 2006;29(2):109-17

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**BACKGROUND/OBJECTIVE:** To determine the degree and duration of pain relief provided by specific pain treatments used by individuals with spinal cord injury (SCI) who have chronic pain. **DESIGN:** Postal survey. **SETTING:** Community. **PARTICIPANTS:** Participants were 117 individuals who had traumatic SCI, were 18 years of age or older, and reported a chronic pain problem. **MAIN OUTCOME MEASURES:** Questions assessing current or past use of 26 different pain treatments, the amount of relief each treatment provided, and the length of time that any pain relief usually lasts. **RESULTS:** The medications tried most often were nonsteroidal anti-inflammatory drugs (tried by 71%) and acetaminophen (tried by 70%); these medications were still being used by more than one half of

the patients who had tried them. Opioids produced the greatest degree of pain relief on average (mean, 6.27 +/- 3.05 [SD] on a 0-10 scale, with 0 = no relief and 10 = complete relief) but were unlikely to be continued by those who tried them. Although 38% of respondents with pain had tried gabapentin, only 17% were still using it, and average pain relief was only moderate (mean, 3.32 +/- 3.03 on the 0-10 relief scale). Seventy-three percent of the respondents had tried at least 1 of 7 alternative pain treatments, and the most frequently tried were massage, marijuana, and acupuncture. The most relief was provided by massage (mean, 6.05 +/- 2.47) on the 0-10 relief scale) and marijuana (mean, 6.62 +/- 2.54 on the 0-10 relief scale). The relief from the various treatments, including most medications, tended to last only minutes or hours; however, pain relief from alternative treatments such as massage, acupuncture, and hypnosis was reported to last for days in 25% to 33% of those who tried these treatments. CONCLUSIONS: Many patients are not finding adequate pain relief from commonly prescribed medications. Alternative therapies should be considered as additional treatment options in this population.

[1144]

Evidence-Based Nursing Care Management for the Pregnant Woman With an Ostomy  
J Wound Ostomy Continence Nurs. 2006 January/February;33(1):42-49

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Pregnancy presents many problems without working through additional problems in coping with an ostomy. Yet many women with an ostomy do get pregnant and do deliver healthy babies. Evidence-based nursing is of the utmost importance, as there is little published information on this topic. Because of the scarcity of pregnant subjects within the ostomy category, most studies, by necessity, select a purposive subject base. Therefore, other information sources regarding nursing management of the pregnant woman with an ostomy take on considerably more importance. This article explores other forms of evidence that can be used in managing the care of pregnant ostomy patients and specifically how nurses can integrate various sources of information in designing an evidence-based nursing care plan. Nonpharmacologic forms of relaxation therapy, easily used by nurses, such as mindfulness-based stress reduction, guided imagery, and hypnosis, are also identified as some ways nurses can relieve anxiety and experiential stress associated with pregnancy in women who have an ostomy.

[1145]

The conversational brain: Fronto-hippocampal interaction and disconnection

Med Hypotheses. 2006;67(4):759-64. Epub 2006 Jul 5

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The paper promotes the view that the alert brain alternates between operating in an action mode, based on frontal lobe function, and a receptive mode, involving cholinergic system activity. Their alternation forms a conversation with the environment. It is hypothesized that competition between the modes centers on control over excitability of neurons in the CA1 field of the hippocampus. Increased excitability enhances the flow of hippocampal output through the subiculum resulting in support for frontal lobe function and the action mode. Decreased excitability, on the other hand, reduces this output and that support, leading to a disconnection between frontal lobes and hippocampus. At the same time, correlated cholinergic activity enhances receptive mode processes, indicated by the occurrence of the hippocampal theta rhythm. It is suggested that the hypothesis provides a conceptual framework for considering various phenomena including REM sleep, schizophrenia, and hypnosis. In REM sleep the receptive mode remains dominant as cholinergic activity supports the hippocampal integration of experience into a composite view of reality. In schizophrenia, the action and receptive modes are not properly coordinated because of a dysfunction in anterior hippocampal output. And hypnosis might be seen as a process in which conditions and suggestions are able to induce in some people a prolonged occurrence of the receptive mode allowing a normal view of reality to be altered.

[1146]

Suggestibility and state anxiety: how the two concepts relate in a source identification paradigm

Memory. 2006 Jan;14(1):37-45

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Source identification tests provide a stringent method for testing the suggestibility of memory because they reduce response bias and experimental demand characteristics. Using the techniques and materials of Maria Zaragoza and her colleagues, we investigated how state anxiety affects the ability of undergraduates to identify correctly the source of misleading post-event information. The results showed that individuals high in state anxiety were less likely to make source misattributions of misleading information, indicating lower levels of suggestibility. This effect was strengthened when forgotten or non-recognised misleading items (for which a source identification task is not possible) were excluded from the analysis. Confidence in the correct attribution of misleading post-event information to its source was significantly less than confidence in source misattributions. Participants who were high in state anxiety tended to be less confident than those lower in state anxiety when they correctly identified the source of both misleading post-event information and non-misled items. The implications of these findings are discussed, drawing on the literature on anxiety and cognition as well as suggestibility.

[1147]

[Objective EEG correlates of deprivation in hypnosis-modulated catalepsy]

[Article in Russian]

Zh Nevrol Psikhiatr Im S S Korsakova. 2006;106(3):39-47

Sakellion DN, Sultankhodzhaeva ND, Mukhamedzhanov NZ, Karimberdiev DR, Kadirov BR

EEG was registered in healthy volunteers before and after their entry into modeling (hypnotic) catalepsy. The brain activity recorded under standard electrode placement (the 10-20 international classification) was processed using a special computer program. The data obtained were digitally represented as sets of standard parameters of EEG patterns in 0.5-32 Hz diapason (alpha-, beta1-, beta2-, theta-, delta-rhythms). These parameters were compared under different functional tests particularly connected with the control of sensorimotor brain activity. Calculated coefficients of interhemisphere asymmetry allow one to evaluate dynamics of neuropsychological processes of depriving adaptation related to low-frequency bands. EEG-parameters precisely evaluating the level of hypnotic catalepsy have been established.

[1148]

[An analysis of subjective perception of hypnotic state]  
[Article in Russian]  
Zh Nevrol Psikhiatr Im S S Korsakova. 2006;106(1):27-33  
Umskii SV, Utkin VA

The results of the study of hypnotic states on the basis of subjective reflections of their perceptions by patients are presented. The factor map of the features of hypnotic states formation is obtained and some variants of the course of hypnotic states are determined in light of domination of the certain factors.

[1149]

Systematic review: the effectiveness of hypnotherapy in the management of irritable bowel syndrome.  
Aliment Pharmacol Ther. 2006 Sep 1;24(5):769-80  
Wilson S, Maddison T, Roberts L, Greenfield S, Singh S; Birmingham IBS Research Group.  
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AIM: To systematically review the literature evaluating hypnotherapy in the management of irritable bowel syndrome (IBS). METHODS: Electronic databases were searched (Cochrane Library, Medline, CINAHL, AMED, Embase, PsycINFO, CISCOP, TRIP and the Social Science Citation index), bibliographic references scanned and main authors contacted. No restrictions were placed on language or publication year. Eligible studies involved adults with IBS using single-component hypnotherapy. All studies, except single case or expert opinion, were sought and all patient-related outcomes eligible. RESULTS: Out of 299 unique references identified, 20 studies (18 trials of which four were randomized, two controlled and 12 uncontrolled) and two case series were eligible. These tended to demonstrate hypnotherapy as being effective in the management of IBS. Numbers of patients included were small. Only one trial scored more than four out of eight on internal validity. CONCLUSION: The published evidence suggests that hypnotherapy is effective in the management of IBS. Over half of the trials (10 of 18) indicated a significant benefit. A randomized placebo-controlled trial of high internal validity is necessary to establish the effectiveness of hypnotherapy in the management of IBS. Until such a trial is undertaken, this form of treatment should be restricted to specialist centres caring for the more severe forms of the disorder.

[1150]

Biofeedback and other therapies for the treatment of urinary incontinence in the elderly.  
Altern Med Rev. 2006 Sept;11(3):224-231  
Cherniak EP.  
Division of Geriatrics and Gerontology, Leonard M. Miller School of Medicine, University of Miami and the Miami VA Health Care System. Correspondence address: Room 1D200, Miami VA Medical Center, 1201 NW 16 St, Miami, FL 33125 Email: evan.cherniak@med.va.gov.

Alternative therapies hold potential promise for the treatment of urinary incontinence in the elderly. Assessment and comparisons of the efficacies of such therapies have been hindered by a lack of standardized definitions of urinary incontinence in the study populations, lack of standardization of treatment protocols, inadequate sample sizes, and lack of blinding and appropriate controls. Biofeedback has been the most extensively studied therapy and may provide appropriate adjunctive or primary therapy for select individuals. Other potential therapies, such as acupuncture, hypnosis, and herbal therapies, have not been sufficiently examined to make definitive recommendations.

[1151]

Hypnotherapy and cognitive behaviour therapy of acute stress disorder: a 3-year follow-up.  
Behav Res Ther. 2006 Sep;44(9):1331-5. Epub 2005 Dec 20  
Bryant RA, Moulds ML, Nixon RD, Mastrodomenico J, Felmingham K, Hopwood S.  
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The long-term benefits of cognitive behaviour therapy (CBT) for trauma survivors with acute stress disorder were investigated by assessing patients 3 years after treatment. Civilian trauma survivors (n=87) were randomly allocated to six sessions of CBT, CBT combined with hypnosis, or supportive counselling (SC), 69 completed treatment, and 53 were assessed 2 years post-treatment for post-traumatic stress disorder (PTSD) with the Clinician-Administered PTSD Scale. In terms of treatment completers, 2 CBT patients (10%), 4 CBT/hypnosis patients (22%), and 10 SC patients (63%) met PTSD criteria at 2-years follow-up. Intent-to-treat analyses indicated that 12 CBT patients (36%), 14 CBT/hypnosis patients (46%), and 16 SC patients (67%) met PTSD criteria at 2-year follow-up. Patients who received CBT and CBT/hypnosis reported less re-experiencing and less avoidance symptoms than patients who received SC. These findings point to the long-term benefits of early provision of CBT in the initial month after trauma.

[1152]

Surgeons and shamans: the placebo value of ritual.  
Clin Orthop Relat Res. 2006 Sep;450:249-54  
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Surgeons have conducted placebo-controlled double-blind investigations to determine the value of surgical procedures by comparing the results of real operations with sham operations. The sham operation served as a placebo control, permitting analysis of the alleged benefit of the real operation by eliminating the effect caused by the rest of the surgical experience. A modern operation starts with a series of events resembling ritualistic practices used by shamans. Shamans are traditional healers in cultures that believe communication with the gods and spirits influences health and well being. Shamanistic healing measures include: journeying to a healing place, fasting, wearing ritual garb, ingesting psychotropic substances, anointment with purifying liquid, an encounter with a masked healer, and inhaling stupefactive vapors. These steps are followed by a central ritual activity that may include extracorporeal, surface, and penetrative components. Postoperative ritual activities reinforce the suggestive value of the healing. These experiences increase a patient's suggestibility, thereby enhancing the likelihood of a favorable outcome. Any research on the effectiveness of surgical procedures, especially those designed to relieve pain, must consider the strongly suggestive effect of the elaborate perioperative ritual.

[1153]

The timing of brain events: reply to the "Special Section" in this journal of September 2004, edited by Susan Pockett.

Conscious Cogn. 2006 Sep;15(3):540-7. Epub 2006 Jul 18  
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In this "Reply" paper, the arguments and experimental findings by Pockett, Pollen, and Haggard et al. are analyzed. It had been shown () that a 0.5s duration of repetitive activations of sensory cortex is required to produce a threshold of sensation. The view that this is due to a facilitatory buildup in excitatory state to finally elicit neuronal firing is shown to be incompatible with several lines of evidence. Objections to the phenomenon of subjective referral backwards in time (for the delayed sensation) are also untenable. report that a self-initiated act can, under hypnotic suggestion, appear to the subject to be "involuntary." The act under hypnosis is better viewed as one initiated unconsciously, not as an act of conscious will.

[1154]

Treatment options for chronic abdominal pain in children and adolescents.  
Curr Treat Options Gastroenterol. 2006 Sep;9(5):409-15  
Miranda A, Sood M.  
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Chronic abdominal pain is a common feature of most functional gastrointestinal disorders in children, including functional abdominal pain (FAP) and irritable bowel syndrome (IBS). FAP can impair a child's life and often leads to significant school absences. Although the underlying mechanism is likely multifactorial, early pain experiences during a vulnerable period in the developing nervous system can cause long-term changes in the brain-gut axis and ultimately may result in altered pain pathways and visceral hyperalgesia. Care providers often feel uncomfortable managing patients with chronic abdominal pain, as the pathophysiology is poorly understood, and limited data exist regarding safety and efficacy of therapeutic options in children. The primary goal of therapy in FAP is to alleviate pain symptoms and to help the child return to normal daily activities. Treatment should be individualized and chosen based on the severity of symptoms, the existence of comorbid psychological disorders, and the impact the disorder has on the child's school attendance and normal functioning. Various psychological interventions, such as cognitive-behavioral therapy, hypnosis, and guided imagery, have been successfully used in children with chronic abdominal pain. Pharmacologic therapies such as H(2) blockers, proton-pump inhibitors, tricyclic antidepressants, and various serotonergic drugs have been used, but good controlled trials are lacking. More studies are clearly needed to investigate the benefits and safety of pharmacologic therapy in children. Newer pharmacologic agents that target specific receptors involved in nociception, stress, and neurogenic inflammation currently are being developed. Future targets for visceral hyperalgesia should not only be aimed at alleviating symptoms but also should include prevention, particularly in cases with a suspected sensitizing event such as neonatal pain and postinfectious IBS.

[1155]

Double-blind test of the effects of distant intention on water crystal formation.  
Explore (NY). 2006 Sep-Oct;2(5):408-11  
Radin D, Hayssen G, Emoto M, Kizu T.  
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The hypothesis that water "treated" with intention can affect ice crystals formed from that water was pilot tested under double-blind conditions. A group of approximately 2,000 people in Tokyo focused positive intentions toward water samples located inside an electromagnetically shielded room in California. That group was unaware of similar water samples set aside in a different location as controls. Ice crystals formed from both sets of water samples were blindly identified and photographed by an analyst, and the resulting images were blindly assessed for aesthetic appeal by 100 independent judges. Results indicated that crystals from the treated water were given higher scores for aesthetic appeal than those from the control water ( $P = .001$ , one-tailed), lending support to the hypothesis.

[1156]

An extended nondrug MDMA-like experience evoked through posthypnotic suggestion.  
J Psychoactive Drugs. 2006 Sep;38(3):273-83  
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This research explored whether hypnotic suggestion could produce a subjective mindbody condition similar to that produced by the psychoactive drug methylenedioxy methamphetamine (MDMA, Ecstasy). Twelve participants received posthypnotic instructions to re-experience an MDMA-like state posthypnotically, similar to one in their prior experience, for one hour. Three separate self report measures and qualitative self reports showed that the posthypnotic condition effectively mimicked an MDMA-like experience, lasting an hour at a stable level. Participant ratings in real time and in retrospect ranged from 36% to 100% similarity to a drug-induced experience. The qualitative reports and rating scales enabled a phenomenological description of the subjective experience. Scores on the Tellegen Absorption Scale correlated significantly with the strength of the posthypnotic condition (Spearman rho .87,  $p = .0003$ ). The participants successfully carried out various intentional activities during this time (e.g., self reflection, talking with partners about relationships, artwork, walking in nature). Applications for this technique as an adjunct to therapy and health treatments are discussed.

[1157]

[Imaging of hypnosis with functional magnetic resonance][Article in Polish]  
Psychiatr Pol. 2006 Sep-Oct;40(5):969-83  
Aleksandrowicz JW, Urbanik A, Binder M.  
Katedra Psychoterapii CM UJ, Krakow.

AIM: The aim of the study was imaging of the central nervous system activity with the fMRI method during hypnosis as well as confirmation of the observations linking subjective effects of suggested analgesia with the functional changes on the neurophysiological level. METHOD: At first volunteers (7 female, 7 male) were examined with fMRI in the resting state and then four times during application of painful stimuli such as pricking of the right hand. Four experimental conditions were associated with this stimulation: only nociceptive stimulation, after analgesic suggestion, after hypnotic induction and after consecutive analgesic suggestion in hypnosis. In the fifth condition, concentration of attention was an experimental condition, while the control condition was distraction of attention (e.g. free associations). The contrast differences between measurements in the consecutive phases of the experiment were analysed. RESULTS: Decreases of activity of regions known for contributing to pain reception were found, probably as an effect of analgesic suggestion. This effect was seen especially in the area of L-thalamus. Suggestion (more precisely--the reception of its content) was related mainly to the R-ACG area activity growth. Hypnotic induction was correlated with increasing activity of the L-orbitofrontal gyrus.

Concentration of attention was linked with activity increase within inferior parietal lobule, occipital middle/superior gyri; in the left hemisphere in the orbital frontal gyri and insula/frontal operculum. CONCLUSION: Both hypnosis and reception of analgesic suggestion are linked with increasing activity in particular brain areas, whereas the effect of analgesic suggestion demonstrates itself in the fMRI mainly by diminishing the reaction on painful stimuli.

[1158]

Hypnosis for treatment of insomnia in school-age children: a retrospective chart review.

BMC Pediatr. 2006 Aug 16;6:23

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**BACKGROUND:** The purposes of this study are to document psychosocial stressors and medical conditions associated with development of insomnia in school-age children and to report use of hypnosis for this condition. **METHODS:** A retrospective chart review was performed for 84 children and adolescents with insomnia, excluding those with central or obstructive sleep apnea. All patients were offered and accepted instruction in self-hypnosis for treatment of insomnia, and for other symptoms if it was felt that these were amenable to therapy with hypnosis. Seventy-five patients returned for follow-up after the first hypnosis session. Their mean age was 12 years (range, 7-17). When insomnia did not resolve after the first instruction session, patients were offered the opportunity to use hypnosis to gain insight into the cause. **RESULTS:** Younger children were more likely to report that the insomnia was related to fears. Two or fewer hypnosis sessions were provided to 68% of the patients. Of the 70 patients reporting a delay in sleep onset of more than 30 minutes, 90% reported a reduction in sleep onset time following hypnosis. Of the 21 patients reporting nighttime awakenings more than once a week, 52% reported resolution of the awakenings and 38% reported improvement. Somatic complaints amenable to hypnosis were reported by 41%, including chest pain, dyspnea, functional abdominal pain, habit cough, headaches, and vocal cord dysfunction. Among these patients, 87% reported improvement or resolution of the somatic complaints following hypnosis. **CONCLUSION:** Use of hypnosis appears to facilitate efficient therapy for insomnia in school-age children.

[1159]

Effect of hypnotic suggestion on fibromyalgic pain: Comparison between hypnosis and relaxation.

Eur J Pain. 2006 Aug 2; [Epub ahead of print]

Castel A, Perez M, Sala J, Padrol A, Rull M.

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The main aims of this experimental study are: (1) to compare the relative effects of analgesia suggestions and relaxation suggestions on clinical pain, and (2) to compare the relative effect of relaxation suggestions when they are presented as "hypnosis" and as "relaxation training". Forty-five patients with fibromyalgia were randomly assigned to one of the following experimental conditions: (a) hypnosis with relaxation suggestions; (b) hypnosis with analgesia suggestions; (c) relaxation. Before and after the experimental session, the pain intensity was measured using a visual analogue scale (VAS) and the sensory and affective dimensions were measured with the McGill Pain Questionnaire. The results showed: (1) that hypnosis followed by analgesia suggestions has a greater effect on the intensity of pain and on the sensory dimension of pain than hypnosis followed by relaxation suggestions; (2) that the effect of hypnosis followed by relaxation suggestions is not greater than relaxation. We discuss the implications of the study on our understanding of the importance of suggestions used in hypnosis and of the differences and similarities between hypnotic relaxation and relaxation training.

[1160]

Antenatal self-hypnosis for labour and childbirth: a pilot study.

Anaesth Intensive Care. 2006 Aug;34(4):464-9

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In our institution we have used antenatal training in self-hypnosis for over three years as a tool to provide relaxation, anxiolysis and analgesia for women in labour. To assess the effects of hypnotherapy, we prospectively collected data related to the use of hypnosis in preparation for childbirth, and compared the birth outcomes of women experiencing antenatal hypnosis with parity and gestational age matched controls. **METHODS:** Prospective data about women taught self-hypnosis in preparation for childbirth were collected between August 2002 and August 2004. Birth outcome data of women using hypnosis were compared with routinely collected retrospective data from parity and gestational age matched women delivering after 37 weeks gestation during 2003. **RESULTS:** Seventy-seven antenatal women consecutively taught self-hypnosis in preparation for childbirth were compared with 3,249 parity and gestational age matched controls. Of the women taught antenatal self-hypnosis, nulliparous parturients used fewer epidurals: 36% (18/50) compared with 53% (765/1436) of controls (RR 0.68 [95%CI 0.47-0.98]); and required less augmentation: 18% (9/50) vs 36% (523/1436) (RR 0.48 [95%CI 0.27-0.90]). **CONCLUSIONS:** Our clinical findings are consistent with recent meta-analyses showing beneficial outcomes associated with the use of hypnosis in childbirth. Adequately powered, randomized trials are required to further elucidate the effects of hypnosis preparation for childbirth.

[1161]

Hypnotherapeutic management of alopecia areata.

J Am Acad Dermatol. 2006 Aug;55(2):233-7. Epub 2006 Mar 20

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**BACKGROUND:** Only limited data exist on the role of psychotherapy in alopecia areata (AA). **OBJECTIVE:** We sought to document the influence of hypnotherapy on psychological well-being and clinical outcome in AA. **METHODS:** Hypnosis was used in 28 patients with extensive AA who were refractory to previous conventional treatments. It was added as a complementary treatment or used as the only treatment. **RESULTS:** In all, 21 patients, 9 with alopecia totalis or alopecia universalis and 12 with extensive AA, were analyzed during a 5-year period. After treatment, all patients had a significantly lower score for anxiety and depression. Scalp hair growth of 75% to 100% was seen in 12 patients after 3 to 8 sessions of hypnotherapy. Total growth occurred in 9 of these 12 patients, including 4 patients with alopecia universalis and 2 with ophiasis. In 5 patients, a significant relapse occurred. **LIMITATIONS:** This is a preliminary study with a limited number of patients. A larger randomized study is necessary. **CONCLUSION:** Hypnotherapy may enhance the mental well-being of patients with AA and it may improve clinical outcome.

[1162]

Expect the unexpected: ability, attitude, and responsiveness to hypnosis.  
J Pers Soc Psychol. 2006 Aug;91(2):342-50  
Benham G, Woody EZ, Wilson KS, Nash MR.  
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Participants' expectancies and hypnotic performance throughout the course of a standardized, individually administered hypnotic protocol were analyzed with a structural equation model that integrated underlying ability, expectancy, and hypnotic response. The model examined expectancies and ability as simultaneous predictors of hypnotic responses as well as hypnotic responses as an influence on subsequent expectancies. Results of the proposed model, which fit very well, supported each of the 4 major hypothesized effects: Expectancies showed significant stability across the course of the hypnosis protocol; expectancies influenced subsequent hypnotic responses, controlling for latent ability; hypnotic responses, in turn, affected subsequent expectancies; and a latent trait underlay hypnotic responses, controlling for expectancies. Although expectancies had a significant effect on hypnotic responsiveness, there was an abundance of variance in hypnotic performance unexplained by the direct or indirect influence of expectation and compatible with the presence of an underlying cognitive ability.

[1163]

Dissociative alterations in body image among individuals reporting out-of-body experiences: a conceptual replication.  
Percept Mot Skills. 2006 Aug;103(1):76-80  
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A conceptual replication of the link between self-reported dissociative alterations in body-image under experimental conditions and the reporting of prior out-of-body experiences in a recent data set was undertaken. Also examined was whether this relationship would hold for experiences reported during the experimental context and whether it is independent of self-reported New Age belief. Data from mostly undergraduates (N= 40; M age = 33.5, SD = 12.5; 27 women) in a mirror-gazing study were retrospectively analyzed. The 9 individuals who reported prior out-of-body experiences, relative to those 31 who did not, exhibited significantly greater self-reported dissociative alterations in body-image during the mirror-gazing task, even when the influence of scores on New Age belief was controlled for statistically. The same differential relationship was not found between 6 individuals who did and 34 who did not report out-of-body experiences during the task.

[1164]

Hypnotic suggestion modulates cognitive conflict: the case of the flanker compatibility effect.  
Psychol Sci. 2006 Aug;17(8):721-7  
Iani C, Ricci F, Gherri E, Rubichi S.  
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The present work was aimed at investigating whether the flanker compatibility effect can be eliminated by means of a posthypnotic suggestion influencing attentional focusing. In Experiment 1, participants who scored high and low on hypnotic susceptibility performed the flanker compatibility task when naturally awake and when under a posthypnotic suggestion aimed at increasing the target's discriminability from the flankers. Results showed that the posthypnotic suggestion effectively eliminated the flanker compatibility effect in highly susceptible participants, whereas low-susceptibility participants did not show any reduction in the effect. In Experiment 2, highly susceptible participants performed the task after receiving a suggestion but without the induction of hypnosis. Results showed that the suggestion alone was not sufficient to reduce the flanker compatibility effect. These results support the view that in highly susceptible participants, hypnotic suggestion can influence the ability to focus on relevant information.

[1165]

[Functional gastrointestinal disorders][Article in German]  
Wien Med Wochenschr. 2006 Aug;156(15-16):435-40  
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The functional gastrointestinal disorders (FGID) are the most frequent clinical conditions seen in practice. The FGID are associated with significant work absenteeism, impaired quality of life and increased medical costs. Most patients also suffer from psychosocial problems. Therefore it is important to define the patient's complaints in terms of a biopsychosocial disorder rather than just a medical illness. Physicians must acknowledge the relevance of the psychosocial aspects to prepare the patient for a referral to a specialist (in psychosomatic medicine or a psychotherapist) and to get the patient interested in the psychological factors involved as well as further explore their cause. Most of the research on psychotherapy in FGID to date has focused on the irritable bowel syndrome, and different methods of treatments have been studied (e. g., cognitive-behavioral therapy, dynamic psychotherapy, hypnotherapy, and relaxation). Randomised controlled studies have shown that psychotherapy is superior to conventional medical therapy. Hypnotherapy seems to be very successful. Predictors of a positive response to psychological treatment generally are: (1) awareness that stress exacerbates their bowel symptoms, (2) mild anxiety or depression, (3) the predominant bowel symptom is abdominal pain or diarrhea and not constipation, (4) the abdominal pain waxes and wanes in response to eating, defecation, or stress rather than being constant pain, and (5) the symptoms are of relatively short duration. Psychotherapy is initially relatively expensive because it requires multiple, long sessions. However, its benefits persist or even increase over time, and in the long run, there may be a reduction in clinic visits and health care costs which offsets the initial cost of psychological treatment.

[1166]

The effect of hypnotherapeutic ego strengthening with female spouses of South African coronary artery bypass surgery patients.  
Am J Clin Hypn. 2006 Jul;49(1):59-72  
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In addition to exacerbating morbidity in male coronary artery bypass surgery (CABS) patients, their plight can also impose considerable strain on their female spouses' mood states, resulting in compromised quality of life. The current study was aimed at determining the impact of pre postoperative hypnotherapeutic ego strengthening (HES) on anxiety and depression in female spouses. It was conducted simultaneously with a recently published study of their CABS husbands' response to HES. Spouses whose husbands had been randomly assigned to an experimental group, were designated the experimental spouse group (n = 25) and spouses whose husbands

constituted the control group, likewise comprised the control spouse group (n = 25). Assessment occurred preoperatively, on the day of discharge and at six week follow-up. Spouses in the experimental group (n = 25) were introduced to hypnotherapeutic ego strengthening (HES), pre and postoperatively. In the postoperative assessment experimental female spouses showed significantly reduced morbidity levels, which were maintained at follow-up. In contrast, females in the control group (n = 25) showed no change. The results supported the value of brief hypnotherapy as a means of psychologically empowering spouses whose husbands' were undergoing CABS.

[1167]

Mind styles and the hypnotic induction profile: measure and match to enhance medical treatment.

Am J Clin Hypn. 2006 Jul;49(1):41-58

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Modern medical technology and economic impositions tend to dehumanize the medical patient. This paper describes a targeted use of the hypnotic modality for relationship building, symptom management, and restoring a sense of self to the patient. To humanize medical care one patient at a time, examples are given for the use of the Hypnotic Induction Profile, the Eye Roll sign and AOD (Apollonian-Odyssean-Dionysian) Mind-Style Questionnaire as a basis for choosing bio-psycho-social treatment strategies. This trio of assessments can be used together, in approximately 10 to 15 minutes, or separately, if treatment decisions need to be made in a few minutes or less. The hypothesis presented is that matching treatment strategies, with or without formal hypnosis, to hypnotic capacity and mind style can increase respectful care and efficacy of treatment outcome. Clinical examples will illustrate this approach to enhance recovery, morale, and maximize patients' ability to become active partners on their own behalf.

[1168]

Tele-hypnosis in the treatment of adolescent school refusal.

Am J Clin Hypn. 2006 Jul;49(1):31-40

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Few studies have presented the use of hypnosis in the treatment of school refusal. These studies haven't approached the problem of self-hypnosis during the stressful morning hours. This paper introduces a therapeutic approach, which utilizes known hypnotic techniques, but rehearses them via the telephone, while the patient is at his/her house or on the way to school and the therapist is at the office. Twelve school-refusal adolescents were treated with different hypnotherapy techniques. Equipped with cellular phones and with the therapist's availability, these adolescents could benefit from hypnosis as an alternative coping strategy when the anxiety occurred. Results showed that 8 of the participants maintained full-time attendance, 3 showed partial improvement and 1 failed to improve his attendance. This study illustrates the benefits of self-hypnosis in the treatment of school refusal, while also enabling the patient to maintain the connection with the therapist so that the anxiety may be confronted when it arises.

[1169]

Hypnosis in film and television.

Am J Clin Hypn. 2006 Jul;49(1):13-30

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When a hypnotist appears on screen, expect evil. If his induction features 'magnetic' hand passes, he's probably about to compel someone to commit a crime. If he hypnotizes with an intense stare, his intent is likelier seduction-in fact many screen inductions are identical to the eye contact ethologists have labeled "the copulatory gaze." This paper explores the role of hypnosis in more than 230 films in which it has been depicted and categorizes the--mostly negative--stereotypes about it. A handful of exceptions in which hypnosis is positive and/or realistic are examined. The discussion compares this to the role of psychotherapy and dreams in cinema. It discusses why hypnosis is so maligned and whether there is anything practitioners can do to alter the stereotype.

[1170]

An early nineteenth century absorption-based theory of mesmerism.

Am J Clin Hypn. 2006 Jul;49(1):7-12

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In 1844, an obscure and little-remembered American theorist, A. Yorke (no further identification is available), published a theory of mesmerism based on absorption, i.e., mental concentration. Unlike Mesmer's conceptualization of animal magnetism as a biological fluid, however, Yorke's theory emphasized the psychological importance of the mutual interaction between mesmerist and subject. This paper discusses the latter's theory of absorption as an important development in neo-mesmerism, the circumstances that led him to his conclusions, and his role in advancing our knowledge of the historical origins of modern hypnosis.

[1171]

Susceptibility to memory distortion: how do we decide it has occurred?

Am J Psychol. 2006 Summer;119(2):255-74

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When given suggestive information, some people can be led to believe that they had experiences that they did not actually have. For example, they may come to believe falsely that they got sick eating particular foods as children, and as a result of that belief they may avoid the foods. But how do we know that someone has developed a false belief or memory in this research? The criteria we choose when classifying whether someone has fallen for the suggestion are somewhat arbitrary. We reanalyze our prior data, using different criteria for deciding that a person fell for the suggestion (called a "believer") or did not (called a "non-believer"). Changing criteria obviously affects the percentage of people who are called susceptible and could conceivably affect the conclusions reached about that group. Comparisons between false memories and true memories could differ, too, depending on how memories are defined.

[1172]

Children's basic memory processes, stress, and maltreatment.

Dev Psychopathol. 2006 Summer;18(3):759-69

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Building upon methods and research utilized with normative populations, we examine extant assumptions regarding the effects of child maltreatment on memory. The effects of stress on basic memory processes is examined, and potential neurobiological changes relevant to memory development are examined. The impact of maltreatment-related sequelae (including dissociation and depression) on basic memory processes as well as false memories and suggestibility are also outlined. Although there is a clear need for additional research, the investigations that do exist reveal that maltreated children's basic memory processes are not reliably different from that of other, nonmaltreated children.

[1173]  
[Pemphigus vulgaris--an alternative for steroid treatment?][Article in Hebrew]  
Harefuah. 2006 Jul;145(7):493-4, 551  
Akerman L, Mimouni D, Trattner A, David M.  
Department of Dermatology, Rabin Medical Center, Petah Tiqva, Israel.

Pemphigus vulgaris is an autoimmune disease with a well-established immunological basis. Treatment is based on high dose and maintenance systemic corticosteroids. We report on a patient with a recurrence of full-blown pemphigus vulgaris after a trial of alternative hypnosis therapy to replace the corticosteroids.

[1174]  
Effects of misleading questions and hypnotic memory suggestion on memory reports: a signal-detection analysis.  
Int J Clin Exp Hypn. 2006 Jul;54(3):340-59  
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In 2002, the first author and colleagues reported data indicating that both hypnosis and misleading questions decreased the accuracy of memory reports and decreased "don't know" response rates, that the effects of misleading questions were significantly greater than those of hypnosis, and that the two effects were additive. Using a sample of 194 undergraduate students, the present study replicated the findings that misleading questions reduce accuracy and "don't know" responding but failed to replicate the negative effect of hypnosis on memory reports. Signal detection analysis indicated that misleading questioning produced decreased sensitivity accompanied by higher response bias, though affecting sensitivity more than producing a criterion shift.

[1175]  
"How deeply hypnotized did i get?" Predicting self-reported hypnotic depth from a phenomenological assessment instrument.  
Int J Clin Exp Hypn. 2006 Jul;54(3):316-39  
Pekala RJ, Kumar VK, Maurer R, Elliott-Carter NC, Moon E.  
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Procedures for estimating hypnotic depth have been used for more than 70 years. This study predicted self-reported hypnotic depth from the phenomenological and behavioral variables of the Phenomenology of Consciousness Inventory-Hypnotic Assessment Procedure (PCI-HAP). Participants were divided into 2 groups; 1 was used to generate regression equations, and the other group was used for cross-validation. Both imagery vividness during hypnosis (imagoic suggestibility) and the PCI pHGS measure of hypnotic depth (hypnoidal state) accounted for most of the variance in self-reported hypnotic depth. The above results, further supported by correlational and 3-D visual analyses, are consistent with other researchers' observations that ratings of hypnotic depth are a function of: (a) alterations in subjective experience, and (b) the perception of responsiveness to suggestions. The findings are also congruent with J. Holroyd's hypothesis that suggestibility and altered-state effects interact to produce hypnotic effects.

[1176]  
Hypnotically induced emotional numbing: the roles of hypnosis and hypnotizability.  
Int J Clin Exp Hypn. 2006 Jul;54(3):281-91  
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This study investigated the roles of hypnotizability and hypnosis in suggested emotional numbing. Thirty-two high hypnotizable and 32 low hypnotizable participants were administered either a hypnotic or wake induction and were then presented with emotionally distressing and neutral images during a suggestion for emotional numbing or a control condition. Emotional response was indexed through self-report and EMG corrugator-muscle activity. High hypnotizable participants, in both the hypnosis and wake conditions, reported more diminished emotional responses on self-report and EMG corrugator-muscle activity than low hypnotizable participants during the emotional-numbing suggestion. These findings suggest that elevated hypnotic susceptibility, rather than hypnosis, is an important mediator of emotional numbing. The importance of individual differences in emotional numbing is discussed.

[1177]  
Rapid induction of hypnosis by finger elongation: a brief communication.  
Int J Clin Exp Hypn. 2006 Jul;54(3):245-62  
Eitner S, Wichmann M, Schlegel A, Holst S.  
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This clinical pilot study on finger elongation for induction of hypnosis attempts to determine whether the observed response is a hypnotic phenomenon or a simple physiologic reaction. Sixteen volunteers participated in the 5-phase study, which measured relative and absolute changes in the length of each finger prior to and after each phase. A distinctive elongation was statistically significant for the hypnosis condition. In addition, findings suggest changes in the metacarpus. Further investigation is indicated to shed light on this apparent phenomenon.

[1178]  
Salient findings: identifying the building blocks of hypnotizability, and the neural underpinnings of subjective pain.  
Int J Clin Exp Hypn. 2006 Jul;54(3):360-5  
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Two papers of special interest to the hypnosis community have appeared in the general scientific literatures. One of these papers examines the building blocks of hypnotic response. Using expanded hypnotic protocols and sophisticated multivariate statistical analyses, the authors found evidence for 4 components of hypnotizability: direct motor, motor challenge, perceptual-cognitive, and posthypnotic amnesia. The second paper examines brain correlates of the subjective reality of physically and hypnotically induced pain by tracking regional brain activation across conditions using fMRI. During suggestion-induced pain, the extent to which subjects judged the pain to be real correlated with activity in the rostral and perigenual anterior cingulate cortex and in the medial prefrontal cortex.

[1179]

Intensive hypnotherapy for smoking cessation: a prospective study.

Int J Clin Exp Hypn. 2006 Jul;54(3):303-15

Elkins G, Marcus J, Bates J, Hasan Rajab M, Cook T.

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This study reports on a prospective pilot trial of intensive hypnotherapy for smoking cessation. The hypnotherapy involved multiple individual sessions (8 visits) over approximately 2 months, individualization of hypnotic suggestions, and a supportive therapeutic relationship. Twenty subjects were randomly assigned to either an intensive hypnotherapy condition or to a wait-list control condition. The target quitting date was 1 week after beginning treatment. Patients were evaluated for smoking cessation at the end of treatment and at Weeks 12 and 26. Self-reported abstinence was confirmed by a carbon-monoxide concentration in expired air of 8 ppm or less. The rates of point prevalence smoking cessation, as confirmed by carbon-monoxide measurements for the intensive hypnotherapy group, was 40% at the end of treatment; 60% at 12 weeks, and 40% at 26 weeks ( $p < .05$ ).

[1180]

Hypnotic conflict: a brief report.

Int J Clin Exp Hypn. 2006 Jul;54(3):292-302

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Two studies investigated management of conflict in hypnosis by subtly increasing the brightness of a visual stimulus during a suggestion for hypnotic blindness to the stimulus. In Study 1, 23 high hypnotizable participants were administered a hypnotic suggestion for blindness to a projected light. For half the participants, the brightness of the light was intensified during the suggestion. Behavioral ratings and online analog-dial measurement indicated that participants reported decreased hypnotic blindness during the increased conflict condition. In Study 2, 20 participants were administered the nonexperimental procedure to investigate the impact of demand characteristics in this paradigm. Parallel findings in Studies 1 and 2 indicated that demand characteristics may explain the response to hypnotic conflict. Limitations in applying the nonexperimental procedure to this paradigm and the need for further investigation are discussed.

[1181]

Cultural views and attitudes about hypnosis: a survey of college students across four countries.

Int J Clin Exp Hypn. 2006 Jul;54(3):263-80

Green JP, Page RA, Rasekhy R, Johnson LK, Bernhardt SE.

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The present investigation surveyed attitudes and beliefs about hypnosis across 4 samples of students attending college at the University of New South Wales, Australia; Dortman University, Germany; The Ohio State University, United States; and Shaheed Beheshti University of Medical Sciences, Iran. A total of 280 undergraduate students (70 from each country sampled), ranging in age from 18 to 25 years, completed 3 different questionnaires assessing their opinions and beliefs about hypnosis. Although responses to some items varied by country, there was remarkable similarity across many items suggesting that certain views and attitudes about hypnosis are not culture specific.

[1182]

Where does hypnotherapy stand in the management of irritable bowel syndrome? A systematic review.

J Altern Complement Med. 2006 Jul-Aug;12(6):517-27

Gholamrezaei A, Ardestani SK, Emami MH.

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**BACKGROUND:** Irritable bowel syndrome (IBS) is a gastrointestinal disorder characterized by chronic abdominal pain and altered bowel habits in the absence of any organic cause. Despite its prevalence, there remains a significant lack of efficient medical treatment for IBS to date. However, according to some previous research studies, hypnosis has been shown to be effective in the treatment of IBS. **AIM:** To determine the definite efficacy of hypnosis in the treatment of irritable bowel syndrome. **METHODS:** A systematic review of the literature on hypnosis in the treatment of IBS from 1970 to 2005 was performed using MEDLINE. Full studies published in English were identified and selected for inclusion. We excluded case studies and those studies in which IBS symptoms were not in the list of outcome measures. All studies were reviewed on the basis of the Rome Working Team recommendations for design of IBS trials. **RESULTS:** From a total of 22 studies, seven were excluded. The results of the reviewed studies showed improved status of all major symptoms of IBS, extracolonic symptoms, quality of life, anxiety, and depression. Furthermore these improvements lasted 2-5 years. **CONCLUSIONS:** Although there are some methodologic inadequacies, all studies show that hypnotherapy is highly effective for patients with refractory IBS, but definite efficacy of hypnosis in the treatment of IBS remains unclear due to lack of controlled trials supporting this finding.

[1183]

Changes in neurophysiologic parameters in a patient with dental anxiety by hypnosis during surgical treatment.

J Oral Rehabil. 2006 Jul;33(7):496-500

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It was hypothesized that dental anxiety, which leads to neurophysiologic alterations in heart rate, respiratory rate and blood pressure prior, during and subsequent to dental treatment, can be influenced by medical hypnosis. We report the positive impact from non-

invasive hypno-sedation during dental implant surgery on a 54-year-old female patient who experienced neurophysiologic reactions as a result of the psychosomatic process of dental anxiety (dental anxiety scale value = 13). The neurophysiologic changes during dental surgery performed with and without hypnosis were compared after the patient underwent the same surgical treatment protocol. This case report was part of a study designed to evaluate hypnosis as a non-invasive therapy for dental-anxious patients over six sessions using subjective experience and objective parameters, which included electroencephalogram, electrocardiogram, heart rate, blood pressure, oxygen saturation of the blood, respiration rate, salivary cortisol concentration and body temperature.

[1184]

Autogenic training for tension type headaches: a systematic review of controlled trials.

Complement Ther Med. 2006 Jun;14(2):144-50. Epub 2006 May 18

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**OBJECTIVE:** To determine from the published evidence whether autogenic training as sole therapy is effective for prevention of tension-type headaches in adults. **METHOD:** Systematic review of controlled trials. Literature searches were performed in January 2005 in six major databases, specifically Medline, EMBASE, AMED, CENTRAL, PsychInfo and CINAHL and information was extracted and evaluated in a pre-defined manner. **RESULTS:** Seven controlled clinical trials were included in the review. The methodological quality of these studies was low. Patient samples were generally representative of the more severely affected cases. None of the studies show autogenic training to be convincingly superior to other interventions care. Some trials suggested that the effect of autogenic training is no different from hypnosis and inferior to biofeedback. **CONCLUSION:** There is no consistent evidence to suggest that autogenic training is superior to other interventions for prevention of tension headaches, or different from other forms of relaxation. Further studies should investigate the use of standard autogenic training in patients with moderate headache.

[1185]

Hypnosis in dentistry.

Dent Update. 2006 Jun;33(5):312-4

Roberts K.

In this article, the nature of hypnosis will be discussed, together with its therapeutic/facilitator role in the control of the potential problems that occur in everyday dental practice. It is the vital relationship between a patient and therapist which produces the desired results of hypnotherapy. **CLINICAL RELEVANCE:** A holistic approach, in patient care, emphasizes the treatment of an individual who has a dental problem.

[1186]

Death by hypnosis: an 1894 Hungarian case and its European reverberations.

Endeavour. 2006 Jun;30(2):65-70. Epub 2006 May 18

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The story of a fatal hypnotic seance in a castle in provincial Hungary in 1894 was sensationalised by the media and propelled across national and social boundaries within a few days. It stirred public feelings and compelled prestigious medical mandarins, legal professionals and social commentators of the day to express wide-ranging views concerning hypnotic practice. The case intensified social and professional anxieties surrounding hypnosis in late 19th century culture and illustrates the complex relationship between medical hypnotic research, lay hypnosis and widely reported and sensationalised forensic cases.

[1187]

Self-reported smoking cessation interventions were not associated with quitting in older women.

J Clin Epidemiol. 2006 Jun;59(6):622-8. Epub 2006 Apr 21

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**OBJECTIVE:** To determine the extent to which smoking cessation interventions are used in the community and their relative success in older women. **STUDY DESIGN AND SETTING:** Prospective cohort study located in 23 general practices in England, Scotland. and Wales and including 3,622 women aged 60 to 79 years at recruitment from the British Women's Heart and Health Study. **RESULTS:** Of the 370 smokers at baseline, 77 (21%) had stopped smoking at 3 years, reducing the prevalence of smoking from 10.2% to 8.8%. Women who were light smokers (<10 per day) at baseline were more likely to have quit than heavier smokers. The most common interventions reported by women who smoked at baseline were advice from a general practitioner (GP), family or friend's advice, and use of nicotine replacement, but 42% of the women reported having no intervention to help them to stop smoking. None of the individual interventions were associated with increased odds of quitting smoking over the follow-up period. Women reported finding a GP's advice, referral to a clinic, and nicotine replacement more useful than complementary treatments (acupuncture and hypnotherapy) or advice from family and friends. **CONCLUSION:** Smoking cessation rates in this study were in line with national targets and surveys. Self-reports of ever receiving interventions were not associated with quitting smoking among these older women. Different and innovative approaches to smoking cessation may need to be developed, and evaluated in future randomized clinical trials, for individuals who have smoked for a long period of time and for whom other smoking cessation interventions have not proved successful.

[1188]

Effect of nurse-led gut-directed hypnotherapy upon health-related quality of life in patients with irritable bowel syndrome.

J Clin Nurs. 2006 Jun;15(6):678-84

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**AIMS AND OBJECTIVES:** This study quantified health-related quality of life in a group of irritable bowel syndrome patients and measures changes following a treatment programme of nurse-led gut-directed hypnotherapy. **BACKGROUND:** It is well recognized that health-related quality of life can be severely impaired in patients suffering from the irritable bowel syndrome. Current conventional treatment for irritable bowel syndrome is often unsatisfactory. In contrast it has been shown that gut-directed hypnotherapy is an effective treatment of irritable bowel syndrome with up to three-quarters of patients reporting symptomatic improvement. **DESIGN/METHOD:** Seventy-five patients (55 females/20 males, median age 37.1 years, age range 18-64) comprised the study group.

Physical symptoms of irritable bowel syndrome were recorded using seven-day diary cards. On presentation the predominant symptoms were abdominal pain (61%), altered bowel habit (32.5%), and abdominal distension/bloating (6.5%) in the patient group. An irritable bowel syndrome quality of life questionnaire was used to define health-related quality of life. Psychological well-being was measured using the Hospital Anxiety and Depression Scale. Data analysis was carried out using MINITAB, Release 12 for Windows. RESULTS: Physical symptoms statistically improved after hypnotherapy. There were also significant statistical improvements ( $P < 0.001$ ) in six of the eight health-related quality of life domains measured (emotional, mental health, sleep, physical function, energy and social role). These improvements were most marked in female patients who reported abdominal pain as their predominant physical symptom. Anxiety and depression improved following treatment. CONCLUSION: Gut-directed hypnotherapy has a very positive impact on health-related quality of life with improvements in psychological well-being and physical symptoms. It appears most effective in patients with abdominal pain and distension. Relevance to clinical practice. This study demonstrates that by integrating complementary therapies into conventional care that gastrointestinal nurses have a potential role in the management of irritable bowel syndrome.

[1189]

The induction of anomalous experiences in a mirror-gazing facility: suggestion, cognitive perceptual personality traits and phenomenological state effects.

J Nerv Ment Dis. 2006 Jun;194(6):415-21

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Previous research suggests that mirror-gazing is efficacious for the facilitation of anomalous experiences. The present experiment tested the hypothesis that the incidence of such experiences is a function of the demand characteristics of the procedure. Participants were randomly allocated to one of two conditions and completed a battery of trait and state measures. Individuals who were given suggestions for anomalous experiences, relative to those who were not, reported a greater number of visual, and a suggestively greater number of vocal, hallucinations. The experience of a descriptively dissociative phenomenological state was the strongest predictor of the reporting of anomalous experiences, but only correlated with the experience of anomalous perceptions in the suggestion condition. Experiences of visual apparitions were found to significantly differ from nonexperiences in their preference for a visual cognitive style independently of condition.

[1190]

Neuroimaging and genetic associations of attentional and hypnotic processes.

J Physiol Paris. 2006 Jun;99(4-6):483-91. Epub 2006 Jun 5

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In the aftermath of the human genome project, genotyping is fast becoming an affordable and technologically viable complement to phenotyping. Whereas attempts to characterize hypnotic responsiveness have been largely phenomenological, data emanating from exploratory genetic data may offer supplementary insights into the genetic bases of hypnotizability. We outline our genetic and neuroimaging findings and discuss potential implications to top-down control systems. These results may explain individual differences in hypnotizability and propose new ideas for studying the influence of suggestion on neural systems.

[1191]

Functional neuroanatomy of the hypnotic state.

J Physiol Paris. 2006 Jun;99(4-6):463-9. Epub 2006 Jun 5

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The neural mechanisms underlying hypnosis and especially the modulation of pain perception by hypnosis remain obscure. Using PET we first described the distribution of regional cerebral blood flow during the hypnotic state. Hypnosis relied on revivification of pleasant autobiographical memories and was compared to imaging autobiographical material in "normal alertness". The hypnotic state was related to the activation of a widespread set of cortical areas involving occipital, parietal, precentral, premotor, and ventrolateral prefrontal and anterior cingulate cortices. This pattern of activation shares some similarities with mental imagery, from which it mainly differs by the relative deactivation of precuneus. Second, we looked at the anti-nociceptive effects of hypnosis. Compared to the resting state, hypnosis reduced pain perception by approximately 50%. The hypnosis-induced reduction of affective and sensory responses to noxious thermal stimulation were modulated by the activity in the midcingulate cortex (area 24a'). Finally, we assessed changes in cerebral functional connectivity related to hypnosis. Compared to normal alertness (i.e., rest and mental imagery), the hypnotic state, significantly enhanced the functional modulation between midcingulate cortex and a large neural network involved in sensory, affective, cognitive and behavioral aspects of nociception. These findings show that not only pharmacological but also psychological strategies for pain control can modulate the cerebral network involved in noxious perception.

[1192]

Learning in trance: functional brain imaging studies and neuropsychology.

J Physiol Paris. 2006 Jun;99(4-6):470-82. Epub 2006 Jun 5

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This study examined the fundamental question, whether verbal memory processing in hypnosis and in the waking state is mediated by a common neural system or by distinct cortical areas. Seven right-handed volunteers (25.4 years, sd 3.1) with high-hypnotic susceptibility scores were PET-scanned while encoding/retrieving word associations either in hypnosis or in the waking state. Word-pairs were visually presented and highly imaginable, but not semantically related (e.g. monkey-street). The presentation of pseudo-words served as a reference condition. An emission scan was recorded after each intravenous administration of O-15 water. Encoding under hypnosis was associated with more pronounced bilateral activations in the occipital cortex and the prefrontal areas as compared to learning in the waking state. During memory retrieval of word-pairs which had been previously learned under hypnosis, activations were found in the occipital lobe and the cerebellum. Under both experimental conditions precuneus and prefrontal cortex showed a consistent bilateral activation which was most distinct when the learning had taken place under hypnosis. In order to further analyze the effect of hypnosis on imagery-mediated learning, we administered sets of high-imagery word-pairs and sets of abstract words. In the first experimental condition word-pair associations were presented visually. In the second condition it was found that highly hypnotisable persons recalled significantly more high-imagery words under hypnosis as compared to low-hypnotisables both in the visual and auditory modality. Furthermore, high-imagery words were also better recalled by the highly hypnotisable subjects during the non-hypnotic condition. The

memory effect was consistently present under both, immediate and delayed recall conditions. Taken together, the findings advance our understanding of the neural representation that underlies hypnosis and the neuropsychological correlates of hypnotic susceptibility.

[1193]

Hypnosis and pain management.

Nurs J India. 2006 Jun;97(6):129-31

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Nurses have used complementary therapies for many years to relieve anxiety, promote comfort, and reduce or alleviate pain. Physical therapies are most commonly used in our scenario but behavioral approach had been less customary, since familiarity of health personnel is very less (36%) with these techniques (Zaza et al, 1999). Hypnosis is empirically proved best therapy for pain management. Hypnosis is a process involving a hypnotist and a subject who agrees to be hypnotized. Being hypnotized is usually characterized by intense concentration, extreme relaxation and high suggestibility. This paper initially address hypnosis from an historical perspective to give the reader a decent background in which to view current trends in research in the field. Then will explain how hypnosis work followed by the empirical evidences and problems encountered in use of hypnosis when used for pain management.

[1194]

Response to Beshai's "Quantitative and qualitative research in hypnosis: comment on Woodard".

Psychol Rep. 2006 Jun;98(3):908-10

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This paper clears up some misunderstandings of Woodard's Phenomenological and Perceptual Research Methodology presented by Beshai in a recent critique. Beshai's critique helps demonstrate and validate a number of themes in Woodard's Perceptually Oriented Hypnosis. First, for each of us, our historical learnings provide the basis for scientific progress but at the same time may impede new views and even a more comprehensive understanding of hypnosis. Second, hypnosis is fundamentally a process of differentiating personal meanings that can be vastly different for various individuals. Third, Beshai uses a quantitatively based approach to understanding phenomenon different from Woodard's qualitative research process. Last, holistic understanding of hypnosis is impeded when aspects of the phenomenal field are taken quantitatively out of context.

[1195]

Hypnosis reduces preoperative anxiety in adult patients.

Anesth Analg. 2006 May;102(5):1394-6

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In this study we examined the effect of hypnosis on preoperative anxiety. Subjects were randomized into 3 groups, a hypnosis group (n = 26) who received suggestions of well-being; an attention-control group (n = 26) who received attentive listening and support without any specific hypnotic suggestions and a "standard of care" control group (n = 24). Anxiety was measured pre- and postintervention as well as on entrance to the operating rooms. We found that patients in the hypnosis group were significantly less anxious postintervention as compared with patients in the attention-control group and the control group (31 +/- 8 versus 37 +/- 9 versus 41 +/- 11, analysis of variance, P = 0.008). Moreover, on entrance to the operating rooms, the hypnosis group reported a significant decrease of 56% in their anxiety level whereas the attention-control group reported an increase of 10% in anxiety and the control group reported an increase of 47% in their anxiety (P = 0.001). In conclusion, we found that hypnosis significantly alleviates preoperative anxiety. Future studies are indicated to examine the effects of preoperative hypnosis on postoperative outcomes.

[1196]

Impact of hypnosis during embryo transfer on the outcome of in vitro fertilization-embryo transfer: a case-control study.

Fertil Steril. 2006 May;85(5):1404-8. Epub 2006 Mar 29

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**OBJECTIVE:** To investigate whether hypnosis during ET contributes to successful IVF/ET outcome. **DESIGN:** Case-control clinical study. **SETTING:** Academic Fertility and IVF Unit, Soroka Medical Center, Beer-Sheva, Israel. **PATIENT(S):** Infertile couples undergoing IVF. **INTERVENTION(S):** Ninety-eight IVF/ET cycles with hypnosis during the ET procedure were matched with 96 regular IVF/ET cycles. **MAIN OUTCOME MEASURES:** Comparison of clinical pregnancy and implantation rates between the two groups. **RESULT(S):** We obtained 52 clinical pregnancies out of 98 cycles (53.1%) with an implantation rate of 28% among hypnosis IVF/ET cycles, and 29 out of 96 (30.2%) clinical pregnancies and an implantation rate of 14.4% in the control cycles. Our overall IVF program pregnancy rate for the same period was 32.1%. Logistic regression analysis was performed emphasizing the positive contribution of hypnosis to the IVF/ET conception rates. **CONCLUSION(S):** This study suggests that the use of hypnosis during ET may significantly improve the IVF/ET cycle outcome in terms of increased implantation and clinical pregnancy rates. Furthermore, it seems that the patients' attitude to the treatment was more favorable.

[1197]

Randomized clinical trial of local anesthetic versus a combination of local anesthetic with self-hypnosis in the management of pediatric procedure-related pain.

Health Psychol. 2006 May;25(3):307-15

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A prospective controlled trial was conducted to compare the efficacy of an analgesic cream (eutectic mixture of local anesthetics, or EMLA) with a combination of EMLA with hypnosis in the relief of lumbar puncture-induced pain and anxiety in 45 pediatric cancer patients (age 6-16 years). The study also explored whether young patients can be taught and can use hypnosis independently as well as whether the therapeutic benefit depends on hypnotizability. Patients were randomized to 1 of 3 groups: local anesthetic, local anesthetic plus hypnosis, and local anesthetic plus attention. Results confirmed that patients in the local anesthetic plus hypnosis group

reported less anticipatory anxiety and less procedure-related pain and anxiety and that they were rated as demonstrating less behavioral distress during the procedure. The level of hypnotizability was significantly associated with the magnitude of treatment benefit, and this benefit was maintained when patients used hypnosis independently. 2006 APA, all rights reserved

[1198]

Effect of autogenic training on cardiac autonomic nervous activity in high-risk fire service workers for posttraumatic stress disorder. *J Psychosom Res.* 2006 May;60(5):439-44

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**OBJECTIVE:** We investigated the effect of autogenic training (AT) on cardiac autonomic nervous activity in fire services workers with the use of the questionnaire of the Japanese-language version of Impact of Event Scale-Revised (IES-R-J) and indexes of heart rate variability. **METHODS:** We studied 22 male fire services workers who were divided into posttraumatic stress disorder (PTSD)-related stress group (n=10) and control group (n=12). They underwent AT twice or three times a week for 2 months. **RESULTS:** Posttraumatic stress disorder-related stress group showed a significantly higher cardiac sympathetic nervous activity and a significantly lower cardiac parasympathetic nervous activity than control group at baseline. Autogenic training significantly decreased cardiac sympathetic nervous activity and significantly increased cardiac parasympathetic nervous activity in both groups. These changes were accompanied by a significant decrease in the total points of IES-R-J. **CONCLUSION:** Autogenic training is effective for ameliorating the disturbance of cardiac autonomic nervous activity and psychological issues secondary to PTSD.

[1199]

Social suggestibility to central and peripheral misinformation.

*Memory.* 2006 May;14(4):486-501

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This study used a laboratory-based paradigm to investigate social influences on participants' susceptibility to misleading suggestions. Participants viewed a video clip of an action sequence with one or more peers, and then were required to discuss the event with the co-witness or with the group of co-witnesses. During the discussion a confederate, posing as a peer, presented misinformation about central and peripheral features of the co-witnessed event. Results indicated that participants were more susceptible to misleading suggestions during one-on-one discussions than during group discussions. In addition, participants were susceptible to misleading suggestions about central features of the witnessed event, although to a lesser extent than they were susceptible to misleading suggestions about peripheral features.

[1200]

Psychologic interventions for chronic pain.

*Phys Med Rehabil Clin N Am.* 2006 May;17(2):415-33

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As a biopsychosocial understanding of chronic pain has become more sophisticated during recent decades, a variety of psychologically based treatment approaches have been developed and empirically validated for helping people better manage their pain. These approaches to pain management have much to offer persons with chronic pain in terms of enhancing quality of life and pain-related coping, as well as reducing disability and pain-related interference with functioning. Although some treatments, like hypnotic analgesia, may require referral to a specialized provider, several of the principles of other psychologically based treatment approaches for pain management (eg, operant behavioral therapy, cognitive-behavioral therapy, motivational interviewing) can easily be integrated into work with persons with pain in a rehabilitation setting. Rehabilitation providers who are interested in incorporating these treatment strategies into their clinical work who do not have prior exposure to these approaches are encouraged to review the suggested references and to seek out related training opportunities.

[1201]

Prokinetic effect of gut-oriented hypnosis on gastric emptying.

*Aliment Pharmacol Ther.* 2006 Apr 15;23(8):1241-9

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**BACKGROUND:** No data are available on the effect of hypnosis on gastric emptying. **AIM:** To determine the effect of a hypnosis session on gastric emptying and dyspeptic symptoms. **METHODS:** We studied emptying by ultrasonography and epigastric sensations in 11 healthy subjects and in 15 patients affected by functional dyspepsia under three conditions according to a fixed schedule: (a) basal, (b) after cisapride and (c) during a 90 min hypnotic trance. Eight healthy subjects repeated an emptying study listening to relaxing music. Statistical analysis was performed using the Friedman test or RM-ANOVA. **RESULTS:** In dyspeptics, the postprandial increase in the antral area was significantly smaller during the hypnosis trance than under the basal and the cisapride conditions. For the patients gastric emptying was significantly shortened by cisapride, and even more by hypnosis (basal 274 +/- 16.8 min; cisapride 227 +/- 13.2; hypnosis 150 +/- 9.7) whereas for healthy subjects it was shortened only by hypnosis. The repeated study in healthy subjects listening to relaxing music showed no significant difference compared with the basal. Epigastric sensations were improved in dyspeptics by hypnosis, but not by cisapride. **CONCLUSIONS:** Gut-oriented hypnosis is effective in shortening gastric emptying both in dyspeptic and in healthy subjects.

[1202]

Alert hypnosis: a review and case report.

*Am J Clin Hypn.* 2006 Apr;48(4):291-300

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This review summarizes the use of hypnotic inductions while the subject is physically active, open-eyed and focused on the external environment. Research cited from several sources documents that traditional and alert inductions produce similar hypnotic susceptibility scores, but after an alert induction, subjects may report feeling more alert and in control. A case is reported of a client who was able to

use such an induction to stay in alert hypnosis for an extended time, and reduce the long-standing anxiety effects of past failure. Finally, a systematic way is discussed to generate inductions that may expand the use of hypnosis to new applications.

[1203]

Hypnotically enhanced dreaming to achieve symptom reduction: a case study of 11 children and adolescents.

Am J Clin Hypn. 2006 Apr;48(4):279-89

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Theories about dreams have shaped our thinking about mind-body unity and the influence of thought on the body. In this article, the authors review the sparse literature regarding the use of hypnosis with children's dreams and nightmares, summarize how hypnotically induced dreams have been used to resolve psychological symptoms, and note five themes in the literature worthy of further investigation. Building on the value of both dreams and hypnosis for working through conflicts, the authors united mind-body medicine and hypnotically induced dreaming in a pediatric pulmonary practice. A case series is presented of 11 patients who were offered an opportunity to review their reported nightmares through hypnosis in order to uncover their potential meaning. The recurrent nightmares among these patients decreased greatly in frequency or resolved following the hypnosis enhanced dream review. Thus, we demonstrate that hypnotically induced dream review may be useful in a pediatric population.

[1204]

The neuroscience of observing consciousness & mirror neurons in therapeutic hypnosis.

Am J Clin Hypn. 2006 Apr;48(4):263-78

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Neuroscience documents the activity of "mirror neurons" in the human brain as a mechanism whereby we experience empathy and recognize the intentions of others by observing their behavior and automatically matching their brain activity. This neural basis of empathy finds support in research on dysfunctions in the mirror systems of humans with autism and fMRI research on normal subjects designed to assess intentionality, emotions, and complex cognition. Such empathy research now appears to be consistent with the historical and research literature on hypnotic induction, rapport, and many of the classical phenomena of suggestion. A preliminary outline of how mirror neurons may function as a rapport zone mediating between observing consciousness, the gene expression/protein synthesis cycle, and brain plasticity in therapeutic hypnosis and psychosomatic medicine is proposed. Brain plasticity is generalized in the theory, research, and practice of utilizing mirror neurons as an explanatory framework in developing and training new skill sets for facilitating an activity-dependent approach to creative problem solving, mind-body healing, and rehabilitation with therapeutic hypnosis.

[1205]

Age regression: tailored versus scripted inductions.

Am J Clin Hypn. 2006 Apr;48(4):251-61

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The effects of tailored versus scripted hypnotic inductions were tested with the intention of shedding light on age regression phenomena. From an initial pool of 31 volunteers, 10 males and 10 females who scored 3 or better on the Stanford Hypnotic Clinical Scale, participated in this study. Participants were assigned to either scripted or tailored hypnotic induction conditions for regression to age 5. The age specific developmental task was to indicate for each of 10 abstract figure pairs, which of each pair "was upside down". Both groups showed significant focal point dependency. However, the tailored induction group showed significantly greater focal point dependency characteristic of 5-year-old children, in contrast to the scripted induction group. It appears that tailored hypnotic inductions may provide a better avenue for the ego to regulate its own degree of regression. The better match to personality style takes advantage of the naturally occurring ego-syntonic capacities of the participant, thereby facilitating greater hypnotic responsiveness.

[1206]

Benjamin Franklin and the neurosciences.

Funct Neurol. 2006 Apr-Jun;21(2):67-75

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Benjamin Franklin (1706-1790), who is better known in other fields, especially colonial politics and international diplomacy, was an early, major contributor to the neurosciences from the New World. Among his accomplishments are: experiments on medical electricity as a possible cure for the palsies and hysteria; the first descriptions of how electricity affecting the brain can cause a specific type of amnesia; supporting the idea that cranial shocks might provide a cure for melancholia; showing that the cures performed by the Mesmerists to remove obstructions, including nerve blockages, rest on gullibility and suggestion, and recognizing the dangers, including those to the nerves, posed by exposure to lead. Franklin's neuroscience was firmly based on experiments, careful observations, and hard data ? and finding clinical relevance for new discoveries was always on his mind.

[1207]

A meta-analysis of gender, smoking cessation, and hypnosis: a brief communication.

Int J Clin Exp Hypn. 2006 Apr;54(2):224-33

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Results of a meta-analysis showed that males were more likely to report smoking abstinence than female participants following hypnosis-based treatments for smoking. Across 12 studies that used hypnosis in the treatment of smoking and reported outcome statistics by gender, the authors found that the odds of achieving smoking abstinence were 1.37 times greater for male than female participants. The results are consistent with the nonhypnosis literature suggesting that females have a more difficult time achieving smoking abstinence compared to males.

[1208]

Suggestions of altered balance: Possible equivalence of imagery and perception.

Int J Clin Exp Hypn. 2006 Apr;54(2):206-23

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Hypnotic suggestions describing an altered perception induce congruent changes in the subject's experience and behavior. However, it is not known whether an implicit suggestion, only indirectly referring to an altered perception, induces a behavioral response corresponding to that of the real situation. In this study, an implicit suggestion of backward falling (IMP) was given to high hypnotizable participants not exposed (W-Highs) and exposed (H-Highs) to a hypnotic induction and a group of low hypnotizable individuals (W-Lows). Their posture was evaluated through an elite system. The results after the IMP were compared with those after an explicit suggestion of backward falling (EXP). In both W-Highs and H-Highs, the IMP elicited the backward body sway expected in the corresponding real situation, whereas no response was found in W-Lows. The results are discussed in terms of a possible equivalence of imagery and perception or of a lack of the motor inhibition normally associated with motor imagery.

[1209]

Anatomy of a hypnotic response: Self-report estimates, actual behavior, and physiological response to the hypnotic suggestion for arm rigidity.

Int J Clin Exp Hypn. 2006 Apr;54(2):186-205

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The present study closely examines subject response to the arm-rigidity item of the HGSHS:A. Subject behavior, subject self-report, and surface EMG of the biceps and triceps muscles were monitored. Two distinct ways of passing the item were observed and verified by EMG recordings: some subjects (tremblers) exerted muscular effort to bend the arm and kept it rigidly straight. Others (nontremblers) passively kept the arm straight without exerting muscular effort to bend, even though they reported exerting effort to bend their arm. These two behaviorally and physiologically different methods of passing the item support the idea of individual differences in hypnotic responding and suggest that subjects may be using different mental processes to pass the item.

[1210]

The special effects of hypnosis and hypnotherapy: A contribution to an ecological model of therapeutic change.

Int J Clin Exp Hypn. 2006 Apr;54(2):167-85

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There is ample evidence that hypnosis enhances the effectiveness of psychotherapy and produces some astounding effects of its own. In this paper, the effective components and principles of hypnosis and hypnotherapy are analyzed. The "special" hypnotic and hypnotherapeutic effects are linked to the fact that the ecological requirements of therapeutic change are taken into account implicitly and/or explicitly when working with hypnotic trances in a therapeutic setting. The hypnotic situation is described--theoretically and in case examples--as a therapeutic modality that gratifies and aligns the basic emotional needs to feel autonomous, related, competent, and oriented. It is shown how the hypnotic relationship can help promote a sound ecological balance between these needs--a balance that is deemed to be a necessary prerequisite for salutogenesis. Practical implications for planning hypnotherapeutic interventions are discussed.

[1211]

Mindfulness, acceptance, and hypnosis: Cognitive and clinical perspectives.

Int J Clin Exp Hypn. 2006 Apr;54(2):143-66

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The authors propose that hypnosis and mindfulness-based approaches can be used in tandem to create adaptive response sets and to deautomatize maladaptive response sets. They summarize recent research on the effectiveness of mindfulness-based approaches in clinical and nonclinical contexts and propose that the cognitive underpinnings of mindfulness approaches can be conceptualized in terms of the metacognitive basis of mindful attention, Toneatto's elucidation of the Buddhist perspective on cognition, and Kirsch and Lynn's response-set theory. They also suggest that mindfulness can serve as a template for generating an array of suggestions that provides cognitive strategies to contend with problems in living and to ameliorate stress and negative affect more generally. Many of the ideas the authors advance are speculative and are intended to spur additional research and clinical work.

[1212]

Hypnosis delivered through immersive virtual reality for burn pain: A clinical case series.

Int J Clin Exp Hypn. 2006 Apr;54(2):130-42

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This study is the first to use virtual-reality technology on a series of clinical patients to make hypnotic analgesia less effortful for patients and to increase the efficiency of hypnosis by eliminating the need for the presence of a trained clinician. This technologically based hypnotic induction was used to deliver hypnotic analgesia to burn-injury patients undergoing painful wound-care procedures. Pre- and postprocedure measures were collected on 13 patients with burn injuries across 3 days. In an uncontrolled series of cases, there was a decrease in reported pain and anxiety, and the need for opioid medication was cut in half. The results support additional research on the utility and efficacy of hypnotic analgesia provided by virtual reality hypnosis.

[1213]

Six players on the inner stage: Using ego state therapy with the medically ill.

Int J Clin Exp Hypn. 2006 Apr;54(2):113-29

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The symptoms of medical illness often speak through eloquent, embedded metaphors that express deeper unconscious conflicts and meanings. Therapeutic attunement to the multilayered issues associated with a patient's illness can be instrumental in the uncovering and working through conflicts that may impede both physical and emotional healing. Among hypnotically facilitated psychotherapeutic approaches that can be helpful, ego state techniques offer rapid access to these illness-associated issues. This article discusses six different ego states that are key players in the illness drama for many patients. Five of these are indwelling components of the patient's psyche, whereas the sixth player belongs to the therapist's resonant self. All of them are relevant when the practitioner seeks to

facilitate deeper healing in patients with mind/body conditions.

[1214]

Mediation and moderation of psychological pain treatments: response expectancies and hypnotic suggestibility.  
J Consult Clin Psychol. 2006 Apr;74(2):253-62  
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The mediator role of response expectancies and the moderator role of hypnotic suggestibility were evaluated in the analogue treatment of pain. Approximately 1,000 participants were assessed for hypnotic suggestibility. Later, as part of a seemingly unrelated experiment, 188 of these individuals were randomly assigned to distraction, cognitive-behavioral package, hypnotic cognitive-behavioral package, hypnotic analgesia suggestion, placebo control, or no-treatment control conditions. Response expectancies partially mediated the effects of treatment on pain. Hypnotic suggestibility moderated treatment and was associated with the relief produced only by the hypnotic interventions. The results suggest that response expectancies are an important mechanism of hypnotic and cognitive-behavioral pain treatments and that hypnotic suggestibility is a trait variable that predicts hypnotic responding across situations, including hypnosis-based pain interventions. Copyright 2006 APA.

[1215]

Hypnotic trait and specific phobia: EEG and autonomic output during phobic stimulation.  
Brain Res Bull. 2006 Mar 31;69(2):197-203. Epub 2005 Dec 27  
Gemignani A, Sebastiani L, Simoni A, Santarcangelo EL, Ghelarducci B.  
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In a previous study we showed that healthy highly hypnotizable subjects, during the suggestion of a moderately unpleasant situation administered in awake conditions, exhibited a sympathetic response greatly attenuated with respect to non-hypnotizable individuals. This was interpreted as a natural protection of hypnotizable subjects against the cardiovascular effects of cognitive stress. Aim of the present study was to investigate whether the hypnotic trait is able to modulate the autonomic and cerebral activities also in specific phobic awake hypnotizable (Highs) and non-hypnotizable (Lows) subjects. Electroencephalogram, electrooculogram, electromiogram of corrugator muscle, electrocardiogram, respirogram and tonic electrodermal activity were recorded during a guided mental imagery of an animal phobic object. Phobic stimulation induced in both groups the rise of heart and respiratory frequency and the lowering of skin resistance. These changes are less pronounced in Highs than in Lows and are sustained by a different modulation of the sympatho-vagal balance. During phobic stimulation both groups exhibited a similar significant increase of EEG gamma relative power. At variance, significant stimulation-related decrements of alpha1, theta1 and theta2 activities were found only in Highs that exhibited similar changes during the control and phobic stimulation. Results suggest that hypnotizability is able to modulate cerebral and autonomic responses also in specific phobic subjects. However, the presence of a specific phobia attenuates the effectiveness of hypnotizability as a protective factor against possible stress-related cardiac illness.

[1216]

Smoke-free hospitals and the role of smoking cessation services.  
Br J Nurs. 2006 Mar 9-22;15(5):248-51  
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The NHS must be smoke free by the end of 2006 (Department of Health, 2004). The necessary elements to introducing a smoke-free policy, which is workable and equitable, are the management of the policy and offering support to smokers. Smoking and second-hand smoking are responsible for many illnesses, premature deaths and reduced productivity. Employers have a responsibility to ensure the health of their employees by protecting them from exposure to cigarette smoke in the workplace. Although smoking restrictions in the workplace are popular, it is important to ensure good communication with everyone who will be affected, since there are many fears associated with the introduction of the policy. Help must be offered to people who wish to quit through behavioural and pharmacological interventions and support must also be given to the smoker who must abstain from smoking on the premises during work or hospital stay.

[1217]

Hypnosis Antenatal Training for Childbirth (HATCh): a randomised controlled trial [NCT00282204]  
BMC Pregnancy Childbirth. 2006 Mar 5;6:5  
Cyna AM, Andrew MI, Robinson JS, Crowther CA, Baghurst P, Turnbull D, Wicks G, Whittle C.  
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BACKGROUND: Although medical interventions play an important role in preserving lives and maternal comfort they have become increasingly routine in normal childbirth. This may increase the risk of associated complications and a less satisfactory birth experience. Antenatal hypnosis is associated with a reduced need for pharmacological interventions during childbirth. This trial seeks to determine the efficacy or otherwise of antenatal group hypnosis preparation for childbirth in late pregnancy. METHODS/DESIGN: A single centre, randomised controlled trial using a 3 arm parallel group design in the largest tertiary maternity unit in South Australia. Group 1 participants receive antenatal hypnosis training in preparation for childbirth administered by a qualified hypnotherapist with the use of an audio compact disc on hypnosis for re-enforcement; Group 2 consists of antenatal hypnosis training in preparation for childbirth using an audio compact disc on hypnosis administered by a nurse with no training in hypnotherapy; Group 3 participants continue with their usual preparation for childbirth with no additional intervention. Women > 34 and < 39 weeks gestation, planning a vaginal birth, not in active labour, with a singleton, viable fetus of vertex presentation, are eligible to participate. Allocation concealment is achieved using telephone randomisation. Participants assigned to hypnosis groups commence hypnosis training as near as possible to 37 weeks gestation. Treatment allocations are concealed from treating obstetricians, anaesthetists, midwives and those personnel collecting and analysing data. Our sample size of 135 women/group gives the study 80% power to detect a clinically relevant fall of 20% in the number of women requiring pharmacological analgesia - the primary endpoint. We estimate that approximately 5-10% of women will deliver prior to receiving their allocated intervention. We plan to recruit 150 women/group and perform sequential interim analyses when 150 and 300 participants have been recruited. All participant data will be analysed, by a researcher blinded to treatment allocation, according to the "Intention to treat" principle with comprehensive pre-planned cost-benefit and subgroup analyses. DISCUSSION: If effective, hypnosis would be a simple, inexpensive way to improve the childbirth experience, reduce complications associated with pharmacological interventions, yield cost savings in maternity care, and this trial will provide evidence to guide clinical practice.

[1218]



Complementary and alternative medicine.

Anesthesiol Clin. 2006 Mar;24(1):81-111, viii

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Thirty years ago, the integration of complementary medicine into cancer care almost was dismissed as quackery. Today, a whole range of complementary and alternative medicine (CAM) techniques have been integrated into the management of cancer, which are often of benefit to patients, when conventional treatment is deemed to have failed or caused intolerable side effects. Health care workers need to inquire about the use of CAM in their patients routinely in a sensitive and nonjudgmental way, and may need to advise patients to stop certain therapies. Yet in advanced cancer, a sensible balance needs to be struck between fear about adverse effects and interactions and the importance of making the remaining weeks/days/months as comfortable and enjoyable as possible.

[1219]

Hypnosis and modern frontal-lobe concepts--a sketch for a review and an invitation to one particularly promising field.

Coll Antropol. 2006 Mar;30(1):205-11

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The present paper intends to briefly review the most important concepts of the modern neuropsychology of the frontal lobes, and to relate these findings to the phenomenology usually encountered in hypnosis research and practice. The frontal lobes have been studied very intensively during the last several years and some of the results, including the syndromes described in frontal-lobe lesions and psychiatric patients, demonstrate striking similarity with hypnotic phenomena. Based on these similarities, an alternative neuropsychophysiological definition of hypnosis/suggestion is proposed, viewing hypnosis/suggestion as the process of external manipulation with frontal-lobe functions with consequent effects upon the entire brain potential of the subject.

[1220]

Autogenic training to reduce anxiety in nursing students: randomized controlled trial.

J Adv Nurs. 2006 Mar;53(6):729-35

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AIM: This paper reports a study to determine the effectiveness of autogenic training in reducing anxiety in nursing students.

BACKGROUND: Nursing is stressful, and nursing students also have the additional pressures and uncertainties shared with all academic students. Autogenic training is a relaxation technique consisting of six mental exercises and is aimed at relieving tension, anger and stress. Meta-analysis has found large effect sizes for autogenic trainings intervention comparisons, medium effect sizes against control groups, and no effects when compared with other psychological therapies. A controlled trial with 50 nursing students found that the number of certified days off sick was reduced by autogenic training compared with no treatment, and a second trial with only 18 students reported greater improvement in Trait Anxiety, but not State Anxiety, compared with untreated controls. METHODS: A randomized controlled trial with three parallel arms was completed in 1998 with 93 nursing students aged 19-49 years. The setting was a university college in the United Kingdom. The treatment group received eight weekly sessions of autogenic training, the attention control group received eight weekly sessions of laughter therapy, and the time control group received no intervention. The outcome measures were the State-Trait Anxiety Inventory, the Maslach Burnout Inventory, blood pressure and pulse rate completed at baseline, 2 months (end of treatment), and 5, 8, and 11 months from randomization. RESULTS: There was a statistically significantly greater reduction of State ( $P < 0.001$ ) and Trait ( $P < 0.001$ ) Anxiety in the autogenic training group than in both other groups immediately after treatment. There were no differences between the groups for the Maslach Burnout Inventory. The autogenic training group also showed statistically significantly greater reduction immediately after treatment in systolic ( $P < 0.01$ ) and diastolic ( $P < 0.05$ ) blood pressure, and pulse rate ( $P < 0.002$ ), than the other two groups. CONCLUSION. Autogenic training has at least a short-term effect in alleviating stress in nursing students.

[1221]

Hypnosis: removing the labour from birth.

Pract Midwife. 2006 Mar;9(3):26-7, 29

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Hypnosis has been used in obstetrics for more than a century. However, with increasing numbers of women looking for alternative coping strategies for use during labour, the birth of a new discipline, HypnoBirthing, is gaining in popularity. HypnoBirthing is a hypnotherapy programme specifically designed for birth, employing the principles and techniques of hypnosis and self-relaxation. This article explains the philosophy and principles of HypnoBirthing, the evidence base and its physiological impact on labouring women, brought to life by real accounts.

[1222]

[Dispute over the multiple personality disorder: theoretical or practical dilemma?][Article in Polish]

Psychiatr Pol. 2006 Mar-Apr;40(2):233-43

Stankiewicz S, Golczynska M.

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Dissociative identity disorder (DID) could also be referred to as multiple personality disorder (MPD). Due to rare occurrence and difficulty in its' identification it is infrequently diagnosed in Poland. The indicated disorder has been portrayed by the authors throughout the historical context, referring to initial 18th century's references concerning dissociation. A typical dissociatively disordered person has been characterized along with his individual personality categories such as: original personality, altered personality, host and personality fragment. Moreover various diagnosis criterions of DID have been introduced. DID has also been differentiated with other disorders: PTSD (post-traumatic stress disorder) and BPD (borderline personality disorder). A hypothesis has been set up, stating that DID is directly correlated with the trauma experienced during childhood, while PTSD is linked with traumatic lived-through events in the later period of ones' life. The most contemporary and frequently used research tools for DID have been indicated: dissociative experience scale (DES) and somatoform dissociation questionnaire (SDQ-20). Based upon the known literature, the authors have presented treatment methods such as hypnotherapy and recorded therapy sessions. It is the view of the authors that the switching in dissociative identity disorder is of adaptive character (it occurs depending upon adaptive needs).

[1223]

Systematic review: Complementary and alternative medicine in the irritable bowel syndrome  
Aliment Pharmacol Ther. 2006 Feb 15;23(4):465-71  
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**BACKGROUND:** Complementary and alternative medical therapies and practices are widely employed in the treatment of the irritable bowel syndrome. **AIM:** To review the usage of complementary and alternative medicine in the irritable bowel syndrome, and to assess critically the basis and evidence for its use. **METHODS:** A systematic review of complementary and alternative medical therapies and practices in the irritable bowel syndrome was performed based on literature obtained through a Medline search. **RESULTS:** A wide variety of complementary and alternative medical practices and therapies are commonly employed by irritable bowel syndrome patients both in conjunction with and in lieu of conventional therapies. As many of these therapies have not been subjected to controlled clinical trials, some, at least, of their efficacy may reflect the high-placebo response rate that is characteristic of irritable bowel syndrome. Of those that have been subjected to clinical trials most have involved small poor quality studies. There is, however, evidence to support efficacy for hypnotherapy, some forms of herbal therapy and certain probiotics in irritable bowel syndrome. **CONCLUSIONS:** Doctors caring for irritable bowel syndrome patients need to recognize the near ubiquity of complementary and alternative medical use among this population and the basis for its use. All complementary and alternative medicine is not the same and some, such as hypnotherapy, forms of herbal therapy, specific diets and probiotics, may well have efficacy in irritable bowel syndrome. Above all, we need more science and more controlled studies; the absence of truly randomized placebo-controlled trials for many of these therapies has limited meaningful progress in this area.

[1224]

Theodore X. Barber (1927-2005).  
Am Psychol. 2006 Feb-Mar;61(2):175  
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Presents an obituary for Theodore Xenophon Barber (1927-2005), one of the most prolific and influential researchers in the field of hypnosis. At the time of his death he was an active scholar in his private research enterprise, the Interdisciplinary Science Research Institute. A brief biography of Barber is followed by an overview of his published work, his theories and other influential accomplishments. Although hypnosis was the main focus of Barber's research, his interests and research encompassed other topics, including the phenomenon of investigator bias, psychological phenomena, and even comparative psychology. ((c) 2006 APA, all rights reserved).

[1225]

Gut-directed hypnotherapy for irritable bowel syndrome: piloting a primary care-based randomised controlled trial  
Br J Gen Pract. 2006 Feb;56(523):115-21  
Roberts L, Wilson S, Singh S, Roalfe A, Greenfield S  
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**BACKGROUND:** In western populations irritable bowel syndrome (IBS) affects between 10% and 30% of the population and has a significant effect on quality of life. It generates a substantial workload in both primary and secondary care and has significant cost implications. Gut-directed hypnotherapy has been demonstrated to alleviate symptoms and improve quality of life but has not been assessed outside of secondary and tertiary referral centres. **AIM:** To assess the effectiveness of gut-directed hypnotherapy as a complementary therapy in the management of IBS. **DESIGN OF STUDY:** Randomised controlled trial. **SETTING:** Primary care patients aged 18-65 years inclusive, with a diagnosis of IBS of greater than 6 weeks' duration and having failed conventional management, located in South Staffordshire and North Birmingham, UK. **METHOD:** Intervention patients received five sessions of hypnotherapy in addition to their usual management. Control patients received usual management alone. Data regarding symptoms and quality of life were collected at baseline and again 3, 6, and 12 months post-randomisation. **RESULTS:** Both groups demonstrated a significant improvement in all symptom dimensions and quality of life over 12 months. At 3 months the intervention group had significantly greater improvements in pain, diarrhoea and overall symptom scores ( $P < 0.05$ ). No significant differences between groups in quality of life were identified. No differences were maintained over time. Intervention patients, however, were significantly less likely to require medication, and the majority described an improvement in their condition. **CONCLUSIONS:** Gut-directed hypnotherapy benefits patients via symptom reduction and reduced medication usage, although the lack of significant difference between groups beyond 3 months prohibits its general introduction without additional evidence. A large trial incorporating robust economic analysis is, therefore, urgently recommended.

[1226]

Somatization, somatosensory amplification, attribution styles and illness behaviour: a review  
Int Rev Psychiatry. 2006 Feb;18(1):25-33  
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Somatic symptoms have been conceptualized in many different ways in literature. Current classifications mainly focus on the numbers of symptoms, with relative neglect of the underlying psychopathology. Researchers have emphasized the importance of a number of experiential, perceptual and cognitive-behavioural aspects of somatization. This review focuses on existing literature on the role of somatosensory amplification, attribution styles, and illness behaviour in somatization. Evidence suggests that somatosensory amplification is neither sensitive nor specific to somatizing states, and that other factors like anxiety, depression, neuroticism, alexithymia may also have an influence. Attribution research supports the existence of multiple causal attributions, which are related to the numbers of somatic symptoms. While somatizing patients have more organic attributions, depressed patients have more psychological attributions. A global somatic attribution style is associated with the number of obscure somatic symptoms, while a psychological attribution style is associated with both--psychological and somatic-- symptoms of depression and anxiety. There are conflicting findings with respect to the role of normalizing attributions in reducing physician recognition of anxiety and depression. Specific symptom attributions appear to explain physician recognition of psychological distress, but global attribution styles do not appear to explain any further variance in physician recognition beyond that explained by specific causal attributions. Illness behaviour has been studied in two distinct ways in literature. Research focusing on attendance rates as a form of illness behaviour suggests that

somatization is associated with high levels of health care utilization. There is also some evidence that health care utilization, amplification and attributions styles may be interrelated among somatizing patients. More structured ways to assess illness behaviour have found high levels of abnormal illness behaviour in this population. Overall, research appears to suggest a complex (and as yet unclear) relationship between somatic symptoms and underlying cognitions/illness behaviours. While it is clear that somatization is closely related to a number of perceptual and cognitive-behavioural factors, the precise nature of these relationships are yet to be elucidated.

[1227]

Hypnotic treatment of chronic pain.

J Behav Med. 2006 Feb;29(1):95-124. Epub 2006 Jan 11

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This article reviews controlled trials of hypnotic treatment for chronic pain in terms of: (1) analyses comparing the effects of hypnotic treatment to six types of control conditions; (2) component analyses; and (3) predictor analyses. The findings indicate that hypnotic analgesia produces significantly greater decreases in pain relative to no-treatment and to some non-hypnotic interventions such as medication management, physical therapy, and education/advice. However, the effects of self-hypnosis training on chronic pain tend to be similar, on average, to progressive muscle relaxation and autogenic training, both of which often include hypnotic-like suggestions. None of the published studies have compared hypnosis to an equally credible placebo or minimally effective pain treatment, therefore conclusions cannot yet be made about whether hypnotic analgesia treatment is specifically effective over and above its effects on patient expectancy. Component analyses indicate that labeling versus not labeling hypnosis treatment as hypnosis, or including versus not including hand-warming suggestions, have relatively little short-term impact on outcome, although the hypnosis label may have a long-term benefit. Predictor analyses suggest that global hypnotic responsivity and ability to experience vivid images are associated with treatment outcome in hypnosis, progressive relaxation, and autogenic training treatments. The paper concludes with a discussion of the implications of the findings for future hypnosis research and for the clinical applications of hypnotic analgesia.

[1228]

Hypnosis for pain management

J Psychosoc Nurs Ment Health Serv. 2006 Feb;44(2):22-30

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Nurses are in a key position to learn and use hypnosis with patients to reduce pain and enhance self-esteem. However, most nurses lack knowledge about the clinical effectiveness of hypnosis and may seek continuing education to become skilled in its use. Painful procedures, treatments, or diseases remain a major nursing challenge, and nurses need complementary ways to relieve pain from surgery, tumors, injuries, and chemotherapy. This article examines the evidence base related to hypnosis for pain management, as well as how to assess and educate patients about hypnosis.

[1229]

Psychological interventions for needle-related procedural pain and distress in children and adolescents.

Cochrane Database Syst Rev. 2006 Oct 18;(4):CD005179.

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**BACKGROUND:** Needle-related procedures are a common source of pain and distress for children. Several psychological (cognitive-behavioral) interventions to help manage or reduce pain and distress are available; however, a previous comprehensive systematic review of the efficacy of these interventions has not been conducted. **OBJECTIVES:** To assess the efficacy of cognitive-behavioral psychological interventions for needle-related procedural pain and distress in children and adolescents. **SEARCH STRATEGY:** We searched the Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library (Issue 4, 2005), MEDLINE (1966 to 2005), PsycINFO (1887 to 2005), EMBASE (1974 to 2005), the Cumulative Index to Nursing and Allied Health Literature (1982 to 2005), Web of Science (1980 to 2005), and Dissertation-Abstracts International (1980 to 2005). We also searched citation lists and contacted researchers via various electronic list-servers and via email requests. **SELECTION CRITERIA:** Participants included children and adolescents aged two to 19 years undergoing needle-related procedures. Only randomized controlled trials (RCTs) with at least five participants in each study arm comparing a psychological intervention group with a control or comparison group were eligible for inclusion. **DATA COLLECTION AND ANALYSIS:** Two review authors independently extracted data and assessed trial quality. Included studies were coded for quality using the Oxford Quality Scale devised by Jadad and colleagues. Standardized mean differences with 95% confidence intervals were computed for all analyses using RevMan 4.0 software. **MAIN RESULTS:** Twenty eight trials with 1951 participants were included. Together, these studies included 1039 participants in treatment conditions and 951 in control conditions. The most commonly studied needle-procedures were immunizations and injections. The largest effect sizes for treatment improvement over control conditions exist for distraction (on self-reported pain, SMD -0.24 (95% CI -0.45 to -0.04), combined cognitive-behavioral interventions--reduced other-reported distress (SMD -0.88, 95% CI -1.65 to -0.12; and behavioral measures of distress (SMD -0.67, 95% CI -0.95 to -0.38) with hypnosis being the most promising--self-reported pain (SMD -1.47, 95% CI -2.67 to -0.27), with promising but limited evidence for the efficacy of numerous other psychological interventions, such as information/preparation, nurse coaching plus distraction, parent positioning plus distraction, and distraction plus suggestion. **AUTHORS' CONCLUSIONS:** Overall, there is preliminary evidence that a variety of cognitive-behavioral interventions can be used with children and adolescents to successfully manage or reduce pain and distress associated with needle-related procedures. However, many of the included studies received lower quality scores because they failed to describe the randomization procedure and participant withdrawals or drop-outs from the study. Further RCTs need to be conducted, particularly for the many interventions for which we could not locate any trials.

[1230]

Complementary and alternative therapies for pain management in labour.

Cochrane Database Syst Rev. 2006 Oct 18;(4):CD003521.

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**BACKGROUND:** Many women would like to avoid pharmacological or invasive methods of pain management in labour and this may contribute towards the popularity of complementary methods of pain management. This review examined currently available evidence supporting the use of alternative and complementary therapies for pain management in labour. **OBJECTIVES:** To examine the effects of complementary and alternative therapies for pain management in labour on maternal and perinatal morbidity. **SEARCH STRATEGY:** We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (February 2006), the Cochrane Central Register of Controlled Trials (The Cochrane Library 2006, Issue 1), MEDLINE (1966 to February 2006), EMBASE (1980 to February 2006) and CINAHL (1980 to February 2006). **SELECTION CRITERIA:** The inclusion criteria included published and unpublished randomised controlled trials comparing complementary and alternative therapies (but not biofeedback) with placebo, no treatment or pharmacological forms of pain management in labour. All women whether primiparous or multiparous, and in spontaneous or induced labour, in the first and second stage of labour were included. **DATA COLLECTION AND ANALYSIS:** Meta-analysis was performed using relative risks for dichotomous outcomes and mean differences for continuous outcomes. The outcome measures were maternal satisfaction, use of pharmacological pain relief and maternal and neonatal adverse outcomes. **MAIN RESULTS:** Fourteen trials were included in the review with data reporting on 1537 women using different modalities of pain management; 1448 women were included in the meta-analysis. Three trials involved acupuncture (n = 496), one audio-analgesia (n = 24), two trials acupressure (n = 172), one aromatherapy (n = 22), five trials hypnosis (n = 729), one trial of massage (n = 60), and relaxation (n = 34). The trials of acupuncture showed a decreased need for pain relief (relative risk (RR) 0.70, 95% confidence interval (CI) 0.49 to 1.00, two trials 288 women). Women taught self-hypnosis had decreased requirements for pharmacological analgesia (RR 0.53, 95% CI 0.36 to 0.79, five trials 749 women) including epidural analgesia (RR 0.30, 95% CI 0.22 to 0.40) and were more satisfied with their pain management in labour compared with controls (RR 2.33, 95% CI 1.15 to 4.71, one trial). No differences were seen for women receiving aromatherapy, or audio analgesia. **AUTHORS' CONCLUSIONS:** Acupuncture and hypnosis may be beneficial for the management of pain during labour; however, the number of women studied has been small. Few other complementary therapies have been subjected to proper scientific study.

[1231]

Hypnotic imagery rehearsal in the treatment of nightmares: a case report.

Am J Clin Hypn. 2006 Oct;49(2):123-7.

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This case report discusses a patient who experienced frequent nightmares and chronic low-level anxiety during his 3 1/2 year imprisonment. He developed post traumatic stress disorder (PTSD), in part because he adamantly insisted that he had been wrongfully incarcerated. The literature supports the use of hypnotic imagery rehearsal for treating nightmares that stem from PTSD. Due to the patient's distrust of others and trauma history, it was uncertain whether hypnotic intervention would be effective. It is of note, there is no indication in the literature that hypnosis has been used with people on parole, let alone individuals who believe they were wrongly accused of committing a crime.

[1232]

Hypnosis: medicine's dirty word.

Am J Clin Hypn. 2006 Oct;49(2):113-22.

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This paper attempts to understand the relationship between the clinical efficacy of hypnosis and its negative perception among many medical educators, practitioners and the general public. By exploring the history of hypnosis, an attempt was made to point out several events that may have led to both the past and current misperception of hypnosis which the author believes have caused hypnosis to become "medicine's dirty word".

[1233]

The effect of hypnotic training programs on the academic performance of students.

Am J Clin Hypn. 2006 Oct;49(2):101-12.

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The main objective of the present study was to empirically verify the effect of hypnotic training programs on the academic performance of students. A pre and posttest design was used. Two experimental and two control groups (total sample N=119) of volunteer second year psychology students at the University of Stellenbosch in South Africa comprised the sample. One of the experimental groups was exposed to active alert hypnosis and the other to relaxation hypnosis. One control group was exposed to progressive relaxation, while the other did not receive any intervention. The participants' April grades were used as a pretest, while their June grades served as a posttest. The two hypnotic training programs had a significant effect on the academic achievement of the participants, which was not found in the control groups. Regarding the efficacy of the two programs, however, no significant difference was found.

[1234]

[Awareness: a problem in paediatric anaesthesia?]

Anaesthesist. 2006 Oct;55(10):1041-9.

[Article in German]

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Intraoperative awareness has been reported to occur in 0.8-5.0% of paediatric patients undergoing anaesthesia and, therefore, seems to be more common than in adults (incidence 0.1-0.2%). In adult patients, the consequences of intraoperative awareness are well known and can be severe, in children, however, they have not yet been adequately studied. The causes for intraoperative awareness can be divided into three broad categories: First, no or only a light anaesthetic is given on purpose, second, an insufficient dose of an anaesthetic is given inadvertently, third, there is equipment malfunction or the anaesthesiologist makes an error. Unfortunately, especially in young children, painful interventions are still performed without adequate analgesia, e.g. awake intubation or fracture

manipulation under midazolam sedation alone. The key issue is, however, that pharmacokinetics and pharmacodynamics change enormously from the 500 g preterm baby to the adolescent patient. Adequate dosing is much more difficult in paediatric patients compared to standard adult surgical patients. Solid knowledge of the pharmacokinetic and pharmacodynamic characteristics of commonly used drugs in different paediatric age groups, as well as aiming for perfection in daily care will help to reduce the incidence of awareness. Methods for monitoring the depth of hypnosis, e.g. the bispectral index, will be used increasingly, at least in children above 1 year of age. In addition to clinical parameters, they will hopefully help to further reduce the incidence of intraoperative awareness.

[1235]

Thinking, feeling and moving: drama and movement therapy as an adjunct to a multidisciplinary rehabilitation approach for chronic pain in two adolescent girls.

Clin Child Psychol Psychiatry. 2006 Oct;11(4):569-77.

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Chronic Pain without an identifiable organic basis represents a substantial element of referrals to both medical and mental health professionals. Chronic pain can compromise independence, school attendance, physical and social activities. The tendency to label 'nonorganic' pain as having a psychological origin is usually strongly resisted by parents and young people with treatment creating a significant challenge for health care professionals. Collaborative, multidisciplinary treatment programmes encourage families to find ways of getting on with their lives by taking a proactive approach to challenging pain. The family is invited to join with the team in the task of challenging the pain through the use of physiotherapy to increase strength, stamina and suppleness alongside a range of individual and group activities that can include relaxation training, hypnotherapy, systemic and cognitive-behavioural approaches. This article describes how drama and movement therapy was introduced as an additional component of the treatment programme of two adolescents who had been long-term inpatients on a medical adolescent ward. The experiences of adding a complementary therapy to the programme are described to illustrate a creative way of contributing to established treatment programmes through the use of sound, movement and gesture in order to provide a space to explore new ways of being and expanding abilities.

[1236]

Treatment of non-cardiac chest pain: a controlled trial of hypnotherapy.

Gut. 2006 Oct;55(10):1403-8. Epub 2006 Apr 20.

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**BACKGROUND:** Non-cardiac chest pain (NCCP) is an extremely debilitating condition of uncertain origin which is difficult to treat and consequently has a high psychological morbidity. Hypnotherapy has been shown to be effective in related conditions such as irritable bowel syndrome where its beneficial effects are long lasting. **AIMS:** This study aimed to assess the efficacy of hypnotherapy in a selected group of patients with angina-like chest pain in whom coronary angiography was normal and oesophageal reflux was not contributory. **PATIENTS AND METHODS:** Twenty eight patients fulfilling the entry criteria were randomised to receive, after a four week baseline period, either 12 sessions of hypnotherapy or supportive therapy plus placebo medication over a 17 week period. The primary outcome measure was global assessment of chest pain improvement. Secondary variables were a change in scores for quality of life, pain severity, pain frequency, anxiety, and depression, as well as any alteration in the use of medication. **RESULTS:** Twelve of 15 (80%) hypnotherapy patients compared with three of 13 (23%) controls experienced a global improvement in pain ( $p = 0.008$ ) which was associated with a significantly greater reduction in pain intensity ( $p = 0.046$ ) although not frequency. Hypnotherapy also resulted in a significantly greater improvement in overall well being in addition to a reduction in medication usage. There were no differences favouring hypnotherapy with respect to anxiety or depression scores. **CONCLUSION:** Hypnotherapy appears to have use in this highly selected group of NCCP patients and warrants further assessment in the broader context of this disorder.

[1237]

[Inpatient infusion treatment for acute tinnitus with and without adjuvant psychotherapeutic intervention. A comparison of psychological effectiveness]

HNO. 2006 Oct;54(10):781-91.

[Article in German]

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Two groups of tinnitus patients ( $n=93$ ) were recruited, one of which was treated with standard infusion therapy and further acute medical intervention, while the other obtained an additional psychotherapeutic intervention. Questionnaires and interviews were taken at beginning of the treatment, and 9 days and 3 years after treatment. The accompanying psychotherapeutic intervention consisted primarily of client-centered counseling, guided relaxation techniques from clinical hypnosis, and some standard and tinnitus-related methods for a better coping with stress. After 9 days, both treatment groups showed significant improvement in several psychological characteristics. However, there was no evidence for the superiority of the combined treatment with psychological intervention. Psychotherapeutic treatment accompanying the acute medical treatment probably shows better effectiveness in an ambulant setting with both patients and medical healthcare professionals rating it as 'very helpful'. This pilot study has contributed initial results for the integrated treatment of the acute tinnitus and has helped in the development of further therapeutic strategies as well as an evidence based concept for further evaluation. This study received one of the two scientific first prizes of the "German Tinnitus League".

[1238]

Enhancing thought suppression with hypnosis.

Int J Clin Exp Hypn. 2006 Oct;54(4):488-99.

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Much research indicates that attempts to suppress thoughts lead to increased accessibility of those thoughts, especially when additional cognitive load is present. On the premise that hypnosis may permit more effective management of cognitive load, it was hypothesized that hypnosis may enhance more effective thought suppression. The present research examined whether the obstacle of cognitive load

could be bypassed using hypnosis to facilitate successful thought suppression. Thirty-nine high and 40 low hypnotizable participants were hypnotized and received either a suppression instruction or no instruction for a memory of an embarrassing experience and subsequently completed a sentence-unscrambling task that indexed accessibility of embarrassing thoughts. Whereas lows instructed to suppress displayed a delayed increase in suppressed thoughts, highs did not. These findings support the proposition that hypnosis facilitates thought suppression.

[1239]

Reassessment of hypnotic symptom removal by Freud and Bernheim.

Int J Clin Exp Hypn. 2006 Oct;54(4):480-7.

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As demonstrations of clinical efficacy, cases reported by Freud and Bernheim reveal an intrinsic advantage of hypnotic symptom removal over therapies requiring extended periods to achieve significant outcomes. They also lend support to Weitzenhoffer's survey of therapeutic results achieved during the classical (pre-1900) period.

[1240]

Neurophysiologic and long-term effects of clinical hypnosis in oral and maxillofacial treatment--a comparative interdisciplinary clinical study.

Int J Clin Exp Hypn. 2006 Oct;54(4):457-79.

Eitner S, Wichmann M, Schultze-Mosgau S, Schlegel A, Leher A, Heckmann J, Heckmann S, Holst S.

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This prospective comparative clinical study evaluated the effectiveness of clinical hypnosis and its long-term effect in oral and maxillofacial treatment. A total of 45 highly anxious and nonanxious subjects were evaluated by subjective experience and objective parameters. Parameters were EEG, ECG, heart rate, blood pressure, blood oxygen saturation, respiration rate, salivary cortisol concentration, and body temperature. During and subsequent to the operative treatment, hypnosis led to a significant reduction of systolic blood pressure, and respiration rate and to significant changes in the EEG. The subjective values of the parameters evaluated existing anxiety mechanisms and patterns and possible strategies to control them, whereas the objective parameters proved the effectiveness of hypnosis and its long-term effect.

[1241]

Examining sympathetic nerve activity with microneurography during hypnosis: untangling the effects of central command.

Int J Clin Exp Hypn. 2006 Oct;54(4):448-56.

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Using microelectrode recordings of postganglionic sympathetic action potentials, the authors studied the effects of hypnotic suggestion on sympathetic outflow targeted to skin during static handgrip exercise. All subjects performed sustained handgrip at 33% maximal voluntary contraction (MVC) for 2 minutes during 3 consecutive trials. Two subjects randomly assigned to a hypnosis condition received suggestions that the 2nd trial was more difficult and the last trial was less difficult than the first trial. Two subjects randomly assigned to the control condition received no hypnosis or suggestions about task difficulty. In the nonhypnosis condition, skin sympathetic nerve activity (SNA) increased by 6% from baseline during the 2nd trial and 13% from baseline during the 3rd trial. In the hypnosis condition, skin SNA increased by 25% during the 2nd trial (suggestion of increased difficulty) and returned to baseline during the 3rd condition (suggestion of decreased difficulty). Therefore, the impact of central command on skin SNA is suggested by these results.

[1242]

Satisfaction with, and the beneficial side effects of, hypnotic analgesia.

Int J Clin Exp Hypn. 2006 Oct;54(4):432-47.

Jensen MP, McArthur KD, Barber J, Hanley MA, Engel JM, Romano JM, Cardenas DD, Kraft GH, Hoffman AJ, Patterson DR.

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Case study research suggests that hypnosis treatment may provide benefits that are not necessarily the target of specific suggestions. To better understand satisfaction with and the beneficial "side effects" of hypnosis treatment, questions inquiring about treatment satisfaction and treatment benefits were administered to a group of 30 patients with chronic pain who had participated in a case series of hypnotic analgesia treatment. The results confirmed the authors' clinical experience and showed that most participants reported satisfaction with hypnosis treatment even when the targeted symptom (in this case, pain intensity) did not decrease substantially. Study participants also reported a variety of both symptom-related and nonsymptom-related benefits from hypnosis treatment, including decreased pain, increased perceived control over pain, increased sense of relaxation and well-being, and decreased perceived stress, although no single benefit was noted by a majority of participants.

[1243]

Hypnosis to manage anxiety and pain associated with colonoscopy for colorectal cancer screening: Case studies and possible benefits.

Int J Clin Exp Hypn. 2006 Oct;54(4):416-31.

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This study explored using hypnosis for pain and anxiety management in 6 colonoscopy patients (5 men, 1 woman), who received a hypnotic induction and instruction in self-hypnosis on the day of their colonoscopy. Patients' levels of anxiety were obtained before and after the hypnotic induction using Visual Analogue Scales (VAS). Following colonoscopy, VASs were used to assess anxiety and pain during colonoscopy, perceived effectiveness of hypnosis, and patient satisfaction with medical care. Hypnotizability was assessed at a separate appointment. The authors also obtained data (time for procedure, number of vasovagal events, and recovery time) for 10 consecutive patients who received standard care. Results suggest that hypnosis appears to be a feasible method to manage anxiety and pain associated with colonoscopy, reduces the need for sedation, and may have other benefits such as reduced vasovagal events

and recovery time.

[1244]

Types of suggestibility: Relationships among compliance, indirect, and direct suggestibility.

Int J Clin Exp Hypn. 2006 Oct;54(4):392-415.

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It is commonly believed that direct suggestibility, referring to overt influence, and indirect suggestibility, in which the intention to influence is hidden, correlate poorly. This study demonstrates that they are substantially related, provided that they tap similar areas of influence. Test results from 103 students, 55 women and 48 men, were entered into regression analyses. Indirect suggestibility, as measured by the Sensory Suggestibility Scale for Groups, and compliance, measured by the Gudjonsson Compliance Scale, were predictors of direct suggestibility, assessed with the Barber Suggestibility Scale. Spectral analyses showed that indirect suggestibility is more related to difficult tasks on the BSS, but compliance is more related to easy tasks on this scale.

[1245]

Does the more vivid imagery of high hypnotizables depend on greater cognitive effort? A test of dissociation and social-cognitive theories of hypnosis.

Int J Clin Exp Hypn. 2006 Oct;54(4):372-91.

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In an investigation of the role of cognitive effort in hypnotic responding, high and low hypnotizable participants produced emotionally neutral imagery in response to effortful versus effortless hypnotic suggestions. Heart-rate increase served as an objective index of cognitive effort, and subjective ratings of imagery vividness, absorption, effort, and control were collected. Compared to lows, high hypnotizable participants experienced their imagery as more vivid and absorbing, yet their heart rates indicated no higher level of cognitive effort than lows. Compared to effortless wording, effortful wording of suggestions increased cognitive effort in lows, as indexed by heart-rate increase, but had no effect on the effort expended by highs. Ratings of subjective control were strongly correlated with subjective effort for lows but unrelated for highs. These results support the dissociated-control theory of hypnosis rather than the dissociated-experience or social-cognitive theories.

[1246]

Local and systemic vasodilation following hypnotic suggestion of warm tub bathing.

Int J Psychophysiol. 2006 Oct;62(1):60-5. Epub 2006 Feb 28.

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During hypnosis it is easy to induce hallucinations having, for the hypnotized subject, the characteristics and the concreteness of reality. This study was performed to put in evidence the physical effects of hypnotic suggestion of warm tub bathing. 18 volunteers screened for high hypnotizability were studied. They underwent suggestion of forearm in warm water (30 min), suggestion of body in warm water (30 min), and hypnosis without any thermal suggestion (30 min), while blood pressure, heart rate, body temperature, forearm flow and resistance, stroke volume, cardiac index and total peripheral resistance were monitored. During suggestion of forearm in warm water, local vasodilation was recorded, with decrease of forearm resistance (-18%,  $P < 0.01$ ) and increase of forearm blood flow (+43%,  $P < 0.01$ ) like in real local passive warming. During suggestion of whole-body in a warm water tub, there was a systemic vasodilation with decrease of total peripheral resistance (-29%,  $P < 0.01$ ) and increase of cardiac index (+54%,  $P < 0.01$ ), like in real total-body passive warming. Body temperature, arterial blood pressure and heart rate were unchanged. During simple hypnosis (sham procedure) no haemodynamic variations were observed. These results are in keeping with the possibility to induce through hypnotic suggestion of heat a physical pattern that is typical of hyperthermia, even without increase in body temperature.

[1247]

Clinical hypnosis as an effective adjunct in the care of pediatric inpatients.

J Pediatr. 2006 Oct;149(4):563-5.

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Clinical hypnosis is an established part of the comprehensive treatment of numerous problems in ambulatory pediatrics. Two cases illustrate its utility with pediatric inpatients. These cases demonstrate clinical hypnosis as a teachable, practical, and nonpharmacologic intervention that warrants further investigation in the inpatient setting.

[1248]

Healing from loss: using clinical hypnosis to help navigate the way.

Minn Med. 2006 Oct;89(10):46-8.

Grosklags K.

Clinical hypnosis is a technique for helping patients achieve an altered state of consciousness and is similar to guided imagery and other relaxation and focusing techniques. Clinicians can use it to help patients face powerful emotions such as those evoked during grief. This article describes the way clinical hypnosis can be used to help bereaved patients understand and gain control over their feelings.

[1249]

Focused hypnotic analgesia: local and remote effects.

Pain. 2006 Oct;124(3):280-6. Epub 2006 Jun 5.

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Suggestion for hypnotic analgesia aimed at a specific body area is termed "focused hypnotic analgesia". It is not clear, however, whether this analgesia is limited to a specific body location or spread all over the body. Focused hypnotic analgesia was studied, in response to ascending electrical stimuli, when analgesia and stimulation were applied to the same area (local), and when analgesia was applied to one location and stimulation was delivered to a different area (remote). The face or leg served alternately as the local or remote areas, and the effect was tested in 12 high-hypnotizable (HH) and 13 low-hypnotizable (LH) subjects. Hypnotic analgesia in the local site produced a significant pain reduction compared to the remote site in HH subjects ( $P < 0.0001$ ) but not in LH subjects ( $P = 0.68$ ). As stimuli increased in intensity the reduction in pain as a result of hypnosis was larger both in HH and LH subjects ( $P < 0.0001$ ). Nevertheless, significant analgesia occurred in the 3 highest intensities in the local and remote location of HH subjects, but only in 2 highest intensities in the local and 1 in the remote of LH subjects. We conclude that in HH subjects focused hypnotic analgesia is mostly confined to the area aimed at, but some spread of analgesia to remote areas cannot be dismissed all together. Alternatively, this "spread" of analgesia could be due to a placebo effect in the remote area. Focused hypnotic analgesia requires increased attention to the body area aimed at, unlike analgesia achieved by distraction of attention.

[1250]

[Stress management in the treatment of essential arterial hypertension]

MMW Fortschr Med. 2006 Nov 23;148(47):40-2; quiz 43.

[Article in German]

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Between 60 and 90% of patients consult their family doctor for stress-associated complaints. Not infrequently, a considerable number of these patients already have elevated blood pressure. The positive effect on high blood pressure of relaxation techniques has been confirmed in various studies. Accordingly, stress management should now have a permanent place in effective antihypertensive treatment. Appropriate relaxation techniques include, for example, autogenic training, progressive muscle relaxation, visualization and breathing exercises, chi gong and yoga. These practices are incorporated in various lifestyle programs. They act in different ways, and can be offered to the patient in accordance with his/her individual wishes.

[1251]

Analgesic effects of posthypnotic suggestions and virtual reality distraction on thermal pain.

J Abnorm Psychol. 2006 Nov;115(4):834-41.

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The individual and combined effects of posthypnotic suggestion (PHS) and virtual reality distraction (VRD) on experimentally induced thermal pain were examined using a 2 x 2, between-groups design. After receiving baseline thermal pain, each participant received hypnosis or no hypnosis, followed by VRD or no VRD during another pain stimulus. Consistent with the hypothesis that hypnosis and VRD work via different mechanisms, results show that posthypnotic analgesia was moderated by hypnotizability but VRD analgesia was not. The impact of PHSs for analgesia was specific to high hypnotizables, whereas VRD was effective independent of hypnotizability. Results also show a nonsignificant but predicted pattern for high hypnotizables: Audio hypnosis combined with VRD reduced worst pain 22% more and pain unpleasantness 25% more than did VRD alone. Theoretical and clinical implications are discussed. (c) 2006 APA, all rights reserved.

[1252]

National patterns and correlates of complementary and alternative medicine use in adults with diabetes.

J Altern Complement Med. 2006 Nov;12(9):895-902.

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**OBJECTIVE:** The aim of this study was to determine national patterns and correlates of complementary and alternative medicine (CAM) use among adults with diabetes. **METHODS:** The authors compared CAM use in 2474 adults with and 28,625 adults without diabetes who participated in the most comprehensive national survey on CAM use (2002 National Health Interview Survey). Eight CAM use categories were created, including dietary, herbal, chiropractic, yoga, relaxation, vitamin, prayer, and other (acupuncture, Ayurveda, biofeedback, chelation, energy healing or Reiki therapy, hypnosis, massage, naturopathy, and homeopathy). An overall CAM use category also was created that excluded vitamins and prayer. Patterns of use were compared with chi-square and independent correlates of CAM use with multiple logistic regression controlling for relevant covariates. STATA was used for analysis to account for the complex survey design. **RESULTS:** Prevalence of overall use of CAM did not differ significantly by diabetes status (47.6 versus 47.9%,  $p = 0.81$ ). Diabetes was not an independent predictor of overall use of CAM (OR 0.93, 95% confidence interval [CI] 0.83, 1.05). However, persons with diabetes were more likely to use prayer (OR 1.19, 95% CI 1.05, 1.36), but less likely to use herbs (OR 0.86, 95% CI 0.75, 0.99), yoga (OR 0.56, 95% CI 0.43, 0.72), or vitamins (OR 0.82, 95% CI 0.72, 0.93) than people without diabetes after controlling for relevant covariates. Independent correlates of overall use of CAM differed by age, income, employment, comorbidity, and health status between people with and without diabetes. **CONCLUSIONS:** This study found that there has been a dramatic increase in overall use of CAM in adults with diabetes; diabetes was not an independent predictor of overall use of CAM; and people with diabetes were more likely to use prayer, but less likely to use herbs, yoga, or vitamins compared to persons without diabetes.

[1253]

Complementary and alternative medicine approaches to pain management.

J Clin Psychol. 2006 Nov;62(11):1419-31.

Tan G, Alvarez JA, Jensen MP.

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This article argues for and illustrates incorporating complementary and alternative medicine (CAM) interventions into pain treatment plans. Two CAM treatments, cranial electrotherapy stimulation (CES) and self-hypnosis training, are offered in a multidisciplinary pain treatment program. Because these interventions focus on pain relief, they may be of particular interest to patients who have chronic pain who begin treatment with a primary interest in pain reduction. Two cases that illustrate the clinical application of CES and self-hypnosis are presented. When effective, these interventions can help patients have greater confidence in treatments offered by psychologists for pain management and may help make them more open to participating in other psychological interventions that have established efficacy for pain management (e.g., cognitive-behavioral therapy). Because of their brevity, these treatments also can be offered alone to patients who may not have the resources or time to participate in more time-intensive treatment.

[1254]

Proactive and retroactive effects of negative suggestion.

J Exp Psychol Learn Mem Cogn. 2006 Nov;32(6):1234-43.

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The negative effects of false information presented either prior to (proactive interference; PI) or following (retroactive interference; RI) true information was examined with word definitions (Experiment 1) and trivia facts (Experiment 2). Participants were explicitly aware of which information was true and false when shown, and true-false discrimination was evaluated via multiple-choice tests. Negative suggestion, defined as poorer performance on interference items than noninterference (control) items, consistently occurred when the wrong information followed the correct information (RI) but not when it preceded the correct information (PI). These effects did not change as a function of retention interval (immediate, 1 week, or 3 weeks) or number of incorrect alternatives (1 or 3). Implications of this outcome for experiencing incorrect information in both academic and nonacademic situations are considered. Copyright 2006 APA, all rights reserved.

[1255]

[Exploratory factor analysis and psychometric properties of the Valencia Scale on attitudes and beliefs toward hypnosis]

Psicothema. 2006 Nov;18(4):810-5.

[Article in Spanish]

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Exploratory factor analysis and psychometric properties of the valencia scale on attitudes and beliefs toward hypnosis. Therapist version. This investigation examines the psychometric properties and factor structure of the Valencia Scale on Attitudes and Beliefs toward Hypnosis-Therapist version. Data from 775 professional psychologists belonging to the Spanish Association of Psychologists were used for the exploratory factor analysis (EFA). Retest included data from 426 participants who answered to the test. The EFA revealed eight factors (Fear, Memory, Help, Control, Collaboration, Interest, Magic and Marginal). Each factor showed good internal consistency and reliability, similar to the client version of this scale. ANOVA indicate that some variables (having scientific knowledge, having received practical information on hypnosis, to use hypnosis, and to show interest in receiving more theoretical and practical information on hypnosis), tend to reduce inadequate beliefs and negative attitudes toward hypnosis. Our results provide the basis for carrying out confirmatory factor analysis and studies of convergent validity on the scale, and of the sensitivity of the scale to change.

[1256]

Alienation, recovered animism and altered states of consciousness.

Med Hypotheses. 2007;68(4):727-31. Epub 2006 Dec 4.

Charlton BG.

Alienation is the feeling that life is 'meaningless', that we do not belong in the world. But alienation is not an inevitable part of the human condition: some people do feel at one with the world as a consequence of the animistic way of thinking which is shared by children and hunter-gatherers. Animism considers all significant entities to have 'minds', to be 'alive', to be sentient agents. The animistic thinker inhabits a world populated by personal powers including not just other human beings, but also important animals and plants, and significant aspects of physical landscape. Humans belong in this world because it is a web of social relationships. Animism is therefore spontaneous, the 'natural' way of thinking for humans: all humans began as animistic children and for most of human evolutionary history would have grown into animistic adults. It requires sustained, prolonged and pervasive formal education to 'overwrite' animistic thinking with the rationalistic objectivity typical of the modern world. It is this learned abstraction that creates alienation--humans are no longer embedded in a world of social relations but become estranged, adrift in a world of indifferent things. Methods used to cure alienation and recover animistic modes of thinking involve detachment from the social systems that tend to maintain objectivity and rationality: for example, solitude, leisure, unstructured time and direct contact with nature. Many people also achieve similar results by deliberately inducing altered states of consciousness. Animistic thinking may emerge in meditation or contemplation, lucid dreaming, from self-hypnosis, when drowsy, in 'trance states' induced by repetitious rhythm or light, or when delirious due to illness, brain injury, psychoses, or intoxication with 'entheogenic' drugs--which is probably one reason for the perennial popularity of inducing intoxicated states. However, intoxication will typically damage memory processes making it harder to learn from any spiritual experiences; and even mild states of cognitive impairment may be dangerous in situations where skilled or responsible behaviour is required. Despite these constraints and limitations, recovering animism through seeking altered states of consciousness could already be considered a major world spiritual practice.

[1257]

[Functional dyspepsia. New pathophysiologic knowledge with therapeutic implications]

Medicina (B Aires). 2007;67(4):379-88.

[Article in Spanish]

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Functional dyspepsia (FD) is a heterogeneous, highly prevalent symptom complex in the community and general practice. FD is defined as the presence of symptoms considered as originated in the gastroduodenal region, in the absence of any organic, systemic, or

metabolic disease that is likely to explain the symptoms. Pathogenetic features include disturbed gastric accommodation and emptying, duodenal dysmotility, heightened sensitivity, notably psychosocial disturbances and an association with a postinfective state. Increasing efforts are made to determine the etiopathogenesis of the disease, including new molecular and genetic aspects. However, the exact etiopathologic mechanism that causes the symptoms in an individual patient remains to be identified. The new Rome III criteria redefine and sub-characterize FD patients according to their main symptoms and this can be of value for standardized research, development and control of new therapeutic strategies and calculated therapeutic recommendations in the clinical practice. Various treatment modalities have been employed including dietary modifications, pharmacological agents directed at different targets within the gastrointestinal tract and central nervous system and psychological therapies including hypnotherapy. Unfortunately, to date, all of these therapies have yielded only marginal results. After excluding organic diseases, it is essential that the patient be assured about the benign nature and prognosis of the disease, and this can be sometimes the most helpful inversion for the patient and his/her physician.

[1258]

Pain response in depersonalization: a functional imaging study using hypnosis in healthy subjects.

Psychother Psychosom. 2007;76(2):115-21.

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**BACKGROUND:** Depersonalization (DP) is characterized by persistent or recurrent episodes of detachment from one's self with reduced pain perception being a common feature. Alterations in the body schema similar to the cortico-limbic disconnection syndrome of pain asymbolia are suggested to be responsible for DP. In this study we used hypnosis to induce DP in healthy subjects and to examine neural patterns of pain perception in the state of DP by means of functional magnetic resonance imaging (fMRI). **METHODS:** Pain perception was investigated in 7 healthy subjects with high susceptibility to hypnosis in three different mental states: waking state (N-W), hypnotic relaxation (H-R) and hypnotic DP (H-DP). Pain was induced with electrical stimulation to the median nerve at the right wrist. fMRI measurements were performed during all states. **RESULTS:** Nociceptive stimuli led to an activation of the well described pain network including somatosensory and insular regions and the cerebellum. Activation was markedly reduced in the contralateral somatosensory cortex, parietal cortex (Brodmann area 40, BA40), prefrontal cortex (BA9), putamen and the ipsilateral amygdala during H-DP. Subjects also reported a significant decrease in pain intensity from N-W to H-DP. **CONCLUSION:** Pain response during H-DP was reduced in sensory and affective pain-related areas, reflecting the diminished intensity of the perceived pain. Moreover, a network of cortical and subcortical areas that have been implicated in the perception of the own body was less responsive during DP, which might point to a specific neural mechanism underlying the 'out-of-body' experience. Although the small number of subjects does not allow a generalization of our findings, H-DP seems to be a promising tool for the investigation of psychological and biological mechanisms of self-inflicted injuries as well as the mind-body interplay within the realm of psychosomatic disorders. Copyright 2007 S. Karger AG, Basel.

[1259]

[Psychotherapy and pain]

Wien Med Wochenschr. 2007;157(17-18):418-28.

[Article in German]

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In "Integrated psychotherapy" we indicate necessity of combining psychotherapy with all other psychotherapeutic and medical methods (drugs, physiotherapy, etc.) in order to obtain best result. We distinguish between "professional" and "basic" psychotherapy. The latter also has effect on mood and by it on health for patients. Furthermore it is an important facilitating means for a special psychotherapy. We emphasize to teach this in systematic professional education as well for doctors as for all social professions.

[1260]

[Effect of "animal hypnosis" on the rhythmic defensive dominanta]

Zh Vyssh Nerv Deiat Im I P Pavlova. 2007 Jan-Feb;57(1):43-51.

[Article in Russian]

Galashina AG, Kulikov MA, Bogdanov AV.

A defensive dominanta (stationary excitation focus) in the sensorimotor cortex of rabbits was formed by rhythmical electrodermal paw stimulation with the frequency of 0.5 Hz. After cessation of the stimulation, the state of hidden excitation was tested with acoustic stimuli, in response to which nonrhythmic activity of leg muscles increased or the leg rhythmically startled with the frequency close to that of the electrodermal stimulation. After conducting a routine hypnotizing procedure, the incidence of the rhythmic responses to testing stimulation increased, while the incidence of nonrhythmic responses decreased.

[1261]

Adjunctive self-hypnotic relaxation for outpatient medical procedures: a prospective randomized trial with women undergoing large core breast biopsy.

Pain. 2006 Dec 15;126(1-3):155-64. Epub 2006 Sep 7.

Lang EV, Berbaum KS, Faintuch S, Hatsiopoulou O, Halsey N, Li X, Berbaum ML, Laser E, Baum J.

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Medical procedures in outpatient settings have limited options of managing pain and anxiety pharmacologically. We therefore assessed whether this can be achieved by adjunct self-hypnotic relaxation in a common and particularly anxiety provoking procedure. Two hundred and thirty-six women referred for large core needle breast biopsy to an urban tertiary university-affiliated medical center were prospectively randomized to receive standard care (n=76), structured empathic attention (n=82), or self-hypnotic relaxation (n=78) during their procedures. Patients' self-ratings at 1 min-intervals of pain and anxiety on 0-10 verbal analog scales with 0=no pain/anxiety at all, 10=worst pain/anxiety possible, were compared in an ordinal logistic regression model. Women's anxiety increased significantly in the standard group (logit slope=0.18, p<0.001), did not change in the empathy group (slope=-0.04, p=0.45), and decreased significantly in the hypnosis group (slope=-0.27, p<0.001). Pain increased significantly in all three groups (logit slopes: standard care=0.53,

empathy=0.37, hypnosis=0.34; all  $p < 0.001$ ) though less steeply with hypnosis and empathy than standard care ( $p = 0.024$  and  $p = 0.018$ , respectively). Room time and cost were not significantly different in an univariate ANOVA despite hypnosis and empathy requiring an additional professional: 46 min/161 dollars for standard care, 43 min/163 dollars for empathy, and 39 min/152 dollars for hypnosis. We conclude that, while both structured empathy and hypnosis decrease procedural pain and anxiety, hypnosis provides more powerful anxiety relief without undue cost and thus appears attractive for outpatient pain management.

[1262]

Relaxation strategies and enhancement of hypnotic susceptibility: EEG neurofeedback, progressive muscle relaxation and self-hypnosis.

Brain Res Bull. 2006 Dec 11;71(1-3):83-90. Epub 2006 Sep 1.

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Hypnosis has been shown to be efficacious in a range of clinical conditions, including the management of chronic pain. However, not all individuals are able to enter a hypnotic state, thereby limiting the clinical utility of this technique. We sought to determine whether hypnotic susceptibility could be increased using three methods thought to facilitate relaxation, with particular interest in an EEG neurofeedback protocol which elevated the theta to alpha ratio. This was compared with progressive muscle relaxation and self-hypnosis. Ten subjects with moderate levels of susceptibility (2-7/12) were randomly assigned to each condition and assessed for hypnotic susceptibility prior to and upon completion of 10 sessions of training. Hypnotic susceptibility increased post-training in all groups, providing further evidence that operant control over the theta/alpha ratio is possible, but contrary to our predictions, elevation of the theta/alpha ratio proved no more successful than the other interventions. Nonetheless, all three techniques successfully enhanced hypnotic susceptibility in over half of the participants (17/30), a similar incidence to that reported using other methods. As previously reported, the majority who were not susceptible to modification were at the lower levels of susceptibility, and the greater increases tended to occur in the more susceptible subjects. However, here enhancement was disclosed in some at low levels, and capability was found of reaching high levels, both features not typically reported. Further research is warranted.

[1263]

Placebo analgesia: friend or foe?

Curr Rheumatol Rep. 2006 Dec;8(6):418-24.

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The magnitude of placebo analgesia is influenced by environmental and perceptual factors. Environmental factors include past exposure to effective analgesic agents and verbal suggestions and cues that foster a perception of being given an effective treatment. Environmental factors, in turn, influence the proximate psychologic mediators of placebo analgesia, which include decreased desire for and increased expectations of pain relief. Strategies to maximize placebo analgesic effects in clinical practice could focus on using verbal suggestions and external cues to increase expectations of pain relief and/or decrease the perceived need for pain reduction. Placebo analgesic effects could be minimized in clinical trials by avoiding these same suggestions and cues.

[1264]

Efficacy of complementary and alternative medicine therapies in relieving cancer pain: a systematic review.

J Clin Oncol. 2006 Dec 1;24(34):5457-64.

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**PURPOSE:** Despite widespread popular use of complementary and alternative medicine (CAM) therapies, a rigorous evidence base about their efficacy for cancer-related pain is lacking. This is a systematic review of randomized controlled trials (RCTs) evaluating CAM therapies for cancer-related pain. **METHODS:** RCTs using CAM interventions for cancer-related pain were abstracted using Medline, EMBASE, CINAHL, AMED, and Cochrane database. **RESULTS:** Eighteen trials were identified (eight poor, three intermediate, and seven high quality based on Jadad score), with a total of 1,499 patients. Median sample size was 53 patients, and median intervention duration was 45 days. All studies were from single institutions, four had sample size justification, and none reported any adverse effects. Seven trials reported significant benefit for the following CAM therapies: acupuncture ( $n = 1$ ), support groups ( $n = 2$ ), hypnosis ( $n = 1$ ), relaxation/imagery ( $n = 2$ ), and herbal supplement/HESA-A ( $n = 1$ , but study was of low quality without control data). Seven studies reported immediate postintervention or short-term benefit of the following CAM interventions: acupuncture ( $n = 2$ ), music ( $n = 1$ ), herbal supplement/Ai-Tong-Ping ( $n = 1$ ), massage ( $n = 1$ ), and healing touch ( $n = 2$ ). Four studies reported no benefit of CAM interventions (music,  $n = 2$ ; massage,  $n = 2$ ) in reducing cancer pain compared with a control arm. **CONCLUSION:** There is paucity of multi-institutional RCTs evaluating CAM interventions for cancer pain with adequate power, duration, and sham control. Hypnosis, imagery, support groups, acupuncture, and healing touch seem promising, particularly in the short term, but none can be recommended because of a paucity of rigorous trials. Future research should focus on methodologically strong RCTs to determine potential efficacy of these CAM interventions.

[1265]

Perioperative hypnosis reduces hospitalization in patients undergoing the Nuss procedure for pectus excavatum.

J Laparoendosc Adv Surg Tech A. 2006 Dec;16(6):639-42.

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**PURPOSE:** To assess whether perioperative hypnosis can reduce the length of hospitalization and alter the need for postoperative analgesics in patients undergoing the Nuss procedure. **MATERIALS AND METHODS:** Ten consecutive patients (age range, 12-18 years) underwent the Nuss procedure with the same operative technique. For pain management they were divided into two sequential groups: the 5 patients in the nonhypnosis group were managed with an epidural catheter, and analgesia was supplemented with intravenous or oral narcotics as requested. These patients all required Foley catheters for bladder drainage while the epidural was in place. The second group of 5 patients was prepared by teaching them self-hypnosis for postoperative pain management in one or two brief sessions. Postoperative self-hypnosis was prescribed and encouraged. These patients were allowed patient controlled analgesia and were supplemented with intravenous or oral narcotics as requested. Four of the patients in this group required a straight

catheterization of the bladder the evening of surgery. Data collected included hospitalization and analgesia requirements as well as other unusual findings. RESULTS: The patients in the hypnosis group spend an average of 2.8 days in the hospital compared with 4.6 days in the nonhypnosis group ( $p < 0.01$ ). There was also a trend toward less parenteral narcotic use. Postoperative discomfort was better controlled with oral analgesics in the hypnosis group. There were no adverse effects from the hypnosis. CONCLUSION: In this small study, perioperative hypnosis was associated with a reduced hospital stay in patients undergoing the Nuss procedure for pectus excavatum.

[1266]

Complementary treatments for tobacco cessation: a survey.

Nicotine Tob Res. 2006 Dec;8(6):767-71.

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Little information is available regarding the prevalence of use and interest in future use of complementary and alternative medicine (CAM) for tobacco cessation among tobacco users. We conducted a self-administered anonymous survey among 1,175 patients seen at a midwestern outpatient tobacco treatment specialty clinic between November 2003 and July 2005. Patient use of CAM for tobacco cessation, perceived efficacy of these treatments, and interest in future use of CAM were ascertained. Data were summarized using descriptive statistics, and logistic regression models were used to determine the characteristics associated with past CAM use or interest in future use of CAM for tobacco cessation. All of the patients who received the survey completed it. A total of 27% of patients reported previous use of CAM for tobacco cessation. The interventions most commonly used were hypnosis, relaxation, acupuncture, and meditation. CAM treatments most commonly perceived to be efficacious were yoga, relaxation, meditation, and massage therapy. A total of 67% of the patients reported interest in future use of CAM for tobacco cessation. The treatments of greatest interest for use in the future were hypnosis, herbal products, acupuncture, relaxation, and massage therapy. Female gender, previous use of conventional tobacco cessation products, previous use of CAM treatments, and a higher level of education were significantly associated with interest in future CAM use. The high level of interest in CAM among tobacco users underscores the need to conduct further research in this field.

[1267]

Treatments for non-epileptic attack disorder.

Cochrane Database Syst Rev. 2007 Jan 24;(1):CD006370.

Baker GA, Brooks JL, Goodfellow L, Bodde N, Aldenkamp A.

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BACKGROUND: Psychogenic non-epileptic seizures (NES) have the outward appearance of epilepsy in the absence of physiological or electroencephalographic correlates. Non-epileptic seizures can occur in isolation or in combination with epileptic seizures. The development and maintenance of non-epileptic seizures has been well documented and there is a growing literature on the treatment of NES which includes non-psychological (including anti-anxiety and antidepressant pharmacological treatment) and psychological therapies (including cognitive behavioural therapy (CBT), hypnotherapy and paradoxical therapy). Various treatment methodologies have been tried with variable success. The purpose of this Cochrane review was to establish the evidence base for the treatment of NES. OBJECTIVES: To assess whether treatments for NES result in a reduction in frequency of seizures and/or improvement in quality of life, and whether any treatment is significantly more effective than others. SEARCH STRATEGY: We searched the Cochrane Epilepsy Group's Specialised Register (September 2005), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 3, 2005), MEDLINE (1966 to July 2005), and PsycINFO (1806 to July 2005). No language restrictions were imposed. We checked the reference lists of retrieved studies for additional reports of relevant studies SELECTION CRITERIA: Randomised or quasi-randomised studies were included that assessed one or more types of psychological or non-psychological interventions for the treatment of NES. Studies of childhood NES were excluded from our review. DATA COLLECTION AND ANALYSIS: Three review authors independently assessed the trials for inclusion and extracted data. Outcomes included reduction in seizure frequency and improvements in quality of life. MAIN RESULTS: Three small studies met our inclusion criteria and were of poor methodological quality. Two assessed hypnosis and the other paradoxical therapy. There were no detailed reports of improved seizure frequency or quality of life outcomes, and these trials provide no reliable evidence of a beneficial effect of these interventions. AUTHORS' CONCLUSIONS: In view of the methodological limitations and the small number of studies, we have no reliable evidence to support the use of any treatment including hypnosis or paradoxical injunction therapy in the treatment of NES. Randomised studies of these and other interventions are needed.

[1268]

Treating postpartum depression with hypnosis: addressing specific symptoms presented by the client.

Am J Clin Hypn. 2007 Jan;49(3):219-23.

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Postpartum depression is experienced by 10-15% of women who give birth (Bloch, Rolenberg, Koren, & Klein, 2006). This disorder causes maternal distress and has been significantly associated with infant and child developmental problems (Carter, Garrity-Rokous, Chazan-Cohen, Little, & Briggs-Gowan, 2001). Once believed to be contraindicated (Crasilneck & Hall, 1985), hypnosis for depressive disorders has been advocated as an effective intervention strategy (Yapko, 2001). Addressing specific symptoms and skill development has been promoted as an effectual hypnotic strategy for depression (Yapko, 2001); however, little empirical evidence of the efficacy of hypnotherapy for postpartum depression or effective hypnotic strategies exists. The present article is a report of a single case in which hypnotherapy was successfully utilized in the treatment of Postpartum Depression by attending to the specific problems presented by the client and developing client skills to resolve existing problems and prevent their recurrence.

[1269]

Psychotherapeutic intervention for numerous and large viral warts with adjunctive hypnosis: a case study.

Am J Clin Hypn. 2007 Jan;49(3):211-8.

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Psychotherapy with adjunctive hypnosis is known to be an effective approach for the treatment of viral warts. There is an increasing clinical and scientific literature that illustrates the successful use of psychotherapeutic treatment with and without hypnosis in the reduction or elimination of viral warts (Bloch, 1927; Chandrasena, 1982; Clawson & Swade, 1975; Dreaper, 1978; Ewin, 1992; Ewin, 1995; and Goldstein, 2005; Obermayer & Greenson, 1949; McDowell, 1949; Reid, 1989; Scott, 1960; Spanos, Stenstrom & Johnston, 1988; Spanos, Williams & Gwynn, 1990; Surman et al., 1973; Morris, 1985; Noll, 1994; Noll, 1988; O'Laughlan, 1995; Tasini & Hackett, 1977; Vollmer, 1946; Yalom, 1964). In this case study the veracious area experienced a 100% reduction in five treatment sessions spanning a total of seven weeks. In this case, psychotherapy with hypnotic treatment relied upon an emphasis on two interventions: reduction of wart area with guided imagery and suggestions for the optimization of the client's immune system functioning. Photos illustrate the client's pre-treatment, mid-treatment, and post-treatment state. Causal factors in the client's recovery cannot be easily isolated but the startling results attest to the efficacy of the overall interventions and treatment context compared to prior medical interventions.

[1270]

Suggestibility and hypnotizability: mind the gap.

Am J Clin Hypn. 2007 Jan;49(3):205-10.

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Suggestion, both within and outside of hypnosis, can influence many psychological processes, including cognition and emotion. Moreover, suggestion may account for many individual differences and promote the investigation of such mainstream fields as attention and memory. To be sure, exploring the power of suggestion will likely pave the road to a more scientific understanding of such psychological phenomena as motivation, expectation, and the placebo effect.

[1271]

The future of professional hypnosis: comment on Kirsch, Mazzoni, and Montgomery.

Am J Clin Hypn. 2007 Jan;49(3):185-94.

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I believe the paper by Kirsch, Mazzoni and Montgomery (this issue) should surprise about 95% of ASCH members (maybe only 93% of SCEH members) because the three facts espoused in their paper speciously seem to be 100% true. To paraphrase from their abstract: 1) nothing that can be produced by hypnotic induction plus suggestion cannot also be produced by suggestion alone; 2) administration of a hypnotic induction does not produce a meaningful increase in response to suggestion relative to suggestion alone; and 3) responsiveness to suggestions are highly correlated to responsiveness on the same measure when preceded by a hypnotic induction ceremony. In order to persuade that these propositions are true, several objections to them must be addressed. However, just because one's facts are true does not mean that one's interpretation of the facts and their interrelationships are also true. The ramifications of the above facts and their interrelationships for the future of professional hypnosis (experimental, clinical and forensic) are identified and discussed.

[1272]

Remembrance of hypnosis past.

Am J Clin Hypn. 2007 Jan;49(3):171-8; discussion 179-80, 183-4.

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The history of the most enduring experimental design in hypnosis research is reviewed. More than 75 years of research converge to indicate that: (1) all of the phenomena produced in hypnosis by suggestion also can be produced by suggestion without the induction of hypnosis, (2) the induction of hypnosis produces a relatively small increase in responsiveness to suggestion, and (3) hypnotic and waking suggestion are highly correlated, in many cases rivalling the reliability of the suggestibility measure. The importance of these data to both clinical and experimental hypnosis is emphasized.

[1273]

Hypnotizability and spatial attentional functions.

Arch Ital Biol. 2007 Jan;145(1):23-37.

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Many theories of hypnotic responding have proposed that differences in hypnotic trait rely on differences in frontal attentional functions. Evidence of hypnotizability-related attentional abilities are, however, very scant. This study was designed to investigate the relationship between hypnotizability and executive control components of attention in the spatial domain. We chose the Attention Network Test that enables to analyze alerting, orienting and executive control functions by measuring reaction times (RTs) to targets cued for different locations in space. According to Posner theory, alerting, orienting and executive control effects were found in both groups. No differences between highly susceptible (Highs) and low susceptible individuals (Lows) on executive control functions were found. However, in Highs alerting was significantly smaller than in Lows and Highs were significantly faster than Lows in the no and central cue conditions. These findings suggest that Highs would be endowed with a basal higher efficiency in achieving and maintaining their readiness to respond to incoming stimuli. This relation between hypnotizability and alerting, is discussed in terms of a possible more efficient noradrenergic activity driven by frontal attentional systems.

[1274]

Ericksonian hypnosis in tinnitus therapy.

B-ENT. 2007;3 Suppl 7:75-7.

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**OBJECTIVE:** To evaluate the effect of Ericksonian therapy on tinnitus **STUDY DESIGN:** Non-randomised, prospective longitudinal study. **SETTING:** Tertiary referral centre. **PATIENTS:** A total of 49 patients underwent hypnosis therapy. Fourteen patients failed to finish the therapy (drop-out rate: 35%). Of the 35 patients who completed the therapy, 20 were male and 15 female. The average age was 46.3 years (range 17-78). **INTERVENTION:** The treatment is based on the principles and approaches of Ericksonian hypnosis. The first session was mainly dedicated to the evaluation of the impact of tinnitus on the patient's life and to an explanation of hypnosis therapy. The next sessions were "learning sessions" based on relaxation and mental imaging. Exercises were first based on all senses other than hearing. Then they focused on hearing, teaching patients how to modulate sound intensity, and finally how to modulate tinnitus intensity. Patients also learnt self-hypnosis. **MAIN OUTCOME MEASURE(S):** To evaluate the effect of the treatment, tinnitus was assessed with the Tinnitus Handicap Inventory questionnaire before and after the therapy. **Results:** After 5 to 10 sessions (mean: 8.09 +/- 1.92) of Ericksonian hypnosis therapy, the 35 patients were capable of self-hypnosis with the aim of modulating their tinnitus, and the measured THI score fell for all patients. The global score improved significantly from 60.23 before EH therapy to 16.9 at discharge. Within the group, the initial score was distributed as follows: 0% slight, 14% mild, 31% moderate, 31% severe and 23% catastrophic. The t-test for dependent variables revealed significant improvements in all subgroups ( $p < \text{or} = 0.005$ ). **CONCLUSIONS:** The results of this clinical trial demonstrate that Ericksonian hypnosis, in particular using self-hypnosis, is a promising technique for treating patients with tinnitus.

[1275]

Perioperative pain management.

CNS Drugs. 2007;21(3):185-211.

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The under-treatment of postoperative pain has been recognised to delay patient recovery and discharge from hospital. Despite recognition of the importance of effective pain control, up to 70% of patients still complain of moderate to severe pain postoperatively. The mechanistic approach to pain management, based on current understanding of the peripheral and central mechanisms involved in nociceptive transmission, provides newer options for clinicians to manage pain effectively. In this article we review the rationale for a multimodal approach with combinations of analgesics from different classes and different sites of analgesic administration. The pharmacological options of commonly used analgesics, such as opioids, NSAIDs, paracetamol, tramadol and other non-opioid analgesics, and their combinations is discussed. These analgesics have been shown to provide effective pain relief and their combinations demonstrate a reduction in opioid consumption. The basis for using non-opioid analgesic adjuvants is to reduce opioid consumption and consequently alleviate opioid-related adverse effects. We review the evidence on the opioid-sparing effect of ketamine, clonidine, gabapentin and other novel analgesics in perioperative pain management. Most available data support the addition of these adjuvants to routine analgesic techniques to reduce the need for opioids and improve quality of analgesia by their synergistic effect. Local anaesthetic infiltration, epidural and other regional techniques are also used successfully to enhance perioperative analgesia after a variety of surgical procedures. The use of continuous perineural techniques that offer prolonged analgesia with local anaesthetic infusion has been extended to the care of patients beyond hospital discharge. The use of nonpharmacological options such as acupuncture, relaxation, music therapy, hypnosis and transcutaneous nerve stimulation as adjuvants to conventional analgesia should be considered and incorporated to achieve an effective and successful perioperative pain management regimen.

[1276]

The use of hypnosis to improve pain management during voluntary interruption of pregnancy: an open randomized preliminary study.

Contraception. 2007 Jan;75(1):52-8. Epub 2006 Sep 20.

Marc I, Rainville P, Verreault R, Vaillancourt L, Masse B, Dodin S.

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**OBJECTIVE:** This report describes an open randomized study that aims to determine whether a brief hypnotic intervention during first-trimester surgical abortion reduces requests for pain medication. **METHODS:** Thirty women undergoing first-trimester surgical abortion at the family planning clinics of a large hospital in Quebec City were randomized into a control group that received standard care and a hypnosis group that received, in addition to standard care, an intervention of hypnosis, including analgesia suggestions 20 min before and throughout the surgical procedure. Patients in both groups were given the option to control their pain with nitrous oxide (N<sub>2</sub>O) sedation administered through a nose mask as often and for as long as they wanted during the procedure. N<sub>2</sub>O sedation as the primary outcome was assessed at each step of the procedure. The patient's self-reported anxiety and pain were also assessed during the procedure as secondary outcomes. **RESULTS:** Thirty-six percent of patients in the hypnosis group requested N<sub>2</sub>O sedation during the procedure versus 87% in the control group ( $p < .01$ ). No differences between the groups were found in reports of pain and anxiety during the procedure. **CONCLUSION:** These results suggest that hypnosis can be integrated into standard care and reduces the need for N<sub>2</sub>O in patients undergoing first-trimester surgical abortion. This reduction in N<sub>2</sub>O consumption did not lead to significant changes in pain or anxiety, and a larger sample size is required to assess the possible effects of hypnosis on those variables.

[1277]

Autobiographical memory and suggestibility in children with autism spectrum disorder.

Dev Psychopathol. 2007 Winter;19(1):73-95.

Bruck M, London K, Landa R, Goodman J.

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Two paradigms were developed to examine autobiographical memory (ABM) and suggestibility in children with autism spectrum disorder (ASD). Children with ASD (N = 30) and typically developing chronological age-matched children (N = 38) ranging in age from 5 to 10 years were administered an ABM questionnaire. Children were asked about details of current and past personally experienced events. Children also participated in a staged event, and later were provided with true and false reminders about that event. Later, children again were interviewed about the staged event. The results from both paradigms revealed that children with ASD showed poorer ABM compared to controls. Generally, their ABM was marked by errors of omission rather than by errors of commission, and memory was particularly poor for early-life events. In addition, they were as suggestible as the typically developing children. The results are discussed in terms of applied and theoretical implications.

[1278]

Hypnotizability, eating behaviors, attitudes, and concerns: a literature survey.  
Int J Clin Exp Hypn. 2007 Jan;55(1):84-113.  
Hutchinson-Phillips S, Gow K, Jamieson GA.  
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The literature suggests that aspects of hypnotizability may be involved in the etiology and maintenance of self-defeating eating. However, interpretation of the published research findings has been complicated by the use of instruments that appear to have measured different or, at best, only related facets of the underlying constructs. This article reports relationships between weight, shape, dietary concerns, hypnotizability, dissociative capacity, and fantasy proneness. Implications for a key role for hypnosis in the treatment of eating behaviors, attitudes, and concerns are discussed.

[1279]

Effectiveness of hypnosis in reducing mild essential hypertension: a one-year follow-up.  
Int J Clin Exp Hypn. 2007 Jan;55(1):67-83.  
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The present study investigates the effectiveness of hypnosis in reducing mild essential hypertension. Thirty participants were randomly assigned to hypnosis (standardized, individual 8-session hypnosis treatment) or to a control group (no treatment). Results show that hypnosis is effective in reducing blood pressure in the short term but also in the middle and long terms. We did not find any relationship between the practice of self-hypnosis and the evolution of blood pressure or between anxiety, personality factors, and therapeutic results. The implications of the results of the psychological treatment of hypertension are discussed.

[1280]

A Spanish version of the Barber Suggestibility Scale for the Puerto Rican population.  
Int J Clin Exp Hypn. 2007 Jan;55(1):59-66.  
Guzmán-Hosta L, Martínez-Taboas A, Rodríguez-Gómez J.  
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Currently in Puerto Rico, there are no reliable and valid instruments to assess hypnotic responsiveness. The most widely utilized scales have not been scientifically translated and adapted with Puerto Ricans. In the present study, the Barber Suggestibility Scale (BSS) was translated and adapted using back-translation and decentralization. The translated BSS (the ESB) was individually administered to Puerto Rican college students (N = 85). No significant differences were found among the mean scores for the current sample on the ESB and the 1965 sample on the BSS. Both samples had similar score distributions. The internal consistency of the ESB was adequate, and there were significant correlations among scale items and total scores. The authors conclude that the ESB is an adequate instrument to measure hypnotic response within the Puerto Rican population.

[1281]

Hypnotic depth and response to suggestion under standardized conditions and during fMRI scanning.  
Int J Clin Exp Hypn. 2007 Jan;55(1):32-58.  
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Hypnosis is a potentially valuable cognitive tool for neuroimaging studies. However, understandable concern that Magnetic Resonance Imaging (MRI) in particular may adversely affect hypnotic procedures remains. Measurements of hypnotic depth and responsiveness to suggestions were taken using a standardized procedure that met all the requirements for functional MRI (fMRI). Testing outside the scanning environment showed reliable and stable changes in subjective hypnotic depth, with no carryover once the hypnosis had been terminated. Within-subject comparisons showed that the magnitude and pattern of these changes and the degree of responsiveness to hypnotic suggestion were not discernibly affected by the fMRI environment. It is concluded that hypnosis can be employed as a discrete and reliable cognitive tool within fMRI neuroimaging settings.

[1282]

Fractal analysis of EEG in hypnosis and its relationship with hypnotizability.  
Int J Clin Exp Hypn. 2007 Jan;55(1):14-31.  
Lee JS, Spiegel D, Kim SB, Lee JH, Kim SI, Yang BH, Choi JH, Kho YC, Nam JH.  
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Fractal analysis was applied to study the trends of EEG signals in the hypnotic condition. The subjects were 19 psychiatric outpatients. Hypnotizability was measured with the Hypnotic Induction Profile (HIP). Fifty-four sets of EEG data were analyzed by detrended fluctuation analysis (DFA), a well-established fractal analysis technique. The scaling exponents, which are the results of fractal analysis, are reduced toward white noise during the hypnotic condition, which differentiates the hypnotic condition from the waking condition. Further, the decrease in the scaling exponents during hypnosis was solely associated with the eye-roll sign within specific cortical areas (F3, C4, and O1/2) closely related to eye movements and attention. In conclusion, the present study has found that the application of the fractal analysis technique can demonstrate the electrophysiological correlations with hypnotic influence on cerebral activity.

[1283]

Hypnotizability and somatic complaints: a gender-specific phenomenon.  
Int J Clin Exp Hypn. 2007 Jan;55(1):1-13.  
Younger JW, Rossetti GC, Borckardt JJ, Smith AR, Tasso AF, Nash MR.  
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The relationship between hypnotizability and somatic illness was measured in 45 college students. Several weeks after completing the

Waterloo-Stanford Group C Scale (WSGC), participants filled out a somatic-complaint checklist and measures of psychopathology. Results indicated a positive correlation between hypnotizability and somatic illness, and the relationship was stronger for female participants. In contrast to the quadratic model proposed by Wickramasekera, the current data demonstrated a linear relationship between hypnotizability and somatic complaint. Further analyses showed that somatic complaints were associated with hallucination and imagery items, corresponding to the perceptual-cognitive factor identified in Woody, Barnier, and McConkey's (2005) factor analysis of the Stanford Hypnotic Susceptibility Scale, Form C. The results call into question some claims that high hypnotizability is an adaptive and healthy trait.

[1284]

Role of relaxation and specific suggestions in hypnotic emotional numbing.

Int J Psychophysiol. 2007 Jan;63(1):125-32. Epub 2006 Dec 1.

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The cognitive characteristics of highly hypnotizable subjects (Highs) allow them to easily modify their cognitive and autonomic state. Under hypnosis, Highs receiving cognitive, fear-like stimulation exhibit the cardiovascular changes typical of fear/stress, but also show an EEG pattern indicating a balance between fear-induced arousal and hypnotic relaxation. Indeed, hypnosis is effective in the attenuation of both emotional experience and behaviour (emotional numbing). The aim of the present experiment was to investigate the possible different role of relaxation and suggestion in hypnotic emotional numbing. Tonic skin conductance, respirogram, heart rate, systolic and diastolic blood pressure were recorded in 3 groups of hypnotized subjects: Group 1 received a fearful guided imagery associated with threat suggestions (Threat) followed by the same fearful suggestion associated with numbing instructions (relaxation and "No-Threat"); Group 2 received the same instructions in the opposite order of presentation; Group 3 received the fearful suggestion with threat instructions twice. The numbing suggestion reduced fear-related emotional experience and autonomic responses; if No-Threat preceded Threat, the heart rate, heart rate variability and blood pressure were also reduced during Threat, in spite of self reports of high negative emotion. Thus, 1) the subjective experience and the autonomic response to fear can be dissociated; 2) the efficacy of numbing suggestion is extended to a subsequent Threat stimulation; 3) habituation does not contribute to the numbing effect. The results indicate that the specific numbing suggestion is the main factor in hypnotic modulation of the experience of fear.

[1285]

Behavioral interventions in treating anticipatory nausea and vomiting.

J Natl Compr Canc Netw. 2007 Jan;5(1):44-50.

Figueroa-Moseley C, Jean-Pierre P, Roscoe JA, Ryan JL, Kohli S, Palesh OG, Ryan EP, Carroll J, Morrow GR.

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Anticipatory nausea and vomiting (ANV) is associated with a significant reduction in the quality of life for many chemotherapy patients. The use of 5-hydroxytryptamine type 3 receptor antagonists provides some relief for chemotherapy-induced nausea and vomiting, but does not seem to control ANV. Nonpharmacologic approaches, which include behavioral interventions, may provide the greatest promise in relieving symptoms. Little evidence supports the use of complementary and alternative methods, such as acupuncture and acupressure, in relieving ANV. Behavioral interventions, especially progressive muscle relaxation training and systematic desensitization, should be considered important methods for preventing and treating ANV.

[1286]

Carpal tunnel syndrome, diabetic neuropathy, fibromyalgia, glucosamine and chondroitin, hypnosis in pain management, marijuana for pain.

J Pain Palliat Care Pharmacother. 2007;21(2):61-7.

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This feature presents information for patients in a question and answer format. It is written to simulate actual questions that many pain patients ask and to provide answers in a context and language that most pain patients will comprehend. Issues addressed in this issue are carpal tunnel syndrome, fibromyalgia, glucosamine and chondroitin, hypnosis, marijuana.

[1287]

Pain and palliative medicine.

J Rehabil Res Dev. 2007;44(2):279-94.

Chang VT, Sorger B, Rosenfeld KE, Lorenz KA, Bailey AF, Bui T, Weinberger L, Montagnini M.

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Severe pain is highly prevalent, with rates of 40% to 70% in patients with advanced cancer, liver disease, heart failure, human immunodeficiency virus, and renal failure. Wide variations in pain assessment and reporting methods and the measurement of multiple symptoms should be addressed in future studies. Regarding psychological approaches, determining whether hypnotherapy or other individual psychotherapeutic interventions reduce pain and/or psychological distress in a palliative care population is difficult. Interest is increasing in the concept of demoralization syndromes and the role of posttraumatic stress disorder in modulating responses to pain at the end of life. We review evidence from multiple studies that the use of rehabilitative therapy improves functional status and pain control among patients with advanced cancer, and we raise the possibility that rehabilitation therapy will be helpful in patients with other advanced diseases. We summarize ongoing clinical trials of electronic order sets, clinical care pathways, and care management pathways to improve pain management in palliative care. Wagner's Chronic Illness Model provides a way of analyzing how healthcare systems can be changed to provide adequate and continuing pain management in palliative care. Much work remains to ensure that pain is recognized, treated, and monitored effectively.

[1288]

[Depressive syndrome in gastroenterology: diagnosis and treatment]



Klin Med (Mosk). 2007;85(5):15-23.

[Article in Russian]

Tsimmerman IaS, Tsimmerman Ila.

The article presents modern data on depressive syndrome, its prevalence and possible reasons for its growth, the role of psychoemotional stress in the development of anxiety depression (AD), as well as psychosomatic diseases and syndromes and modern views on the mechanisms of their formation. The authors discuss methods of revealing and diagnostic criteria of AD and psychosomatic diseases, including those that develop against the background of masked depression. Associations between depressive syndrome and the development of gastroenterological diseases and psychosomatic syndromes such as peptic ulcer, functional dyspepsia, irritated bowel syndromes, chronic cholecystitis, and chronic duodenal obstruction syndrome are discussed in detail. Special attention is paid to treatment of AD in gastroenterological patients using psycho- and hypnotherapy as well as psychotropic drugs such as antidepressives, anxiolytics, neuroleptics, and nootropic agents.

[1289]

Successful interventions for smoking cessation in pregnancy.

MCN Am J Matern Child Nurs. 2007 Jan-Feb;32(1):42-7; quiz 48-9.

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The purpose of this article is to evaluate research regarding beneficial approaches to smoking cessation interventions during pregnancy. Research about nicotine replacement, nurse-managed counseling sessions, hypnosis, and behavioral modifications are presented. One of the most useful types of program for smoking cessation in pregnancy (as measured by cotinine-validated abstinence) described in the literature thus far has been the nurse-managed smoking cessation program, which includes a 15-minute individualized counseling session combined with a telephone contact 7-10 days after the prenatal visit. More research is needed in this important area of nursing practice.

[1290]

What do clinicians want? Interest in integrative health services at a North Carolina academic medical center.

BMC Complement Altern Med. 2007 Feb 9;7:5.

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**BACKGROUND:** Use of complementary medicine is common, consumer driven and usually outpatient focused. We wished to determine interest among the medical staff at a North Carolina academic medical center in integrating diverse therapies and services into comprehensive care. **METHODS:** We conducted a cross sectional on-line survey of physicians, nurse practitioners and physician assistants at a tertiary care medical center in 2006. The survey contained questions on referrals and recommendations in the past year and interest in therapies or services if they were to be provided at the medical center in the future. **RESULTS:** Responses were received from 173 clinicians in 26 different departments, programs and centers. There was strong interest in offering several specific therapies: therapeutic exercise (77%), expert consultation about herbs and dietary supplements (69%), and massage (66%); there was even stronger interest in offering comprehensive treatment programs such as multidisciplinary pain management (84%), comprehensive nutritional assessment and advice (84%), obesity/healthy lifestyle promotion (80%), fit for life (exercise and lifestyle program, 76%), diabetes healthy lifestyle promotion (73%); and comprehensive psychological services for stress management, including hypnosis and biofeedback (73%). **CONCLUSION:** There is strong interest among medical staff at an academic health center in comprehensive, integrated services for pain, obesity, and diabetes and in specific services in fitness, nutrition and stress management. Future studies will need to assess the cost-effectiveness of such services, as well as their financial sustainability and impact on patient satisfaction, health and quality of life.

[1291]

Illness by suggestion: expectancy, modeling, and gender in the production of psychosomatic symptoms.

Ann Behav Med. 2007 Feb;33(1):112-6.

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**BACKGROUND:** Expectancy and modeling have been cited as factors in mass psychogenic illness (MPI), which reportedly affects more women than men. **PURPOSE:** The purpose of the study is to assess the effects of expectancy and modeling in a controlled laboratory analogue of MPI. **METHODS:** Students were randomly assigned to inhale or not inhale an inert placebo described as a suspected environmental toxin that had been linked to four symptoms typical of reported instances of MPI. Half of the students observed a female confederate inhale the substance and subsequently display the specified symptoms. **RESULTS:** Students who inhaled the placebo reported greater increases in symptoms, and the increase was significantly greater for the specified symptoms than for other symptoms. Observation of the confederate displaying symptoms increased specified symptoms significantly among women but not among men. Changes in reported symptoms were significantly associated with changes in unobtrusively observed behavior. **CONCLUSIONS:** Symptoms typical of clinical reports of MPI can be induced by manipulating response expectancies, and the effects are specific rather than generalized. Among women, this effect is enhanced by observing another participant (who in this study is also female) display symptoms. This suggests that the preponderance of women showing symptoms in outbreaks of MPI may be due to gender-linked differences in the effects of modeling on psychogenic symptoms.

[1292]

Effects of age on responsiveness to adjunct hypnotic analgesia during invasive medical procedures.

Psychosom Med. 2007 Feb-Mar;69(2):191-9. Epub 2007 Feb 8.

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**OBJECTIVES:** To assess the effects of age on responsiveness to self-hypnotic relaxation as an analgesic adjunct in patients undergoing invasive medical procedures. **MATERIAL AND METHODS:** Secondary data analysis from a prospective trial with 241 patients randomized to receive hypnosis, attention, and standard care treatment during interventional radiological procedures. Growth

curve analyses, hierarchical linear regressions, and logistic regressions using orthogonal contrasts were used for analysis. Outcome measures were Hypnotic Induction Profile scores, self-reported pain and anxiety, medication use, oxygen desaturation  $\leq 89\%$ , and procedure time. RESULTS: Hypnotizability did not vary with age ( $p = .19$ ). Patients receiving attention and hypnosis had greater pain reduction during the procedure ( $p = .02$ ), with trends toward lower pain with hypnosis ( $p = .07$ ); this did not differ by age. As age increased, patients experienced more rapid pain control with hypnosis ( $p = .03$ ). There was more rapid anxiety reduction with attention and hypnosis ( $p = .03$ ). Trends toward lower final anxiety were also observed with attention and hypnosis versus standard care ( $p = .08$ ), and with hypnosis versus attention ( $p = .059$ ); these relationships did not differ by age. Patients requested and received less medication and had less oxygen desaturation  $\leq 89\%$  with attention and hypnosis ( $p < .001$ ); this did not differ by age. However, as age increased, oxygen desaturation was greater in standard care ( $p = .03$ ). Procedure time was reduced in the attention and hypnosis groups ( $p = .007$ ); this did not vary by age. CONCLUSIONS: Older patients are hypnotizable and increasing age does not appear to mitigate the usefulness of hypnotic analgesia during invasive medical procedures.

[1293]

Management of the anxious patient: what treatments are available?  
Dent Update. 2007 Mar;34(2):108-10, 113-4.  
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Fear of the dentist is a common phenomenon. There are many ways of dealing with anxious patients and this review aims to present the most common methods available to general dental practitioners. Clinical Relevance: An ability to deal with anxious patients successfully is undoubtedly a practice builder. Anxious patients can be stressful to manage but they often become the most vocal advocates of dentists that they trust.

[1294]

Hypnotherapy for irritable bowel syndrome in Saudi Arabian patients.  
East Mediterr Health J. 2007 Mar-Apr;13(2):301-8.  
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This study investigated whether hypnotherapy provides a significant therapeutic effect in Saudi Arabian patients with irritable bowel syndrome. Patients ( $n=26$ ) were consecutively recruited at a psychiatry outpatient clinic after diagnosis by a gastroenterologist and a medical evaluation for irritable bowel syndrome. Each patient had 12 sessions of hypnotherapy over a period of 12 weeks (1 session per week). Patients completed a scale measuring symptom severity before and 3 months after the trial. Hypnotherapy significantly enhanced a feeling of better quality of life more in male than in female patients, and bowel habit dissatisfaction was reduced more in female than in male patients.

[1295]

Use of mind-body therapies in psychiatry and family medicine faculty and residents: attitudes, barriers, and gender differences.  
Explore (NY). 2007 Mar-Apr;3(2):129-35.  
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BACKGROUND: Mind-body medicine (MBM) approaches to many health problems have been well documented in the literature, including through multiple meta-analyses. Efficacy has been well demonstrated in conditions such as headache, irritable bowel syndrome, anxiety, fibromyalgia, hypertension, low back pain, depression, cancer symptoms, and postmyocardial infarction. However, an apparent disconnect (ie, translational block) prevents more widespread adoption of such therapies into practice. Biofeedback, relaxation therapy, hypnosis, guided imagery, cognitive behavioral therapy, and psychoeducational approaches are the domain of MBM we examined in assessing physician attitudes, beliefs, and practices. METHODS: Using a Web-based survey, we obtained responses from 74 faculty and resident physicians in the Department of Family Medicine and the Department of Psychiatry. Our response rate was 69%. We conducted descriptive statistics, bivariate analysis, and multivariate analysis using a logistic regression model. Various statistics were chosen depending on the nature of analyzed variables. Synoptic tables are presented. RESULTS: Comparing these cohorts, we found little difference between physicians in the two specialties, but substantial reports that barriers to the use of MBM were largely based on lack of training, inadequate expertise, and insufficient clinic time. Lack of expertise and insufficient clinic time were higher among family physicians than among psychiatrists. There was a high interest in both groups in learning relaxation techniques and meditation and lower interest in biofeedback and hypnosis. Female physicians were significantly more likely to use MBM, both with patients and for their own self-care, and were less likely to be concerned that recommending these therapies would make patients feel that their symptoms were being discounted. Female physicians also had significantly higher beliefs about the benefits of MBM on health disorders in several of the conditions examined, with a consistent though nonsignificant trend in others.

[1296]

Effects of autogenic training on nitroglycerin-induced headaches.  
Headache. 2007 Mar;47(3):371-83.  
Juhasz G, Zsombok T, Gonda X, Nagyne N, Modosne E, Bagdy G.  
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OBJECTIVES: To investigate the prophylactic and acute effects of autogenic training (AT) during a nitroglycerin-induced migraine attack. METHODS: Thirty female migraineurs (without aura) and 11 controls participated in the study. Of these, 11 migraineurs and 5 controls practiced AT regularly for at least 6 months prior to and during the sublingual nitroglycerin test. Headache intensity and characteristics were recorded with a standardized method. During the nitroglycerin challenge, blood was collected for plasma cortisol determination and blood pressure and pulse rate were recorded. RESULTS: As a long-term preventive treatment, AT significantly decreased the mean headache frequency and intensity ( $P = .001$ ) compared to the pretreatment period in the migraineurs who regularly practiced AT ( $n = 11$ ). During the nitroglycerin challenge, AT successfully attenuated the nitroglycerin-induced acute decrease in blood pressure and pulse rate ( $P = .013$ ;  $n = 16$  AT subjects vs  $n = 25$  non-AT subjects). However, it was not effective in preventing immediate headache ( $P = .71$ ), did not decrease the frequency of acute migraine attacks ( $P = .79$ ), and could not alleviate acute migraine pain ( $P = .78$ ;  $n = 16$  AT subjects vs  $n = 25$  non-AT subjects). Plasma cortisol concentration significantly increased ( $P = .003$ ) during the acute

migraine attack (n = 22), and migraine intensity correlated with plasma cortisol elevations (P < .001; n = 41) and showed a tendency of negative correlation with morning plasma cortisol concentration (P = .08; n = 41). However, AT did not alter plasma cortisol responses (P = .99; n = 16 AT subjects vs n = 25 non-AT subjects). CONCLUSION: (1) The long-term AT therapy proved to be a significantly effective preventive intervention in migraine sufferers. We hypothesized that this long-term effect of AT is based on modulation of the pain anticipation system, which is strongly correlated with function of the anterior cingulate cortex. (2) We demonstrated that AT could not alter the nitroglycerin-induced acute migraine attacks, which are directly related to the dysfunctional brainstem activation according to previous studies. (3) Our results suggested that there are multiple, complex relationships between cortisol responses and migraine pain, which are possibly mediated by the brain serotonergic system. (4) In addition, our results provide further evidence that nitroglycerin-induced vasodilatation is not directly connected to either immediate headache or delayed migraine attack.

[1297]

A critical review of complementary therapies for cancer-related fatigue.

Integr Cancer Ther. 2007 Mar;6(1):8-13.

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PURPOSE: To review the available literature on the use of complementary and alternative medicine (CAM) treatments for cancer-related fatigue with an aim to develop directions for future research. METHODS: PubMed, EMBASE, CINAHL, PsycINFO, and SPORTDiscus were searched for relevant studies. Original clinical trials reporting on the use of CAM treatments for cancer-related fatigue were abstracted and critically reviewed. RESULTS: CAM interventions tested for cancer-related fatigue include acupuncture, aromatherapy, adenosine triphosphate infusions, energy conservation and activity management, healing touch, hypnosis, lectin-standardized mistletoe extract, levocarnitine, massage, mindfulness-based stress reduction, polarity therapy, relaxation, sleep promotion, support group, and Tibetan yoga. Several of these interventions seem promising in initial studies. CONCLUSION: Currently, insufficient data exist to recommend any specific CAM modality for cancer-related fatigue. Therefore, potentially effective CAM interventions ready for further study in large, randomized clinical trials (eg, acupuncture, massage, levocarnitine, and the use of mistletoe) should be pursued. Other interventions should be tested in well-designed feasibility and phase II trials.

[1298]

Effectiveness of hypnosis for the treatment of vulvar vestibulitis syndrome: a preliminary investigation.

J Sex Med. 2007 Mar;4(2):417-25.

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INTRODUCTION: Vulvar vestibulitis syndrome (VVS) is a common cause of vulvar pain. Therapeutic options target different pain systems believed to be involved in its development and maintenance. Most treatments target the pain component with the assumption that sexual function will increase once the pain has decreased, yet this is not necessarily the case. AIMS: Research has supported the effectiveness of hypnosis for many chronic pain disorders, and a case report demonstrated pain reduction and an increase in intercourse pleasure in a woman with VVS. This preliminary study examined the effectiveness of hypnosis on pain and psychosexual function in VVS. METHODS: Eight women suffering from VVS completed a hypnosis screening assessment, an interview, pain and psychosexual questionnaires, a gynecologic examination, vestibular pain threshold measurement, a psychosexual assessment, and six hypnotherapy sessions. The physical examinations, interview, and questionnaires were repeated at 1 and 6 months posttreatment. MAIN OUTCOME MEASURES: These included pain ratings during the gynecologic examination, vestibular pain thresholds, scores on the McGill Pain Questionnaire and Pain Catastrophizing Scale, and responses to questions on intercourse-related and nonintercourse-related pain. Measures of psychosexual function included the Female Sexual Function Index, State-Trait Anxiety Scale, Beck Depression Inventory-II, and the Brief Symptom Inventory. RESULTS: Results indicated significant decreases in gynecologic examination pain and in several measures assessing intercourse pain, and nonsignificant increases in threshold. Some indices of noncoital vulvar pain decreased. Overall sexual function, particularly sexual satisfaction, increased at posttreatment. There were no differences on any psychological measure. Participants reported satisfaction with the treatment and rated their VVS pain reduction as average. CONCLUSIONS: Hypnotherapy appears to be a promising treatment for reducing intercourse pain and some aspects of noncoital vulvar pain, and for restoring sexual function in women with VVS. These results suggest that a large controlled trial should be considered.

[1299]

Cognitive science and the law.

Trends Cogn Sci. 2007 Mar;11(3):111-7. Epub 2007 Jan 31.

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Numerous innocent people have been sent to jail based directly or indirectly on normal, but flawed, human perception, memory and decision making. Current cognitive-science research addresses the issues that are directly relevant to the connection between normal cognitive functioning and such judicial errors, and suggests means by which the false-conviction rate could be reduced. Here, we illustrate how this can be achieved by reviewing recent work in two related areas: eyewitness testimony and fingerprint analysis. We articulate problems in these areas with reference to specific legal cases and demonstrate how recent findings can be used to address them. We also discuss how researchers can translate their conclusions into language and ideas that can influence and improve the legal system.

[1300]

Cortex functional connectivity as a neurophysiological correlate of hypnosis: an EEG case study.

Neuropsychologia. 2007 Apr 8;45(7):1452-62. Epub 2007 Jan 8.

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Cortex functional connectivity associated with hypnosis was investigated in a single highly hypnotizable subject in a normal baseline condition and under neutral hypnosis during two sessions separated by a year. After the hypnotic induction, but without further

suggestions as compared to the baseline condition, all studied parameters of local and remote functional connectivity were significantly changed. The significant differences between hypnosis and the baseline condition were observable (to different extent) in five studied independent frequency bands (delta, theta, alpha, beta, and gamma). The results were consistent and stable after 1 year. Based on these findings we conclude that alteration in functional connectivity of the brain may be regarded as a neuronal correlate of hypnosis (at least in very highly hypnotizable subjects) in which separate cognitive modules and subsystems may be temporarily incapable of communicating with each other normally.

[1301]

Elucidating Tourette's syndrome: perspectives from hypnosis, attention and self-regulation.

Am J Clin Hypn. 2007 Apr;49(4):289-309.

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Biological psychiatry favors drug treatment over non-pharmacological intervention and shapes the way clinicians both treat and understand Tourette's Syndrome (TS). However, drug treatments for TS involve side effects and are potentially toxic to the central nervous system. Moreover, current pharmacological treatments are largely ineffective and at best only provide a modest symptom reduction. In this paper, we describe how non-pharmacological treatments such as focused attention can modulate, reduce, or indeed entirely eliminate the symptoms of TS as well as elucidate the underlying neural mechanisms. Showing that the symptoms of TS are susceptible to self-regulatory interventions such as hypnosis, we propose that attentional training could be used to both treat the disorder and better understand it.

[1302]

An update on age, hypnotic suggestibility, and gender: a brief report.

Am J Clin Hypn. 2007 Apr;49(4):283-7.

Page RA, Green JP.

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This study assessed the relationship of age and hypnotic suggestibility in an effort to partially update the findings of Morgan and Hilgard (1973). A total of 2,660 undergraduates were administered the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A; Shor & Orne, 1962) over a 7 year period. Consistent with Morgan and Hilgard's results, we found a general trend for hypnotic suggestibility scores to decrease from age 17 to 40, and then increase thereafter. We also found that female participants scored higher on the HGSHS: A compared with males across the various age ranges that we sampled.

[1303]

What is a suggestion? The neuroscience of implicit processing heuristics in therapeutic hypnosis and psychotherapy.

Am J Clin Hypn. 2007 Apr;49(4):267-81.

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Neuroscience and bioinformatics research on activity-dependent gene expression and brain plasticity in memory and learning are used to reconceptualize a fundamental question of therapeutic hypnosis, "What is a suggestion?" John Kihlstrom's cognitive-behavioral perspective of implicit (unconscious) and explicit (conscious) memory and Eric Kandel's Nobel Prize winning neurobiological research are integrated for a 30-year update of Milton H. Erickson's "neuro-psycho-physiology" of therapeutic hypnosis. Implicit processing heuristics are proposed as a more general framework for Erickson's concept of permissive indirect suggestions in therapeutic hypnosis and psychotherapy. These perspectives are illustrated by utilizing implicit processing heuristics to facilitate the four-stage creative process in converting implicit to explicit memory in a brain-damaged patient.

[1304]

Hypnosis prevents the cardiovascular response to cold pressor test.

Am J Clin Hypn. 2007 Apr;49(4):255-66.

Casiglia E, Schiavon L, Tikhonoff V, Haxhi Nasto H, Azzi M, Rempelou P, Giacomello M, Bolzon M, Bascelli A, Scarpa R, Lapenta AM, Rossi AM.

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To highlight the effects of hypnotic focused analgesia (HFA), 20 healthy participants underwent a cold pressor test (CPT) in waking basal conditions (WBC) by keeping the right hand in icy water until tolerable (pain tolerance); subjective pain was quantified by visual scale immediately before extracting the hand from water. The test was then repeated while the participants were under hypnosis and underwent HFA suggestions. Cardiovascular parameters were continuously monitored. Pain tolerance was 121.5+/-96.1 sec in WBC and 411.0+/-186.7 sec during HFA ( $p < 0.0001$ ), and visual rating score 7.75+/-2.29 and 2.45+/-2.98 ( $p < 0.0001$ ), respectively. CPT-induced increase of total peripheral resistance was non significant during HFA and +21% ( $p < 0.01$ ) in WBC. HFA therefore reduced both perception and the reflex cardiovascular consequences of pain as well. This indicates that hypnotic analgesia implies a decrease of sensitivity and/or a block of transmission of painful stimuli, with depression of the nervous reflex arc.

[1305]

Hypnotic history: a reply to critics.

Am J Clin Hypn. 2007 Apr;49(4):249-54.

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This article responds to comments on Kirsch, Mazzoni, & Montgomery (2007). Contrary to the perceptions of some commentators, the target article was not aimed at supporting a particular view of hypnosis. Instead, it was a reminder of a long accepted axiom in hypnosis research: the effects of hypnotic suggestions cannot be attributed to hypnosis unless it is demonstrated that the same suggestion does not produce the effect outside of hypnosis.

[1306]

Trait dissociation and commission errors in memory reports of emotional events.

Am J Psychol. 2007 Spring;120(1):1-14.

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In 2 studies we examined whether trait dissociation is related to spontaneous commission errors (reports of events that did not occur) in free recall of emotional events. We also explored whether the functional locus of the dissociation-commission link is related to repeated retrieval or shallow encoding. In Experiment 1 participants were exposed to a staged incident and were repeatedly asked to add more information to their written accounts of the event. Dissociation levels were related to commission errors, indicating that people who report many dissociative experiences tend to make more commission errors. However, it was not the case that the overall increase in commission errors over successive retrieval attempts was typical for high dissociative participants. In Experiment 2 participants saw a video fragment of a severe car accident. During the video, half the participants performed a dual task, and the other half did not. Participants performing the dual task made more commission errors than controls, but this effect was not more pronounced in those with high trait dissociation scores. These studies show that there is a link between dissociation and spontaneous commission errors in memory reports of emotional events, but the functional locus of this link remains unclear.

[1307]

Evidence-based hypnotherapy for asthma: a critical review.

Int J Clin Exp Hypn. 2007 Apr;55(2):220-49.

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Asthma is a chronic disease with intermittent acute exacerbations, characterized by obstructed airways, hyper-responsiveness, and sometimes by chronic airway inflammation. Critically reviewing evidence primarily from controlled outcome studies on hypnosis for asthma shows that hypnosis is possibly efficacious for treatment of symptom severity and illness-related behaviors and is efficacious for managing emotional states that exacerbate airway obstruction. Hypnosis is also possibly efficacious for decreasing airway obstruction and stabilizing airway hyper-responsiveness in some individuals, but there is insufficient evidence that hypnosis affects asthma's inflammatory process. Promising research needs to be replicated with larger samples and better designs with careful attention paid to the types of hypnotic suggestions given. The critical issue is not so much whether it is used but how it is used. Future outcome research must address the relative contribution of expectancies, hypnotizability, hypnotic induction, and specific suggestions.

[1308]

Hypnosis and the treatment of posttraumatic conditions: an evidence-based approach.

Int J Clin Exp Hypn. 2007 Apr;55(2):167-88.

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This article reviews the evidence for the use of hypnosis in the treatment of posttraumatic conditions including posttraumatic stress disorder and acute stress disorder. The review focuses on empirically supported principles and practices and suggests that hypnosis can be a useful adjunctive procedure in the treatment of posttraumatic conditions. Cognitive-behavioral and exposure-based interventions, which have the greatest empirical support, are highlighted, and an illustrative case study is presented.

[1309]

Review of the efficacy of clinical hypnosis with headaches and migraines.

Int J Clin Exp Hypn. 2007 Apr;55(2):207-19.

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The 12-member National Institute of Health Technology Assessment Panel on Integration of Behavioral and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia (1996) reviewed outcome studies on hypnosis with cancer pain and concluded that research evidence was strong and that other evidence suggested hypnosis may be effective with some chronic pain, including tension headaches. This paper provides an updated review of the literature on the effectiveness of hypnosis in the treatment of headaches and migraines, concluding that it meets the clinical psychology research criteria for being a well-established and efficacious treatment and is virtually free of the side effects, risks of adverse reactions, and ongoing expense associated with medication treatments.

[1310]

Hypnotically facilitated treatment of obsessive-compulsive disorder: can it be evidence-based?

Int J Clin Exp Hypn. 2007 Apr;55(2):189-206.

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There are extensive evidence-based guidelines for the treatment of Obsessive-Compulsive Disorder (OCD) with medication, behavior therapy, and cognitive therapy. Nevertheless, there remain a significant percentage of patients whose symptoms are more or less refractory to standardized treatments. This situation could be rooted in the phenotypic heterogeneity of the disorder as well as in its high rates of comorbid psychopathology. Studies have also found OCD to be associated with higher levels of dissociation. This paper examines what may be needed to establish evidence-based hypnotically facilitated therapies for treatment-resistant OCD. It provides an introduction to the complexity of the treatment issues surrounding OCD and considers both possibilities for and obstacles to setting up an evidence-base for using hypnotically facilitated psychotherapies for its treatment.

[1311]

Cognitive hypnotherapy for depression: an empirical investigation.

Int J Clin Exp Hypn. 2007 Apr;55(2):147-66.

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To investigate the effectiveness of cognitive hypnotherapy (CH), hypnosis combined with cognitive-behavioral therapy (CBT), on depression, 84 depressives were randomly assigned to 16 weeks of treatment of either CH or CBT alone. At the end of treatment, patients from both groups significantly improved compared to baseline scores. However, the CH group produced significantly larger changes in Beck Depression Inventory, Beck Anxiety Inventory, and Beck Hopelessness Scale. Effect size calculations showed that the CH group produced 6%, 5%, and 8% greater reduction in depression, anxiety, and hopelessness, respectively, over and above the CBT group. The effect size was maintained at 6-month and 12-month follow-ups. This study represents the first controlled comparison of hypnotherapy with a well-established psychotherapy for depression, meeting the APA criteria for a "probably efficacious" treatment for depression.

[1312]

Cognitive-behavioral hypnotherapy in the treatment of irritable-bowel-syndrome-induced agoraphobia.  
Int J Clin Exp Hypn. 2007 Apr;55(2):131-46.  
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There are a number of clinical reports and a body of research on the effectiveness of hypnotherapy in the treatment of irritable bowel syndrome (IBS). Likewise, there exists research demonstrating the efficacy of cognitive-behavioral therapy (CBT) in the treatment of IBS. However, there is little written about the integration of CBT and hypnotherapy in the treatment of IBS and a lack of clinical information about IBS-induced agoraphobia. This paper describes the etiology and treatment of IBS-induced agoraphobia. Cognitive, behavioral, and hypnotherapeutic techniques are integrated to provide an effective cognitive-behavioral hypnotherapy (CBH) treatment for IBS-induced agoraphobia. This CBH approach for treating IBS-induced agoraphobia is described and clinical data are reported.

[1313]

What should we mean by empirical validation in hypnotherapy: evidence-based practice in clinical hypnosis.  
Int J Clin Exp Hypn. 2007 Apr;55(2):115-30.  
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This paper briefly surveys the trend of and controversy surrounding empirical validation in psychotherapy. Empirical validation of hypnotherapy has paralleled the practice of validation in psychotherapy and the professionalization of clinical psychology, in general. This evolution in determining what counts as evidence for bona fide clinical practice has gone from theory-driven clinical approaches in the 1960s and 1970s through critical attempts at categorization of empirically supported therapies in the 1990s on to the concept of evidence-based practice in 2006. Implications of this progression in professional psychology are discussed in the light of hypnosis's current quest for validation and empirical accreditation.

[1314]

[To test the impact of hypnotherapy upon immunity and circadian rhythms among palliative cancer patients: a promising goal?]  
Pathol Biol (Paris). 2007 Apr-May;55(3-4):186-93. Epub 2007 Mar 27.  
[Article in French]  
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Epidemiological and clinical researches in the borderline domain between psychology and cancer have produced consequent results, despite the large variety of employed approaches and aimed goals: these results permit to define domains where new investigations still appear promising. If randomized prospective controlled trials that test the impact of psychosocial interventions, constitute to our mind a strategy that must not be bypassed, a special attention should be focussed on the following topics: 1) it seems necessary to add to standard goals (survival and quality of life) the evaluation of the impact on immunity and main biological rhythms (circadian and ultradian). Specific questionnaires should be included (pain, sleep, mood, self-esteem, life events...) and others may need to be developed or adapted (sexuality, spirituality, coping with death); 2) among types of psychosocial management, hypnosis and/or learning of self-hypnosis appears to be a modality of choice since some results have already been obtained on immune pathologies and also on cancer. Mixed to an approach of clinical psychology, such a management could arouse behavior changes toward pathology but also promote an improvement of biological rhythms (action on sleep...) and perhaps, by the way, an immune rebound; 3) on a methodological point of view, trials cannot be double-blind. The effort must then concern sample sizes, that were often insufficient in many trials, but also targeted populations: palliative cancer patients with a good performance status seem more relevant for this type of investigation, since psychosocial interventions usually improve quality of life.

[1315]

Hypnosis and surgery: past, present, and future.  
Anesth Analg. 2007 May;104(5):1199-208.  
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Hypnosis has been defined as the induction of a subjective state in which alterations of perception or memory can be elicited by suggestion. Ever since the first public demonstrations of "animal magnetism" by Mesmer in the 18th century, the use of this psychological tool has fascinated the medical community and public alike. The application of hypnosis to alter pain perception and memory dates back centuries. Yet little progress has been made to fully comprehend or appreciate its potential compared to the pharmacologic advances in anesthesiology. Recently, hypnosis has aroused interest, as hypnosis seems to complement and possibly enhance conscious sedation. Contemporary clinical investigators claim that the combination of analgesia and hypnosis is superior to conventional pharmacologic anesthesia for minor surgical cases, with patients and surgeons responding favorably. Simultaneously, basic research of pain pathways involving the nociceptive flexion reflex and positron emission tomography has yielded objective data regarding the physiologic correlates of hypnosis. In this article I review the history, basic scientific and clinical studies, and modern

practical considerations of one of the oldest therapeutical tools: the power of suggestion.

[1316]

Hypnosis for treatment of pain in children.

Can Fam Physician. 2007 May;53(5):823-5.

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QUESTION: Many children suffer from chronic and painful illnesses. Hypnosis was found to be effective for analgesia in adults. Is it effective for managing pain in children? ANSWER: Children can be easier to hypnotize than adults. Studies have shown clinical hypnosis and self-hypnosis to be effective as adjunct treatments for children in pain. Examples include painful medical procedures, such as bone marrow aspiration and lumbar puncture in pediatric cancer patients, postoperative pain and anxiety in children undergoing surgery, and chronic headache.

[1317]

The effects of prayer, relaxation technique during general anesthesia on recovery outcomes following cardiac surgery.

Complement Ther Clin Pract. 2007 May;13(2):85-94. Epub 2006 Dec 18.

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During general anesthesia the possibility of subconscious perception of intraoperative events is a controversial subject. Some studies found that positive verbal suggestions, or music improved intraoperative relaxation and postoperative recovery. The aim of the current study was to evaluate the effect of prayer and relaxation technique applied while patients are under general anesthesia for open-heart surgery. A randomized, controlled, double-blind trial study included 78 patients who underwent cardiac surgery. During the surgery the patients used a headphone connected to a CD player. They were randomly divided into three groups. One group listened to prayer during the surgery, the other listened to relaxation technique and one, placebo. There was only one significant finding: the prayer group is less likely to believe that prayer would assist conventional medical treatments. Although not statistically significant, we discussed the length of stay (LOS) after surgery and the incidence of sternal wound infection.

[1318]

The power of the placebo.

Curr Allergy Asthma Rep. 2007 May;7(2):100-4.

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The placebo is much more than a control medicine in a clinical trial. The placebo response is the largest component of any allergy treatment and consists of two components: nonspecific effects (eg, natural recovery) and a "true placebo effect" that is the psychological therapeutic effect of the treatment. Belief in the beneficial nature of the treatment is a key component of the true placebo effect, and can be enhanced by factors such as interaction with the physician and the sensory impact of the treatment. Negative beliefs can generate a nocebo effect that may explain some psychogenic illnesses; this is the basis of much research in psychoneuroimmunology. An understanding of the placebo and nocebo effects is important for general allergy practice, and harnessing the power of the true placebo effect is a major challenge to modern medicine.

[1319]

Ericksonian hypnosis in tinnitus therapy: effects of a 28-day inpatient multimodal treatment concept measured by Tinnitus-Questionnaire and Health Survey SF-36.

Eur Arch Otorhinolaryngol. 2007 May;264(5):483-8. Epub 2007 Jan 6.

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For the first time, the therapeutic effects on subacute and chronic tinnitus of an inpatient multimodal treatment concept based on principles of Ericksonian hypnosis (EH) were examined by standardized criteria of the Tinnitus Questionnaire (TQ) and Health Survey (SF-36) within a controlled prospective, longitudinal study. A total of 393 patients were treated within an inpatient closed-group 28-day-setting based on a resource-oriented, hypnotherapeutic concept. The severity of tinnitus was assessed by TQ at times of admission, discharge and also at a 6- and 12-month follow-up. Health-related quality of life was evaluated before and after therapy using the SF-36. After therapy, a decrease in TQ score was seen in 90.5% of the patients with subacute tinnitus and in 88.3% of those with chronic tinnitus. Assessment of the TQ score at the end of therapy revealed highly significant improvements of 15.9/14.1 points in mean. Effect sizes in the treatment groups (0.94/0.80) were superior to those in the waiting-list controls (0.14/0.23). The TQ score remained stable in the follow-up controls. Significant improvement in health-related quality of life has been observed within the treatment groups depending on initial level of tinnitus severity I-IV according to TQ. Using a multimodal treatment concept with emphasis on resource-activating approaches of EH the annoyance of tinnitus can be significantly reduced while health-related quality of life is enhanced within a comparatively short treatment period of 28 days.

[1320]

Effect of hypnotic suggestion on fibromyalgic pain: comparison between hypnosis and relaxation.

Eur J Pain. 2007 May;11(4):463-8. Epub 2006 Aug 4.

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The main aims of this experimental study are: (1) to compare the relative effects of analgesia suggestions and relaxation suggestions on clinical pain, and (2) to compare the relative effect of relaxation suggestions when they are presented as "hypnosis" and as "relaxation training". Forty-five patients with fibromyalgia were randomly assigned to one of the following experimental conditions: (a) hypnosis with relaxation suggestions; (b) hypnosis with analgesia suggestions; (c) relaxation. Before and after the experimental session, the pain

intensity was measured using a visual analogue scale (VAS) and the sensory and affective dimensions were measured with the McGill Pain Questionnaire. The results showed: (1) that hypnosis followed by analgesia suggestions has a greater effect on the intensity of pain and on the sensory dimension of pain than hypnosis followed by relaxation suggestions; (2) that the effect of hypnosis followed by relaxation suggestions is not greater than relaxation. We discuss the implications of the study on our understanding of the importance of suggestions used in hypnosis and of the differences and similarities between hypnotic relaxation and relaxation training.

[1321]

Imagery of different sensory modalities: hypnotizability and body sway.  
Exp Brain Res. 2007 May;179(2):147-54. Epub 2006 Nov 14.  
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Postural control in subjects with high (Highs) and low (Lows) susceptibility to hypnosis is differentially affected by changes in visual and neck tactile/proprioceptive input. The aim of the present experiment was to investigate whether imagery of the visual and tactile sensory modalities also induces different modulation of postural control in Highs and Lows. Fourteen Highs and 16 Lows were included in the study; they were recorded while standing upright with eyes closed during visual and tactile imagery tasks and during mental computation. Their posture and movement were recorded with an Elite System and their experience was assessed after each task in a structured interview. Visual imagery was judged "easier" than tactile imagery by Lows, while Highs performed both tasks easily and judged the tactile imagery less effortful and more vivid than Lows. No difference was observed for the mental computation. The Highs' body sway was not affected by the cognitive tasks, while Lows showed a task-related modulation of body sway. The results are in line with the hypothesis of lower vulnerability of Highs to the effects of tasks interfering with postural control and of different sensory-motor integration in Highs and Lows.

[1322]

Searching for CAM evidence: an evaluation of therapy-specific search strategies.  
J Altern Complement Med. 2007 May;13(4):451-9.  
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**OBJECTIVES:** The aim of this investigation was to explore the effectiveness of search strategies developed to identify trials of specific complementary therapies in a range of clinical conditions. **DESIGN:** All primary studies included in a series of systematic reviews were identified. An analysis of the original source of the study and search term(s) by means of which the study had originally been retrieved was carried out. Each study was then searched for in each of 6 databases (AMED, Cochrane CENTRAL, MEDLINE/PubMed, EMBASE, CINAHL, PsycINFO). The proportion of studies located on each database was assessed and the indexing terms identified for each therapy were compared against the original search strategies. **RESULTS:** A total of 127 primary studies were identified from 35 systematic reviews. The number of studies on each therapy varied, but Cochrane CENTRAL listed the highest proportion for all therapies. No database listed all studies, and at least one unique study was listed on all databases except MEDLINE, whereas several studies were not found on any of the databases. Index terms were effective in locating studies on acupuncture, individual herbs, hypnosis, massage, and yoga. For the remaining therapies, use of text word search terms was important and particularly so for homeopathy, meditation, and reflexology. Variation in terminology for most of the therapies was encountered. **CONCLUSIONS:** The small numbers of studies preclude firm recommendations, but several potential challenges in searching for complementary and alternative medicine (CAM) trials are highlighted. The findings suggest that a range of different sources is required for identifying relevant studies, particularly for certain therapies. The development of an optimum generic search strategy for each therapy is hampered by the variation in indexing of CAM studies. Possible optimum strategies are presented as a basis for discussion, and further testing of the effectiveness of these strategies is now a priority.

[1323]

Eye-witness memory and suggestibility in children with Asperger syndrome.  
J Child Psychol Psychiatry. 2007 May;48(5):482-9.  
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**BACKGROUND:** Individuals with autism spectrum disorders (ASD) present with a particular profile of memory deficits, executive dysfunction and impaired social interaction that may raise concerns about their recall and reliability in forensic and legal contexts. Extant studies of memory shed limited light on this issue as they involved either laboratory-based tasks or protocols that varied between participants. **METHOD:** The current study used a live classroom event to investigate eye-witness recall and suggestibility in children with Asperger syndrome (AS group; N = 24) and typically developing children (TD group; N = 27). All participants were aged between 11 and 14 years and were interviewed using a structured protocol. Two measures of executive functioning were also administered. **RESULTS:** The AS group were found to be no more suggestible and no less accurate than their peers. However, free recall elicited less information, including gist, in the AS group. TD, but not AS, participants tended to focus on the socially salient aspects of the scene in their free recall. Both general and specific questioning elicited similar numbers of new details in both groups. Significant correlations were found between memory recall and executive functioning performance in the AS group only. **CONCLUSIONS:** The present study indicates that children with AS can act as reliable witnesses but they may be more reliant on questioning to facilitate recall. Our findings also provide evidence for poor gist memory. It is speculated that such differences stem from weak central coherence and lead to a reliance on generic cognitive processes, such as executive functions, during recall. Future studies are required to investigate possible differences in compliance, rates of forgetting and false memory.

[1324]

Mind-body interventions for chronic pain in older adults: a structured review.  
Pain Med. 2007 May-Jun;8(4):359-75.  
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**STUDY DESIGN:** We conducted a structured review of eight mind-body interventions for older adults with chronic nonmalignant pain.



**OBJECTIVES:** To evaluate the feasibility, safety, and evidence for pain reduction in older adults with chronic nonmalignant pain in the following mind-body therapies: biofeedback, progressive muscle relaxation, meditation, guided imagery, hypnosis, tai chi, qi gong, and yoga. **METHODS:** Relevant studies in the MEDLINE, PsycINFO, AMED, and CINAHL databases were located. A manual search of references from retrieved articles was also conducted. Of 381 articles retrieved through search strategies, 20 trials that included older adults with chronic pain were reviewed. **RESULTS:** Fourteen articles included participants aged 50 years and above, while only two of these focused specifically on persons aged  $\geq 65$  years. An additional six articles included persons aged  $\geq 50$  years. Fourteen articles were controlled trials. There is some support for the efficacy of progressive muscle relaxation plus guided imagery for osteoarthritis pain. There is limited support for meditation and tai chi for improving function or coping in older adults with low back pain or osteoarthritis. In an uncontrolled biofeedback trial that stratified by age group, both older and younger adults had significant reductions in pain following the intervention. Several studies included older adults, but did not analyze benefits by age. Tai chi, yoga, hypnosis, and progressive muscle relaxation were significantly associated with pain reduction in these studies. **CONCLUSION:** The eight mind-body interventions reviewed are feasible in an older population. They are likely safe, but many of the therapies included modifications tailored for older adults. There is not yet sufficient evidence to conclude that these eight mind-body interventions reduce chronic nonmalignant pain in older adults. Further research should focus on larger, clinical trials of mind-body interventions to answer this question.

[1325]

Pilot evaluation of hypnosis for the treatment of hot flashes in breast cancer survivors.

Psychooncology. 2007 May;16(5):487-92.

Elkins G, Marcus J, Stearns V, Hasan Rajab M.

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This single arm, pilot study investigated the use of hypnosis to reduce hot flashes in 16 breast cancer survivors. Each patient provided baseline data and received 4 weekly sessions of hypnosis that followed a standardized transcript. Patients were also instructed in self-hypnosis. Throughout the clinical care, patients completed daily diaries of the frequency and severity of their hot flashes. Patients also completed baseline and post-treatment ratings of the degree to which hot flashes interfered with daily activities and quality of life. Results indicated a 59% decrease in total daily hot flashes and a 70% decrease in weekly hot flash scores from their baselines. There was also a significant decrease in the degree to which hot flashes interfered with daily activities for all measures including work, social activities, leisure activities, sleep, mood, concentration, relations with others, sexuality, enjoyment of life, and overall quality of life. This pilot study suggests that clinical hypnosis may be an effective non-hormonal and non-pharmacological treatment for hot flashes. A randomized, controlled clinical trial is planned to more definitively elucidate the efficacy and applicability of hypnosis for reducing hot flashes.

[1326]

Demographic, medical, and psychosocial correlates to CAM use among survivors of colorectal cancer.

Support Care Cancer. 2007 May;15(5):557-64. Epub 2007 Jan 5.

Lawsin C, DuHamel K, Itzkowitz SH, Brown K, Lim H, Thelemaque L, Jandorf L.

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**GOALS OF WORK:** Complementary and alternative medicines (CAM) use among cancer patients is becoming more prevalent; however, our understanding of factors contributing to patients' decisions to participate in CAM is limited. This study examined correlates of CAM use among colorectal cancer (CRC) survivors, an understudied population that experiences many physical and psychological difficulties. **MATERIALS AND METHODS:** The sample was 191, predominantly white, CRC survivors (mean age = 59.9 +/- 12.6) who were members of a colon disease registry at a NYC metropolitan hospital. Participants completed assessments of sociodemographic characteristics, psychosocial factors [e.g., psychological functioning, cancer specific distress, social support (SS), quality of life (QOL)], and past CAM use (e.g., chiropractic care, acupuncture, relaxation, hypnosis, and homeopathy). **MAIN RESULTS:** Seventy-five percent of participants reported using at least one type of CAM; most frequently reported was home remedies (37%). Younger ( $p < 0.01$ ) or female patients ( $p < 0.01$ ) were more likely to participate in CAM than their older male counterparts. Among psychosocial factors, poorer perceived SS ( $p = 0.00$ ), more intrusive thoughts ( $p < 0.05$ ), and poorer overall perceived QOL ( $p < 0.05$ ) were associated to CAM use. In a linear regression model (including age, gender, SS, intrusive thoughts, and perceived QOL), only age remained a significant predictor of CAM use. **CONCLUSION:** These findings demonstrate that CAM use is prevalent among CRC survivors and should be assessed routinely by providers. CAMs may serve as a relevant adjunct to treatment among CRC patients as well as an indication of need for additional SS, especially among younger patients.

[1327]

[Influence of "animal hypnosis" on intersignal movements of rabbits during rhythmical defensive dominant]

Zh Vyssh Nerv Deiat Im I P Pavlova. 2007 May-Jun;57(3):313-22.

[Article in Russian]

Bogdanov AV, Galashina AG, Kulikov MA.

Defensive dominant was produced in four rabbits with electrodermal rhythmic stimulation of the left fore paw with the frequency of 0.5 Hz. During testing the dominant with acoustical stimuli, the paw muscles responded with either a decrease in its non-rhythmic activity or rhythmic quiver with the frequency close to that of electrodermal stimulation. In intersignal periods, the paw shuddered with mean intervals of about 2 seconds. After the hypnotization procedure, the intersignal paw shudders in three rabbits became longer (1.5-6 minutes) and more powerful (the amplitude of movements 1.5-2 times increased as compared to that before the hypnotization). The intervals between movements of a paw increased from 2 to 4.5 seconds.

[1328]

Is hypnotic suggestibility a stable trait?

Conscious Cogn. 2007 Jun 16 [Epub ahead of print]

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The present study examined the trait-like nature of hypnotic suggestibility by examining the stability of hypnotic responsiveness in a test-retest design in which the procedures were administered either live or by audiotape. Contrary to the idea that hypnotizability is a largely

immutable, stable trait, scores on the scale of hypnotic responsiveness decreased significantly at the second session. Measures of subjective experiences and expectancies accounted for a sizable portion of the variance in hypnotic responding, both at initial test and at retest. Participants became disengaged with the hypnotic procedures at retest. Participants who received the hypnotic induction by audiotape did not differ from participants who received it live. The results are consistent with sociocognitive and altered state theories of hypnosis, and underline the important role of subjective experiences in hypnotic responding.

[1329]

The treatment of parasomnias with hypnosis: a 5-year follow-up study.

J Clin Sleep Med. 2007 Jun 15;3(4):369-73.

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**STUDY OBJECTIVES:** This study involves a replication and extension of a previous one reported by Hurwitz et al (1991) on the treatment of certain parasomnias with hypnosis. **METHODS:** Thirty-six patients (17 females), mean age 32.7 years (range 6-71). Four were children aged 6 to 16. All had chronic, "functionally autonomous" (self-sustaining) parasomnias. All underwent 1 or 2 hypnotherapy sessions and were then followed by questionnaire for 5 years. **RESULTS:** Of the 36 patients, 45.4% were symptom-free or at least much improved at the 1-month follow-up, 42.2% at the 18-month follow-up, and 40.5% at the 5-year follow-up. **CONCLUSIONS:** One or 2 sessions of hypnotherapy might be an efficient first-line therapy for patients with certain types of parasomnias.

[1330]

Suggestion overrides the Stroop effect in highly hypnotizable individuals.

Conscious Cogn. 2007 Jun;16(2):331-8. Epub 2006 Jun 9.

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Cognitive scientists distinguish between automatic and controlled mental processes. Automatic processes are either innately involuntary or become automatized through extensive practice. For example, reading words is a purportedly automatic process for proficient readers and the Stroop effect is consequently considered the "gold standard" of automated performance. Although the question of whether it is possible to regain control over an automatic process is mostly unasked, we provide compelling data showing that posthypnotic suggestion reduced and even removed Stroop interference in highly hypnotizable individuals. Drawing on a large sample of highly hypnotizable participants, we examined the effects of suggestion on Stroop performance both with and without a posthypnotic suggestion to perceive the input stream as meaningless symbols. We show that suggestion administered to highly hypnotizable persons significantly reduced Stroop interference and derailed a seemingly automatic process.

[1331]

Potential Synergism between Hypnosis and Acupuncture-Is the Whole More Than the Sum of Its Parts?

Evid Based Complement Alternat Med. 2007 Jun;4(2):233-240. Epub 2006 Oct 31.

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Both hypnosis and acupuncture have gained credibility over the years in their effectiveness for treating various health conditions. Currently, each of these treatments is administered in distinct settings and separate times. That is, even if patients receive both treatments as part of a multidimensional therapeutic program, they would typically receive them separately rather than simultaneously at the same session. This separation however might be undesirable since, at least theoretically, hypnosis and acupuncture could potentially augment each other if administered concomitantly. In this article we outline the rationale for this hypothesis and discuss the potential ramifications of its implementation.

[1332]

Rapid relaxation--practical management of preoperative anxiety.

J Can Dent Assoc. 2007 Jun;73(5):437-40.

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Rapid relaxation (RR) is a brief set of suggestions, given while applying topical anesthetic, to reduce anxiety during local anesthesia and subsequent dental treatment. RR is recommended for managing mild dental anxiety, which is almost universal. RR combines elements of hypnosis, meditation and good basic chairside manner. It is noninvasive, takes little additional time, and empowers patients by providing them with an attractive, immediate alternative to catastrophization. We have found that RR markedly improves the quality of the dental experience.

[1333]

Self-hypnosis training for headaches in children and adolescents.

J Pediatr. 2007 Jun;150(6):635-9.

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**OBJECTIVE:** To describe the effect of treatment with self-hypnosis for youth with recurrent headaches. **STUDY DESIGN:** A retrospective review was conducted of outpatient clinical records of 178 consecutive youths referred to the Behavioral Pediatrics Program (University of Minnesota) from 1988 to 2001 for recurrent headaches. All patients were taught self-hypnosis for self-regulation. Intensity, frequency, and duration of headaches before, during, and after treatment were measured. Outcomes included number and frequency of visits, types of medication, and nature of self-hypnosis practice. **RESULTS:** Data were available for 144 patients in this patient self-selected and uncontrolled observation. Compared with self-reports before learning self-hypnosis, children and youths who

learned self-hypnosis for recurrent headaches reported reduction in frequency of headache from an average of 4.5 per week to 1.4 per week ( $P < .01$ ), reduction in intensity (on a self-rating scale of 0 to 12) from an average of 10.3 to 4.7,  $P < .01$ , and reduction in average duration from 23.6 hours to 3.0 hours, ( $P < .01$ ). There were no adverse side effects of self-hypnosis. CONCLUSIONS: Training in self-hypnosis is associated with significant improvement of chronic recurrent headaches in children and adolescents.

[1334]

Imagery in the clinical setting: a tool for healing.

Nurs Clin North Am. 2007 Jun;42(2):261-77, vii.

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This article addresses the why and how of imagery and its relation with holistic theories. The description of clinical applications, program development, and research demonstrates successful interventions in virtually every area of nursing. Case examples show the profound healing that is experienced by the patient and the nurse simultaneously through this work. Imagery is harmless, is time- and cost-effective, and creates a healing partnership between the nurse and patient.

[1335]

An exploration of the utility of hypnosis in pain management among rural pain patients.

Palliat Support Care. 2007 Jun;5(2):147-52.

Thornberry T, Schaeffer J, Wright PD, Haley MC, Kirsh KL.

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OBJECTIVE: Hypnosis is an adjunctive, noninvasive treatment with few side effects that can be useful in the management of chronic pain. However, it has fallen into disfavor in recent years and is often perceived by physicians as simple charlatanism. We evaluated the efficacy of this treatment as used clinically in a large, mostly rural, pain management center. METHODS: We conducted a chart review of 300 pain patients from the Pain Treatment Center of the Bluegrass who had undergone hypnosis for their pain concerns. A chart audit tool was developed consisting of basic demographics, pre- and posthypnosis pain ratings, a rating of relaxation achieved posthypnosis, and scores on the Beck Depression Inventory, Perceived Disability Scale, and the Pain Anxiety Symptom Scale. RESULTS: The sample consisted of 79 men (26.3%) and 221 women (73.7%) with a mean age of 46.3 years ( $SD = 9.9$ , range = 19-78). Pain levels recorded pre- and posthypnosis revealed significant improvement as a result of the intervention (mean difference = 2.5,  $t(1,298) = 25.9$ ,  $p < .001$ ). Patients reported an average of 49.8% improvement in relaxation level posthypnosis ( $SD = 24.2\%$ ) and had a mean score of 19.0 on the Beck Depression Inventory ( $SD = 9.9$ ), indicating moderate levels of depression. Also, patients saw themselves as severely disabled regarding their ability to engage in physical (8.3/10) or job-related (7.7/10) activities. Attempts to identify predictors of hypnosis success were not fruitful with one exception. "Poor" responders to hypnosis reported greater levels of perceived dysfunction in their sexual functioning compared to the "good" responders,  $F(1,187) = 7.2$ ,  $p < .01$ . SIGNIFICANCE OF RESULTS: Hypnosis appears to be a viable adjunct for pain management patients, including those from rural and relatively disadvantaged backgrounds. Prospective trials are needed to examine the utility of this modality in end-of-life and palliative care patients.

[1336]

[Pain and consciousness. Articles from the summer workshop held by the German Interdisciplinary Collaboration for Pain Therapy (DIVS) in 2005]

Schmerz. 2007 Jun;21(3):238-44, 246-62.

[Article in German]

Laubenthal H, Valet M, Sprenger T, Wöller A, Tölle TR, Röpcke H, Wirz S, Schröter C, Schiltenswolf M, Henningsen P, Sundermeier T, Ebell HJ, Kohnen N, Häuser W.

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Six articles are presented which illustrate the activities at the summer workshop "Pain and awareness" held 27-28 May 2005 in Marienfeld by the German Interdisciplinary Collaboration for Pain Therapy (DIVS). One article on pain constructs in the mind explains the advantages of functional imaging methods: these enable characterization of partial aspects of pain processing in the brain and the mechanisms that lead to chronic states of pain syndromes. A further overview explains the influence of different drugs on pain perception and various conscious states. How back pain patients experience their illness was analyzed in a study using an explanatory model interview: somatic aspects were dominant, but in three-fourths of the patients psychological illness attributions also played a role. A summary from the perspective of religious history and theology explores how pain is interpreted and accepted in various religious communities. Another article addresses hypnosis as a complementary technique to anesthesia procedures in surgical medicine, for treating chronic pain and experimental acute pain. The last contribution deals with how people in different cultures experience pain: ethnocentric bias can lead to difficulties in communication and misjudgments when treating foreign-born patients. All in all the workshop highlighted important formative factors in pain processing in a condensed form and offered stimulating perspectives for this area of pain research and future treatment options.

[1337]

Psychological and educational interventions for atopic eczema in children.

Cochrane Database Syst Rev. 2007 Jul 18;(3):CD004054.

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BACKGROUND: Psychological and educational interventions have been used as an adjunct to conventional therapy for children with atopic eczema to enhance the effectiveness of topical therapy. There have been no relevant systematic reviews applicable to children. OBJECTIVES: To assess the effectiveness of psychological and educational interventions in changing outcomes for children with atopic eczema. SEARCH STRATEGY: We searched the Cochrane Skin Group Specialised Register (to September 2004), the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 2, 2005), MEDLINE (from 1966-2005), EMBASE (from 1980 to week 3, 2005), PsycINFO (from 1872 to week 1, 2005). On-line: National Research Register, Meta-register of Controlled Trials, ZETOC

alerts, SIGLE (August 2005). SELECTION CRITERIA: RCTs of psychological or educational interventions, or both, used to manage children with atopic eczema. DATA COLLECTION AND ANALYSIS: Two authors independently applied eligibility criteria, assessed trial quality and extracted data. A lack of comparable data prevented data synthesis. MAIN RESULTS: Five RCTs met the inclusion criteria. Some included studies required clearer reporting of trial procedures. Rigorous established outcome measures were not always used. Interventions described in all 5 RCTs were adjuncts to conventional therapy. Four focused on intervention directed towards the parents; data synthesis was not possible. Psychological interventions remain virtually unevaluated by studies of robust design; the only included study examined the effect of relaxation techniques (hypnotherapy and biofeedback) on severity. Three educational studies identified significant improvements in disease severity between intervention groups. A recent German trial evaluated long term outcomes and found significant improvements in both disease severity (3 months to 7 years,  $p=0.0002$ , 8 to 12 years,  $p=0.003$ , 13 to 18 years,  $p=0.0001$ ) and parental quality of life (3 months to 7 years,  $p=0.0001$ , 8 to 12 years  $p=0.002$ ), for children with atopic eczema. One study found video-based education more effective in improving severity than direct education and the control (discussion) ( $p<0.001$ ). The single psychological study found relaxation techniques improved clinical severity as compared to the control at 20 weeks ( $t=2.13$ ) but this was of borderline significance ( $p=0.042$ ). AUTHORS' CONCLUSIONS: A lack of rigorously designed trials (excluding one recent German study) provides only limited evidence of the effectiveness of educational and psychological interventions in helping to manage the condition of children with atopic eczema. Evidence from included studies and also adult studies indicates that different service delivery models (multi-professional eczema school and nurse-led clinics) require further and comparative evaluation to examine their cost-effectiveness and suitability for different health systems.

[1338]

Psychological treatment of post-traumatic stress disorder (PTSD).

Cochrane Database Syst Rev. 2007 Jul 18;(3):CD003388.

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BACKGROUND: Psychological interventions are widely used in the treatment of post-traumatic stress disorder (PTSD). OBJECTIVES: To perform a systematic review of randomised controlled trials of all psychological treatments following the guidelines of The Cochrane Collaboration. SEARCH STRATEGY: Systematic searches of computerised databases, hand search of the Journal of Traumatic Stress, searches of reference lists, known websites and discussion fora, and personal communication with key workers. SELECTION CRITERIA: Types of studies - Any randomised controlled trial of a psychological treatment. Types of participants - Adults suffering from traumatic stress symptoms for three months or more. Types of interventions - Trauma-focused cognitive behavioural therapy/exposure therapy (TFCBT); stress management (SM); other therapies (supportive therapy, non-directive counselling, psychodynamic therapy and hypnotherapy); group cognitive behavioural therapy (group CBT); eye movement desensitisation and reprocessing (EMDR). Types of outcomes - Severity of clinician rated traumatic stress symptoms. Secondary measures included self-reported traumatic stress symptoms, depressive symptoms, anxiety symptoms, adverse effects and dropouts. DATA COLLECTION AND ANALYSIS: Data were entered using Review Manager software. Quality assessments were performed. Data were analysed for summary effects using Review Manager 4.2. MAIN RESULTS: Thirty-three studies were included in the review. With regards to reduction of clinician assessed PTSD symptoms measured immediately after treatment TFCBT did significantly better than waitlist/usual care (standardised mean difference (SMD) = -1.40; 95% CI, -1.89 to -0.91; 14 studies;  $n = 649$ ). There was no significant difference between TFCBT and SM (SMD = -0.27; 95% CI, -0.71 to 0.16; 6 studies;  $n = 239$ ). TFCBT did significantly better than other therapies (SMD = -0.81; 95% CI, -1.19 to -0.42; 3 studies;  $n = 120$ ). Stress management did significantly better than waitlist/usual care (SMD = -1.14; 95% CI, -1.62 to -0.67; 3 studies;  $n = 86$ ) and than other therapies (SMD = -1.22; 95% CI, -2.09 to -0.35; 1 study;  $n = 25$ ). There was no significant difference between other therapies and waitlist/usual care control (SMD = -0.43; 95% CI, -0.90 to 0.04; 2 studies;  $n = 72$ ). Group TFCBT was significantly better than waitlist/usual care (SMD = -0.72; 95% CI, -1.14 to -0.31). EMDR did significantly better than waitlist/usual care (SMD = -1.51; 95% CI, -1.87 to -1.15; 5 studies;  $n = 162$ ). There was no significant difference between EMDR and TFCBT (SMD = 0.02; 95% CI, -0.28 to 0.31; 6 studies;  $n = 187$ ). There was no significant difference between EMDR and SM (SMD = -0.35; 95% CI, -0.90 to 0.19; 2 studies;  $n = 53$ ). EMDR did significantly better than other therapies (self-report) (SMD = -0.84; 95% CI, -1.21 to -0.47; 2 studies;  $n = 124$ ). AUTHORS' CONCLUSIONS: There was evidence individual TFCBT, EMDR, stress management and group TFCBT are effective in the treatment of PTSD. Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT and EMDR are superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT, EMDR and stress management were more effective than other therapies. There was insufficient evidence to determine whether psychological treatment is harmful. There was some evidence of greater drop-out in active treatment groups. The considerable unexplained heterogeneity observed in these comparisons, and the potential impact of publication bias on these data, suggest the need for caution in interpreting the results of this review.

[1339]

Systemic hypnotherapy: deconstructing entrenched ambivalent meanings in self-organizing systems.

Am J Clin Hypn. 2007 Jul;50(1):71-80.

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Systemic hypnosis is often seen as equivalent to an Ericksonian approach even though they reflect different epistemologies. Second-order articulations of systems theory emphasize the self-organization and autonomy of living systems: all systemic actions are aimed at the conservation of the system's autonomy; loss of autonomy means death as a system. In human systems verbal and non-verbal language reflects the meanings central to the system's autonomy and its conservation. Previous work has shown how symptomatic behaviour can be seen as linguistic expressions of the conservation of an ambivalent autonomy (Fourie, 1996a, 2003). Such behaviour therefore implies, expresses and even recursively conserves certain meanings that in time have become entrenched in the system. In this view, psychotherapy is aimed at the co-operative deconstruction of such entrenched meanings, helping them to transform into more functional, less ambivalent, understandings and actions. It is the aim of this paper to show how hypnosis can be employed for this purpose in a way which is coherent with a systemic rather than an Ericksonian epistemology.

[1340]

Empathic features of absorption and incongruence.

Am J Clin Hypn. 2007 Jul;50(1):59-69.

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A study was undertaken to examine whether empathy could be related to absorption and incongruence (repressive coping). The participants were 71 graduate students who completed measures of empathy, absorption, and incongruence (repressive coping). The results confirmed a previous finding that empathy appears positively related to absorption ( $r = .42, p < .001$ ). The results also suggest that affective components of empathy are inversely related to repressive coping ( $r = -.29, p < .05$ ) while cognitive components are positively related to the social desirability aspects of incongruence ( $r = .31, p < .01$ ). The findings are collectively discussed in terms of the Empathic Involvement Hypothesis of Hypnosis (Wickramasekera II, 2001), the Four-factor theory of Repressive Coping (Eysenck, 1997), Incongruence (Rogers, 1957), and the High Risk Model of Threat Perception (I. E. Wickramasekera I, 1998).

[1341]

Hypnosis, hypnotizability, and placebo.

Am J Clin Hypn. 2007 Jul;50(1):49-58.

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Dr. Raz' speculations about the relation between placebo responsivity and hypnotizability are critically examined. While there is no generally accepted theoretical definition of hypnosis, there is a general consensus that hypnotizability can be reliably measured. In contrast, there seems to be a general consensus about a theoretical definition of placebo (including placebo effect, placebo response and nocebo). There is no widely accepted measure of individual differences in placebo responsivity. Various methodological considerations about how to examine the relation between placebo responsivity and hypnotizability are identified. Studies are identified which indicate that response to treatments which utilize adjunctive hypnosis are superior to placebo treatments. The only study which examined whether placebo responsivity was correlated with hypnotizability seems to indicate that they are only slightly related at best. The possibility that there may be such thing as a "good placebo responder (GPR)" is questioned, while the known clinical value of hypnotizability assessment is reaffirmed. Future directions for empirical research on the relation between placebo responsivity and hypnotizability are identified.

[1342]

Hypnosis, placebos, and systematic research bias in biological psychiatry.

Am J Clin Hypn. 2007 Jul;50(1):37-47.

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In an elaboration on the contribution by Raz (current issue), placebo response is further reviewed in relation to psychotropic drug research. Many therapists are unaware that placebo controlled research documents that antidepressant and anxiolytic drugs on average are only mildly more effective than a placebo. Systematic biases in research design are noted that could account for the small differences. These factors, and turf and financial motivations associated with the rise of "biological psychiatry," are discussed because they impact the practice of clinical hypnosis and psychotherapy. Although placebo research is fascinating and expectancy is certainly an important factor in hypnotic response, thus far, there is little research to support the strong involvement of placebo response as part of hypnotic responsiveness.

[1343]

Hypnobo: perspectives on hypnosis and placebo.

Am J Clin Hypn. 2007 Jul;50(1):29-36.

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Hypnosis and placebo share in phenomenology. While hypnosis-like phenomena have a documented history going back thousands of years, accounts of placebo effects span several centuries. With the rise of biological psychiatry and the "pharmacological revolution," drug trials have taken a central place in clinical research. These clinical trials increasingly incorporate placebo-controlled conditions as part of their paradigms and may even involve an element of deception. In contrast, the therapeutic effects of hypnosis do not require deception. As researchers begin to identify genetic and neural correlates of hypnotizability, these findings may further elucidate placebo phenomena. Whereas identifying highly hypnotizable individuals may be of limited interest, identifying good placebo responders may revolutionize both basic research and clinical science, offer insights into transcultural psychiatry and elucidate individual differences.

[1344]

Salient findings: hypnotizability as core construct and the clinical utility of hypnosis.

Int J Clin Exp Hypn. 2007 Jul;55(3):372-9.

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Six papers of special interest to the hypnosis community have recently appeared in the general scientific literatures. Three of these papers were published as part of the 2006 Cochrane Collaboration on the utility of medical interventions. These reviews analyze the research literature on the efficacy of hypnosis for treatment of needle-related pain in children, pain management during childbirth, and conversion disorder. Hypnosis is the most promising psychological intervention studied for needle-related procedural pain and distress in children and adolescents; it is effective as an adjunctive analgesic during childbirth; and it is of uncertain usefulness in treatment of conversion disorder. A second cluster of three studies unambiguously demonstrates the central role of hypnotizability as a predictor of responsiveness in laboratory, analogue treatment, and medical practice settings. One of these articles may well be the most important hypnosis paper in many years.

[1345]

Evidence-based clinical hypnosis for obstetrics, labor and delivery, and preterm labor.

Int J Clin Exp Hypn. 2007 Jul;55(3):355-71.

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This paper reviews the benefits and effectiveness of hypnosis in obstetrics and labor and delivery, demonstrating significant reductions in the use of analgesics and anesthesia and in shorter Stages 1 and 2 labors. It presents empirical and theoretical rationales for use of hypnosis in preterm labor (PTL) and labor and delivery at term. The benefits of hypnosis in relation to labor length, pain levels, and the enjoyment of labor, as well as its effectiveness in preterm labor are noted in randomized controlled trials and in a meta-analysis. Risk factors are reported for preterm delivery; hypnosis significantly prolongs pregnancy. Six cases are presented of hypnosis stopping PTL a number of times and when indicated at term. A case report of successful use of hypnosis in quadruplets is presented with some scripts. Suggestions are made for further research.

[1346]

Effectiveness of hypnotherapy with cancer patients' trajectory: emesis, acute pain, and analgesia and anxiolysis in procedures.

Int J Clin Exp Hypn. 2007 Jul;55(3):336-54.

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Clinical hypnosis in cancer settings provides symptom reduction (pain and anxiety) and empowers patients to take an active role in their treatments and procedures. The goal of this paper is to systematically and critically review evidence on the effectiveness of hypnotherapy for emesis, analgesia, and anxiolysis in acute pain, specifically in procedures with an emphasis on the period from 1999 to 2006. Further, it aims to provide a theoretical rationale for the use of hypnosis with cancer populations in the whole spectrum of illness/treatment trajectory in several clinical contexts. Finally, a treatment protocol for management of overt anxiety and phobic reactions in the radiotherapy suite is presented, with the intent of having such a protocol empirically validated in the future.

[1347]

Efficacy of hypnotherapy in the treatment of eating disorders.

Int J Clin Exp Hypn. 2007 Jul;55(3):318-35.

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Research on the efficacy of hypnosis in the treatment of eating disorders has produced mixed findings. This is due in part to the interplay between the characteristics of people with eating disorders and the phenomena of hypnosis. In addition, several authors have noted that methodological limitations in hypnosis research often make evaluation of treatment efficacy difficult. Many of the studies extant provide insufficient information regarding the specifics of the hypnotic intervention(s) to facilitate replication and clinical implementation. Therefore, this paper only reviews literature with replicable methodological descriptions. It focuses on the three primary disorders of interest to clinicians: bulimia nervosa, anorexia nervosa, and obesity. The implications for evaluating treatment efficacy are discussed.

[1348]

Hypnosis for acute distress management during medical procedures.

Int J Clin Exp Hypn. 2007 Jul;55(3):303-17.

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The use of hypnosis during medical procedures has a long-standing tradition but has been struggling for acceptance into the mainstream. In recent years, several randomized-controlled trials with sufficient participant numbers have demonstrated the efficacy of hypnosis in the perioperative domain. With the advancements of minimally invasive high-tech procedures during which the patient remains conscious, hypnotic adjuncts have found many applications. This article describes the procedural environment as well as pharmacologic and nonpharmacologic interventions to reduce distress. Current research findings, controversies in the literature, and safety considerations are reviewed. Implications for clinical practice and training as well as directions for future research are discussed. Obstacles and possible reasons for the slow acceptance of nonpharmacologic interventions, mind-body therapies, and patient-centered approaches are addressed.

[1349]

Evidenced-based hypnotherapy for the management of sleep disorders.

Int J Clin Exp Hypn. 2007 Jul;55(3):288-302.

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There is a plethora of research suggesting that combining cognitive-behavioral therapy with hypnosis is effective for a variety of psychological, behavioral, and medical disorders. Yet, very little empirical research exists pertaining to the use of hypnotherapy as either a single or multitreatment modality for the management of sleep disorders. The existing literature is limited to a small subset of nonbiologic sleep disorders. The objectives of this paper are: to provide a review of the most common sleep disorders, with emphasis on insomnia disorders; discuss the cognitive-behavioral approaches to insomnia; and review the existing empirical literature on applications of hypnotherapy in the treatment of sleep disturbance. The overarching goal is to educate clinicians on how to incorporate sleep therapy with hypnotherapy. There is an immediate need for research evaluating the efficacy of hypnotherapy in the management of sleep disturbance.

[1350]

Hypnotherapy for the management of chronic pain.

Int J Clin Exp Hypn. 2007 Jul;55(3):275-87.

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This article reviews controlled prospective trials of hypnosis for the treatment of chronic pain. Thirteen studies, excluding studies of headaches, were identified that compared outcomes from hypnosis for the treatment of chronic pain to either baseline data or a control condition. The findings indicate that hypnosis interventions consistently produce significant decreases in pain associated with a variety of chronic-pain problems. Also, hypnosis was generally found to be more effective than nonhypnotic interventions such as attention, physical therapy, and education. Most of the hypnosis interventions for chronic pain include instructions in self-hypnosis. However, there is a lack of standardization of the hypnotic interventions examined in clinical trials, and the number of patients enrolled in the studies has tended to be low and lacking long-term follow-up. Implications of the findings for future clinical research and applications are discussed.

[1351]

The efficacy of hypnotherapy in the treatment of psychosomatic disorders: meta-analytical evidence.

Int J Clin Exp Hypn. 2007 Jul;55(3):251-74.

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Hypnotherapy is claimed to be effective in treatment of psychosomatic disorders. A meta-analysis was conducted with 21 randomized, controlled clinical studies to evaluate efficacy of hypnosis in psychosomatic disorders. Studies compared patients exclusively treated with hypnotherapy to untreated controls. Studies providing adjunctive standard medical care in either treatment condition were also admitted. Hypnotherapy was categorized into classic (n = 9), mixed form (n = 5), and modern (n = 3). Results showed the weighted mean effect size for 21 studies was  $d(+) = .61$  ( $p = .0000$ ). ANOVA revealed significant differences between classic, mixed, and modern hypnosis. Regression of outcome on treatment dose failed to show a significant relationship. Numerical values for correlation between suggestibility and outcome were only reported in three studies (mean  $r = .31$ ). The meta-analysis clearly indicates hypnotherapy is highly effective in treatment of psychosomatic disorders.

[1352]

[Ericksonian hypnosis in women with fibromyalgia syndrome]

Rev Med Inst Mex Seguro Soc. 2007 Jul-Aug;45(4):395-401.

[Article in Spanish]

Alvarez-Nemegyei J, Negreros-Castillo A, Nuño-Gutiérrez BL, Alvarez-Berzunza J, Alcocer-Martínez LM.

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**BACKGROUND:** Fibromyalgia syndrome (FS) is a chronic, painful, generalized musculoskeletal disorder in which some efficacy for the conventional hypnosis modality has been claimed. **Objective:** to assess the efficacy of the Ericksonian modality hypnosis in FS management. **MATERIAL AND METHODS:** Forty-three FS female patients (44 +/- 4.7 years old) were included. They were randomized to receive for six months: Ericksonian hypnosis (EH; 20 subjects) or a sham-hypnosis (SH; 23 subjects). Every month, patient and physician global disease assessment, tender point count and the Fibromyalgia Impact Questionnaire (FIQ) were measured. **RESULTS:** During the follow-up, we did not find inter-group differences for the rate of change related to the baseline values for the patient and physician global disease assessment and the FIQ scores. At the third month (4.0 +/- 4.6 vs. 0.6 +/- 3.1;  $p = 0.02$ ), and at the fourth month (5.0 +/- 4.6 vs. 0.8 +/- 4.0;  $p = 0.03$ ) of follow-up, the participants who received EH had a significant reduction of the tender point count after adjustment for patient's age. **CONCLUSIONS:** Despite no effect was noted on the functional status and the patient and physician global assessment, EH produced a reduction in the number of tender points in FS. Thus, HE may be an adjuvant treatment for the management of FS patients.

[1353]

[Brief selective hypnotherapy in the treatment of flying phobia]

Vertex. 2007 Jul-Aug;18(74):268-71.

[Article in Spanish]

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Flying phobias are common. Mishaps and accidents to aircraft make many travellers apprehensive and fearful of flying, a condition which most overcome by rationalisation and thought blocking, others develop a phobia for flying. This condition responds well to hypnotherapy which can be however be time consuming. Limited session brief, focused, selective hypnotherapy can however cure disabling fear, disturbed conditioned responses and avoidance behaviour.

[1354]

Hypnosis in the management of persistent idiopathic orofacial pain - Clinical and psychosocial findings.

Pain. 2007 Aug 3 [Epub ahead of print]

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This controlled and patient blinded study tested the effect of hypnosis on persistent idiopathic orofacial pain (PIOP) in terms of clinical and psychosocial findings. Forty-one PIOP were randomized to active hypnotic intervention or simple relaxation as control for five individual 1-h sessions. Primary outcome was average pain intensity scored three times daily in a pain diary using visual analogue scale (VAS). Secondary outcome measures were pain quality assessed by McGill pain questionnaire (MPQ), psychological symptoms assessed by symptom check list (SCL), quality of life assessed by SF36, sleep quality, and consumption of analgesic. Data were compared between groups before and after treatment using ANOVA models and paired t-tests. The change in VAS pain scores from baseline to the last treatment (t4) was (33.1 +/- 7.4%) in the hypnosis group and (3.2 +/- 5.4%) in the control group ( $P < 0.03$ ). In the hypnosis group, highly hypnotic susceptible patients had greater decreases in VAS pain scores (55.0 +/- 12.3%) when compared to less susceptible patients (17.9 +/- 6.7%) ( $P < 0.02$ ). After the last treatment there were also statistically significant differences between groups in perceived pain area (MPQ) and the use of weak analgesics ( $P < 0.03$ ). There were no statistically significant changes in SCL or SF36 scores from baseline to t4. In conclusion, hypnosis seems to offer clinically relevant pain relief in PIOP, particularly in highly susceptible patients. However, stress coping skills and unresolved psychological problems need to be included in a comprehensive management plan in order also to address psychological symptoms and quality of life.

[1355]

[Efficacy of hypnosis in the treatment of palmar hyperhidrosis with botulinum toxin type A]

Ann Dermatol Venereol. 2007 Aug-Sep;134(8-9):653-4.

[Article in French]

Maillard H, Bara C, Célérier P.

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**BACKGROUND:** Injections of botulinum toxin type A are extremely effective in treating palmar hyperhidrosis. The main problem is pain during injections in the palms and pulp of the fingers. Anaesthesia of the hands using Emla and analgesia with an equimolar mixture of oxygen/nitrous oxide are occasionally disappointing. We analysed the value of hypnosis in reducing injection pain. **PATIENTS AND METHODS:** In a prospective study performed between September 2005 and September 2006, we offered a full session of hypnosis in order to relieve pain for patients presenting troublesome bilateral and palmar hyperhidrosis and requiring treatment by palmar injection of botulinum toxin. At the end of the hypnosis session, patients evaluated their pain on a scale of 0 to 10 and indicated whether or not the injections had been bearable. **RESULTS:** Of the 15 patients included, 13 underwent a hypnosis session. The mean pain scores following hypnosis were 2.52 and all patients considered their injections bearable. Six patients with a pain score of between 7 and 8 out of 10 during previous injections without analgesia or using Kalinox evaluated their pain as between 1 and 3 following hypnosis. **DISCUSSION:** Palmar injection of botulinum toxin is increasingly being used for hyperhidrosis patients. In dermatology, access to operating theatres or the presence of a trained anaesthetist is normally extremely difficult, and hypnosis appears to offer an extremely effective method of reducing the pain associated with such injections.

[1356]

How southern New England became magnetic north: the acceptance of animal magnetism.

Hist Psychol. 2007 Aug;10(3):231-48.

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Charles Poyen's lecture tour introducing animal magnetism to America has been described as triumphant (Forrest, 2000), but according to Poyen's own account (1837/1982) the beginning of his tour, devoted to northern New England, was anything but successful. Poyen's success did not begin until he partnered with Cynthia Gleason, a talented hypnotic subject, from Pawtucket, Rhode Island. The subsequent lectures and demonstrations by Poyen and Gleason generated the interest that Poyen had been seeking. Rhode Island appears to have developed a much more accepting attitude toward animal magnetism than the rest of New England as indicated by the wide use of magnetism in the Providence area even after Poyen had left the United States. In this article, I examine the roles played by Cynthia Gleason as well as Thomas H. Webb, M.D., the editor of the Providence Daily Journal and Dr. Francis Wayland, the president of Brown University, and George Capron, M.D., in furthering the acceptance of magnetism in America.

[1357]

Practitioner review: clinical applications of pediatric hypnosis.

J Child Psychol Psychiatry. 2007 Aug;48(8):744-54.

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**BACKGROUND:** Over the past quarter century, hypnosis has been employed in a broad range of pediatric clinical settings; however, its efficacy and feasibility as a treatment approach for children and adolescents remain in question. **METHOD:** Published studies on the role of clinical hypnosis in the management of specific pediatric medical and psychological conditions were identified and reviewed. **RESULTS:** Pediatric clinical hypnosis has been employed in diverse medical settings to treat primary conditions (e.g., enuresis), as well as to address factors related to management of the condition (e.g., skills training for asthma) or its treatment (e.g., burn dressing changes). Despite great breadth to the possible applications of pediatric hypnosis and many reported successes, much of the present research comprises case histories and small, uncontrolled group studies. **CONCLUSION:** To date, research in pediatrics views clinical hypnosis as a promising tool with the potential to help manage a variety of conditions. However, additional research, particularly utilizing randomized, controlled methodologies and adequate sample sizes, is required.

[1358]

Brief hypnosis for severe needle phobia using switch-wire imagery in a 5-year old.

Paediatr Anaesth. 2007 Aug;17(8):800-4.

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We present a case of severe needle phobia in a 5-year-old boy who learned to utilize a self-hypnosis technique to facilitate intravenous (i.v.) cannula placement. He was diagnosed with Bruton's disease at 5 months of age and required monthly intravenous infusions. The boy had received inhalational general anesthesia for i.v. cannulation on 58 occasions. Initially, this was because of difficult venous access but more recently because of severe distress and agitation when approached with a cannula. Oral premedication with midazolam or ketamine proved unsatisfactory and hypnotherapy was therefore considered. Following a 10-min conversational hypnotic induction, he was able to use switch-wire imagery to dissociate sensation and movement in all four limbs in turn. Two days later the boy experienced painless venepuncture without the use of topical local anesthetic cream. There was no movement in the 'switched-off' arm during i.v. cannula placement. This report adds to the increasing body of evidence that hypnosis represents a useful, additional tool that anesthetists may find valuable in everyday practice.

[1359]

[Predictors of the effectiveness of psychological sleep management in cancer patients during inpatient rehabilitation]

Rehabilitation (Stuttg). 2007 Aug;46(4):220-7.

[Article in German]

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Insomnia is a common phenomenon in cancer patients; nevertheless, there are only a few intervention results published covering this topic. In a former study we examined the effects of a psychological sleep management programme with two intervention groups (n=80, n=71) and one control group (n=78) and showed significant improvements over time, indicating that 50% to 80% of the intervention group participants benefited with moderate or large scale effects on several sleep variables. Now we reanalysed data to look for predictors for those patients who improved best. Almost no demographic, cancer-related or quality of life variables predicted treatment response and persons with greater sleep disturbances at the beginning do benefit the same as persons with less problems. Additionally, better acceptance of the chosen intervention form (cognitive-behavioural programme with autogenic training or with muscle relaxation technique) positively predicted good outcome. Explained variance associated with different outcome variables varied between 9% and 18%. Therefore training should be offered for all cancer patients with sleep problems, and they should have a choice between different relaxation techniques.

[1360]

Granulocyte activation in humans is modulated by psychological stress and relaxation.

Stress. 2007 Aug;10(3):271-81.

Keresztes M, Rudisch T, Tajti J, Ocsosvzki I, Gardi J.

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Our aim was to study the possible relationship between psychological stress and granulocyte activation primarily in healthy students during an examination period (n = 11) and also in chronically anxious patients (n = 15). We employed cell surface markers: lactoferrin, L-selectin, alphaMbeta2-integrin and CD15s and flow cytometry to detect changes in the activation state of granulocytes, with the start of the stressed state in students at the beginning of an examination period, which was associated with elevated blood plasma cortisol level, and following relaxation hypnosis in both students, during their examination term, and patients. The ratios of all four types of marker-carrier granulocytes increased at the start of the examination period in students; an especially dramatic (ca. 5-fold) enhancement was observed in the proportion of lactoferrin-bearing cells relatively to the pre-examination term value. After hypnosis, the percentage of lactoferrin-exposing granulocytes decreased considerably both in students and in patients, by about half; a similar decrease was observed in the ratio of CD15s-carrier cells in patients. No significant alteration was observed during the study in state or trait anxiety levels, and in total or differential leukocyte counts. Thus, granulocyte activation could be associated with stress, while relaxation may facilitate reducing activation of these cells. In both groups of subjects, granulocyte surface lactoferrin appeared to be a sensitive "stress indicator". This needs further evaluation.

[1361]

[Childbirth preparation through the hypnorefexogenous protocol developed by Schauble]

Z Geburtshilfe Neonatol. 2007 Aug;211(4):162-4.

[Article in German]

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BACKGROUND / METHODS: This article presents the results of the application of hypnotherapy for obstetrics with a special focus on the hypnorefexogenous method of childbirth preparation. RESULTS / CONCLUSION: The programme specifically developed by Schauble as the hypnorefexogenous method is an appropriate and efficient tool to interrupt the fear-tension-pain / pain-tension-fear circuit. Women who were prepared with the hypnorefexogenous method had significantly less fear and pain, required significantly less analgesia, had a shorter period of labour and delivery and recovered faster from labour.

[1362]

How Can We Help Witnesses to Remember More? It's an (Eyes) Open and Shut Case.

Law Hum Behav. 2007 Sep 25 [Epub ahead of print]

Perfect TJ, Wagstaff GF, Moore D, Andrews B, Cleveland V, Newcombe S, Brisbane KA, Brown L.

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Five experiments tested the idea that instructing a witness to close their eyes during retrieval might increase retrieval success. In Experiment 1 participants watched a video, before a cued-recall test for which they were either instructed to close their eyes, or received no-instructions. Eye-closure led to an increase in correct cued-recall, with no increase in incorrect responses. Experiments 2-5 sought to test the generality of this effect over variations in study material (video or live interaction), test format (cued- or free-recall) and information modality (visual or auditory details recalled). Overall, eye-closure increased recall of both visual detail and auditory details, with no accompanying increase in recall of false details. Collectively, these data convincingly demonstrate the benefits of eye-closure as an aid to retrieval, and offer insight into why hypnosis, which usually involves eye-closure, may facilitate eyewitness recall.

[1363]

Clinical holistic medicine: how to recover memory without "implanting" memories in your patient.

ScientificWorldJournal. 2007 Sep 17;7:1579-89.

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Every therapeutic strategy and system teach us the philosophy of the treatment system to the patient, but often this teaching is subliminal and the philosophical impact must be seen as "implanted philosophy", which gives distorted interpretations of past events called "implanted memories". Based on the understanding of the connection between "implanted memory" and "implanted philosophy" we have developed a strategy for avoiding implanting memories arising from one of the seven most common causes of implanted memories in psychodynamic therapy: 1) Satisfying own expectancies, 2) pleasing the therapist, 3) transferences and counter transferences, 4) as source of mental and emotional order, 5) as emotional defence, 6) as symbol and 7) from implanted philosophy. Freud taught us that child sexuality is "polymorphously perverted", meaning that all kinds of sexuality is present at least potentially with the little child; and in dreams consciousness often go back to the earlier stages of development, potentially causing all kinds of sexual dreams and fantasies, which can come up in therapy and look like real memories. The therapist working with psychodynamic psychotherapy, clinical holistic medicine, psychiatry, and emotionally oriented bodywork, should be aware of the danger of implanting philosophy and memories. Implanted memories and implanted philosophy must be carefully handled and de-learned before ending the therapy. In conclusion "clinical holistic medicine" has developed a strategy for avoiding implanting memories.

[1364]

A randomized clinical trial of a brief hypnosis intervention to control side effects in breast surgery patients.

J Natl Cancer Inst. 2007 Sep 5;99(17):1304-12. Epub 2007 Aug 28.

Montgomery GH, Bovbjerg DH, Schnur JB, David D, Goldfarb A, Weltz CR, Schechter C, Graff-Zivin J, Tatro K, Price DD, Silverstein JH.

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**BACKGROUND:** Breast cancer surgery is associated with side effects, including postsurgical pain, nausea, and fatigue. We carried out a randomized clinical trial to test the hypotheses that a brief presurgery hypnosis intervention would decrease intraoperative anesthesia and analgesic use and side effects associated with breast cancer surgery and that it would be cost effective. **METHODS:** We randomly assigned 200 patients who were scheduled to undergo excisional breast biopsy or lumpectomy (mean age 48.5 years) to a 15-minute presurgery hypnosis session conducted by a psychologist or nondirective empathic listening (attention control). Patients were not blinded to group assignment. Intraoperative anesthesia use (i.e., of the analgesics lidocaine and fentanyl and the sedatives propofol and midazolam) was assessed. Patient-reported pain and other side effects as measured on a visual analog scale (0-100) were assessed at discharge, as was use of analgesics in the recovery room. Institutional costs and time in the operating room were assessed via chart review. **RESULTS:** Patients in the hypnosis group required less propofol (means = 64.01 versus 96.64 microg; difference = 32.63; 95% confidence interval [CI] = 3.95 to 61.30) and lidocaine (means = 24.23 versus 31.09 mL; difference = 6.86; 95% CI = 3.05 to 10.68) than patients in the control group. Patients in the hypnosis group also reported less pain intensity (means = 22.43 versus 47.83; difference = 25.40; 95% CI = 17.56 to 33.25), pain unpleasantness (means = 21.19 versus 39.05; difference = 17.86; 95% CI = 9.92 to 25.80), nausea (means = 6.57 versus 25.49; difference = 18.92; 95% CI = 12.98 to 24.87), fatigue (means = 29.47 versus 54.20; difference = 24.73; 95% CI = 16.64 to 32.83), discomfort (means = 23.01 versus 43.20; difference = 20.19; 95% CI = 12.36 to 28.02), and emotional upset (means = 8.67 versus 33.46; difference = 24.79; 95% CI = 18.56 to 31.03). No statistically significant differences were seen in the use of fentanyl, midazolam, or recovery room analgesics. Institutional costs for surgical breast cancer procedures were \$8561 per patient at Mount Sinai School of Medicine. Patients in the hypnosis group cost the institution \$772.71 less per patient than those in the control group (95% CI = 75.10 to 1469.89), mainly due to reduced surgical time. **CONCLUSIONS:** Hypnosis was superior to attention control regarding propofol and lidocaine use; pain, nausea, fatigue, discomfort, and emotional upset at discharge; and institutional cost. Overall, the present data support the use of hypnosis with breast cancer surgery patients.

[1365]

Mind-body therapies: are the trial data getting stronger?

Altern Ther Health Med. 2007 Sep-Oct;13(5):62-4.

Ernst E, Pittler MH, Wider B, Boddy K.

The effectiveness of mind-body therapies is sometimes doubted. The aim of this article is to evaluate trends in the development of the evidence base for autogenic training, hypnotherapy, and relaxation therapy. For this purpose, a comparison of 2 series of systematic reviews was conducted. The first is related to the evidence base in 2000, the second to that in 2005. Both employed virtually the same methodology and criteria for evaluation. The results of our comparisons show considerable changes during the observation period. The weight of the evidence has become stronger for several indications, and the direction of the evidence has been altered in a positive sense in several conditions. Applying the rules of evidence-based medicine, the following mind-body therapies are now supported by strong evidence: hypnotherapy for labor pain and relaxation therapy for anxiety and insomnia, as well as for nausea and vomiting induced by chemotherapy. It is concluded that an evidence-based approach for mind-body therapies is constructive and can generate positive results.

[1366]

Hypnosis for nausea and vomiting in cancer chemotherapy: a systematic review of the research evidence.

Eur J Cancer Care (Engl). 2007 Sep;16(5):402-12.

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To systematically review the research evidence on the effectiveness of hypnosis for cancer chemotherapy-induced nausea and vomiting (CINV). A comprehensive search of major biomedical databases including MEDLINE, EMBASE, CINAHL, PsycINFO and the Cochrane Library was conducted. Specialist complementary and alternative medicine databases were searched and efforts were made to identify unpublished and ongoing research. Citations were included from the databases' inception to March 2005. Randomized controlled trials (RCTs) were appraised and meta-analysis undertaken. Clinical commentaries were obtained. Six RCTs evaluating the effectiveness of hypnosis in CINV were found. In five of these studies the participants were children. Studies report positive results including statistically significant reductions in anticipatory and CINV. Meta-analysis revealed a large effect size of hypnotic treatment when compared with treatment as usual, and the effect was at least as large as that of cognitive-behavioural therapy. Meta-analysis has demonstrated that hypnosis could be a clinically valuable intervention for anticipatory and CINV in children with cancer. Further research into the effectiveness, acceptance and feasibility of hypnosis in CINV, particularly in adults, is suggested. Future studies should assess suggestibility and provide full details of the hypnotic intervention.

[1367]

Treatment Preferences for CAM in Children with Chronic Pain.

Evid Based Complement Alternat Med. 2007 Sep;4(3):367-74.

Tsao JC, Meldrum M, Kim SC, Jacob MC, Zeltzer LK.

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CAM therapies have become increasingly popular in pediatric populations. Yet, little is known about children's preferences for CAM. This study examined treatment preferences in chronic pediatric pain patients offered a choice of CAM therapies for their pain. Participants were 129 children (94 girls) (mean age = 14.5 years +/- 2.4; range = 8-18 years) presenting at a multidisciplinary, tertiary clinic specializing in pediatric chronic pain. Bivariate and multivariate analyses were used to examine the relationships between CAM

treatment preferences and patient's sociodemographic and clinical characteristics, as well as their self-reported level of functioning. Over 60% of patients elected to try at least one CAM approach for pain. The most popular CAM therapies were biofeedback, yoga and hypnosis; the least popular were art therapy and energy healing, with craniosacral, acupuncture and massage being intermediate. Patients with a diagnosis of fibromyalgia (80%) were the most likely to try CAM versus those with other pain diagnoses. In multivariate analyses, pain duration emerged as a significant predictor of CAM preferences. For mind-based approaches (i.e. hypnosis, biofeedback and art therapy), pain duration and limitations in family activities were both significant predictors. When given a choice of CAM therapies, this sample of children with chronic pain, irrespective of pain diagnosis, preferred non-invasive approaches that enhanced relaxation and increased somatic control. Longer duration of pain and greater impairment in functioning, particularly during family activities increased the likelihood that such patients agreed to engage in CAM treatments, especially those that were categorized as mind-based modalities.

[1368]

The neuroimmune basis of anti-inflammatory acupuncture.

Integr Cancer Ther. 2007 Sep;6(3):251-7.

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This review article presents the evidence that the antiinflammatory actions of acupuncture are mediated via the reflexive central inhibition of the innate immune system. Both laboratory and clinical evidence have recently shown the existence of a negative feedback loop between the autonomic nervous system and the innate immunity. There is also experimental evidence that the electrical stimulation of the vagus nerve inhibits macrophage activation and the production of TNF, IL-1beta, IL-6, IL-18, and other proinflammatory cytokines. It is therefore conceivable that along with hypnosis, meditation, prayer, guided imagery, biofeedback, and the placebo effect, the systemic anti-inflammatory actions of traditional and electro-acupuncture are directly or indirectly mediated by the efferent vagus nerve activation and inflammatory macrophage deactivation. In view of this common physiological mediation, assessing the clinical efficacy of a specific acupuncture regimen using conventional double-blind placebo-controlled trials inherently lacks objectivity due to (1) the uncertainty of ancient rules for needle placement, (2) the diffuse noxious inhibitory control triggered by control-needling at irrelevant points, (3) the possibility of a dose-response relationship between stimulation and effects, and (4) the possibility of inadequate blinding using an inert sham procedure. A more objective assessment of its efficacy could perhaps consist of measuring its effects on the surrogate markers of autonomic tone and inflammation. The use of acupuncture as an adjunct therapy to conventional medical treatment for a number of chronic inflammatory and autoimmune diseases seems plausible and should be validated by confirming its cholinergic activity.

[1369]

Hypnotizability, absorption and negative cognitions as predictors of dental anxiety: two pilot studies.

J Am Dent Assoc. 2007 Sep;138(9):1242-50; quiz 1267-8.

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**BACKGROUND:** The authors conducted two pilot studies that investigated the roles of hypnotizability, absorption (defined as the ability to maintain focused attention on a task or stimulus) and state versus trait anxiety as predictors of dental anxiety. One of the studies also examined the effectiveness of hypnosis in managing dental anxiety. **METHODS:** Participants in study 1 completed measures of hypnotizability and anxiety, viewed a video of a dental procedure either under hypnosis or not, and completed dental anxiety questionnaires. Participants in study 2 were told either that the video showed major dental work or a routine polishing. All subjects watched the video and then completed measures assessing their perceptions of the video and their anxiety. **RESULTS:** The authors found a positive relationship between hypnotizability and scores on the Dental Anxiety Scale (DAS) ( $F(1,290) = 3.45, P = .06$ ), as well as an interaction between hypnotizability and hypnosis ( $F(1,290) = 6.55, P = .01$ ). An analysis of covariance found a relationship between trait and dental anxiety ( $F(1,290) = 11.50, P = .001$ ). A two-way analysis of variance found a main effect for hypnosis ( $F(1,290) = 3.20, P = .07$ ). The authors found an effect for group on the DAS ( $F(1,228) = 3.67, P = .057$ ), such that subjects in the negative-cognition group scored higher on the DAS. The authors found an interaction between absorption and cognition in perceptions of pain experienced by the patient in the video ( $F(1,228) = 3.70, P = .05$ ) and in ratings of one's own pain level if in the same situation ( $F(1,228) = 4.38, P < .05$ ). **CONCLUSIONS:** Hypnotizability or absorption, pre-existing anxiety and cognitions about dental procedures predict dental anxiety, and hypnosis may be helpful for some, but not all, patients. **CLINICAL IMPLICATIONS:** Characteristics such as hypnotizability, trait anxiety and negative cognitions predict which people develop dental anxiety and who will be more responsive to hypnosis. The authors provide suggestions for dentists treating anxious patients.

[1370]

Hypnosis and its place in modern pain management - review article.

Niger Postgrad Med J. 2007 Sep;14(3):238-41.

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This is an evidence-based review of the efficacy of hypnosis in pain management. Hypnosis is as old as mankind. It is reported in the Ebers Papyrus in ancient Egyptian cures. It went into decline in the Middle Ages with the rise of Christianity, being erroneously associated with witchcraft. There was resurgence of interest in the 19th century. In the early 1950s, the British Medical Association endorsed the teaching of hypnosis in all medical schools. The literature is replete with anecdotal and controlled studies of the efficacy of hypnotherapy in pain management. Not much is found of the effectiveness in acute pain conditions. Nevertheless, in spite of some methodological flaws in many reports, there seems to be sufficient clinical evidence of sufficient quality, to conclude that hypnosis has demonstrable efficacy in the treatment of chronic pain.

[1371]

An integrative approach for treating postherpetic neuralgia--a case report.

Pain Pract. 2007 Sep;7(3):274-8.

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This report describes the successful treatment of a patient with postherpetic neuralgia using traditional pharmacology in combination with acupuncture. **CASE REPORT:** A 13-year-old girl developed postherpetic neuralgia following a severe attack of varicella zoster. Despite a 1-week course of intravenous acyclovir initiated at the onset of symptoms, the patient developed persistent left facial pain and constant nausea after lesions were healed. A comprehensive pain treatment regimen, consisting of a stellate ganglia block, medications, transcutaneous electrical nerve stimulation and hypnosis, was administered, but the patient did not gain any incremental pain relief. The acupuncture service was consulted to provide assistance with this patient's pain management. A combination of body and auricular acupuncture as well as related techniques, including acupressure and transcutaneous acupoint electrical stimulation, was added to the pain treatment regimen. After 10 complementary acupuncture treatments over a 2-month period, the patient's nausea disappeared. Her left facial pain continued to decline from a maximum of 10 to 0 as assessed by a visual analog scale over a period of 4 months following self-administered treatments of acupressure and transcutaneous acupoint electrical stimulation. The patient was then gradually weaned off all her medications and the complementary acupuncture treatment. She was discharged from the pediatric pain clinic after 5 months of the combined therapy. **CONCLUSIONS:** Acupuncture and its related techniques may be an effective adjunctive treatment for symptoms associated with postherpetic neuralgia and deserve further study.

[1372]

[Non-pharmacological methods for the treatment of pain in children and adolescents]

Arch Pediatr. 2007 Dec;14(12):1477-80. Epub 2007 Oct 10.

[Article in French]

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This article deals with non-pharmacological methods for the treatment of pain in children and adolescents: acupuncture, homeopathy, transcutaneous electrical nerve stimulation, massage, relaxation, heat therapy, and hypnosis. These specialized techniques are used separately, either alone or in association with pharmacological methods. They have the specificity of considering the patient as a whole, including the biological and psycho-affective aspects. These methods are being developed more often, increasingly used but are still far from being systematic.

[1373]

Hypnotherapy for treatment of irritable bowel syndrome.

Cochrane Database Syst Rev. 2007 Oct 17;(4):CD005110.

Webb AN, Kukuruzovic RH, Catto-Smith AG, Sawyer SM.

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**BACKGROUND:** Irritable bowel syndrome (IBS) is a common functional gastrointestinal disorder of unknown aetiology. Current pharmacological treatments have limited value. Hypnotherapy has been reported to have beneficial effects for IBS symptoms. **OBJECTIVES:** To evaluate the efficacy of hypnotherapy for the treatment of irritable bowel syndrome. **SEARCH STRATEGY:** Published and unpublished randomised clinical trials and quasi-randomised clinical trials were identified through structured searches of MEDLINE (1966 to March 2006), EMBASE (1980 to March 2006), PsycINFO (1806 to March 2006), CINAHL (Cumulative Index to Nursing and Allied Health Literature, 1982 to March 2006), AMED (Allied and Complementary Medicine Database, 1985 to March 2006) and The Cochrane Central Register of Controlled trials. Conference proceedings from Digestive Disease Week (1980 to 2005) were also searched. **SELECTION CRITERIA:** Eligible studies included all randomised and quasi-randomised clinical studies comparing hypnotherapy for the treatment of irritable bowel syndrome with no treatment or another therapeutic intervention. **DATA COLLECTION AND ANALYSIS:** All studies were evaluated for eligibility for inclusion. Included studies were assessed for quality and data were extracted independently by four authors. The primary outcome measure of interest was the overall bowel symptom severity score which combines abdominal pain, diarrhoea or constipation and bloating. Secondary outcomes included abdominal pain, diarrhoea, constipation, bloating, quality of life, patient's overall assessment of well-being, psychological measures as per validated questionnaires, and adverse events. **MAIN RESULTS:** Four studies including a total of 147 patients met the inclusion criteria. Only one study compared hypnotherapy to an alternative therapy (psychotherapy and placebo pill), two studies compared hypnotherapy with waiting-list controls and the final study compared hypnotherapy to usual medical management. Data were not pooled for meta-analysis due to differences in outcome measures and study design. The therapeutic effect of hypnotherapy was found to be superior to that of a waiting list control or usual medical management, for abdominal pain and composite primary IBS symptoms, in the short term in patients who fail standard medical therapy. Harmful side-effects were not reported in any of the trials. However, the results of these studies should be interpreted with caution due to poor methodological quality and small size. **AUTHORS' CONCLUSIONS:** The quality of the included trials was inadequate to allow any conclusion about the efficacy of hypnotherapy for irritable bowel syndrome. More research with high quality trials is needed.

[1374]

Hypnosis for schizophrenia.

Cochrane Database Syst Rev. 2007 Oct 17;(4):CD004160.

Update of: Cochrane Database Syst Rev. 2004;(3):CD004160.

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**BACKGROUND:** Many people with schizophrenia continue to experience symptoms despite conventional treatments being used. Alternative therapies such as hypnosis, in conjunction with conventional treatments, may be helpful. **OBJECTIVES:** To investigate the use of hypnosis for people with schizophrenia or schizophrenia-like illnesses compared with standard care and other interventions. **SEARCH STRATEGY:** We searched the Cochrane Schizophrenia Group's Register (October 2006), contacted the Cochrane Complementary Medicine Field for additional searching (January 2003), hand searched references of included or excluded studies and made personal contact with authors of relevant trials. **SELECTION CRITERIA:** We included all randomised or double blind controlled trials that compared hypnosis with other treatments or standard care for people with schizophrenia. **DATA COLLECTION AND ANALYSIS:** We reliably selected studies, quality assessed them and extracted data. We excluded data where more than 50% of participants in any group were lost to follow up. For binary outcomes we calculated a fixed effects risk ratio (RR) and its 95% confidence interval (CI). **MAIN RESULTS:** We included three studies (total n=149). When hypnosis was compared with standard treatment no one

left the studies between 1-8 weeks (n=70, 2 RCTs, Risk Difference 0.00 CI -0.09 to 0.09). Mental state scores were unaffected (n=60, 1 RCT, MD BPRS by one week -3.6 CI -12.05 to 4.8) as were measures of movement disorders and neurocognitive function. Compared with relaxation, hypnosis was also acceptable (n=106, 3 RCTs, RR leaving the study early 2.00 CI 0.2 to 2.15) and had no discernable effect on mental state (n=60, 1 RCT, MD BPRS by one week -3.4 CI -11.4 to 4.6), movement disorders or neurocognitive function. Hypnosis was as acceptable as music (Sibelius) by four weeks (n=36, RR leaving the study early 5.0, CI 0.3 to 97.4). AUTHORS' CONCLUSIONS: The studies in this field are few, small, poorly reported and outdated. Hypnosis could be helpful for people with schizophrenia. If we are to find this out, better designed, conducted and reported randomised studies are required. This current update has not revealed any new studies in this area since 2003.

[1375]

Contextualizing specificity: specific and non-specific effects of treatment.

Am J Clin Hypn. 2007 Oct;50(2):177-82.

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Modern medicine thrives on the ideal of specific diseases, and specificity has revolutionized thinking in clinical practice (e.g., psychiatry) as well as biomedical research (e.g., neuroscience). Different notions of specificity exist (e.g., clinical, biological, and behavioral). Behavioral specificity takes on new meaning in light of recent neuroimaging and genetic findings. Drawing on the metaphor of pharmacological specificity, we provide converging data suggesting that, at least for certain individuals, specific behavioral interventions can influence focal brain activations. Interpretation of these data paves the road to a more scientific strategy for studying the neural basis of suggestion and placebo response, and holds promise for the optimal matching of patient and treatment.

[1376]

User friendly hypnosis as an adjunct for treatment of habit cough: a case report.

Am J Clin Hypn. 2007 Oct;50(2):171-5.

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The more user friendly medical hypnosis can be, the more readily it will be accepted by patients and the medical community. Hypnosis is user friendly when it is simple to employ, and yields rapid, effective, and clinically significant results. Thus, we should define reasons for the effectiveness of such successful hypnosis methods, and provide this information to students of hypnosis. Some of the elements that may permit hypnosis to be user friendly are establishment of rapport, a belief that a symptom often has a functional role, and a flexible approach to the hypnosis encounter. This case report of a child with habit cough, illustrates the importance of these elements.

[1377]

Mind-body hypnotic imagery in the treatment of auto-immune disorders.

Am J Clin Hypn. 2007 Oct;50(2):157-70.

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For many years Western Medicine has considered the immune system to be separate and independent from the central nervous system. However, significant scientific advances and research discoveries that occurred during the past 50 years have presented additional facts that the immune system does interact with the central nervous system with mutual influence. This article provides a systematic review of the literature on the connection between the brain and the immune system and its clinical implications. It then provides a rational foundation for the role of using hypnosis and imagery to therapeutically influence the immune system. Five case examples are provided with illustrated instructions for clinicians on how hypnosis and imagery may be utilized in the treatment of patients with auto-immune disorders. Suggestions for future research in this field are included.

[1378]

Selective biasing of a specific bistable-figure percept involves fMRI signal changes in frontostriatal circuits: a step toward unlocking the neural correlates of top-down control and self-regulation.

Am J Clin Hypn. 2007 Oct;50(2):137-56.

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Attention, suggestion, context and expectation can all exert top-down influence on bottom-up processes (e.g., stimulus-driven mechanisms). Identifying the functional neuroanatomy that subserves top-down influences on sensory information processing can unlock the neural substrates of how suggestion can modulate behavior. Using functional magnetic resonance imaging (fMRI), we scanned 10 healthy participants (five men) viewing five bistable figures. Participants received a directional cue to perceive a particular spatial orientation a few seconds before the bistable figure appeared. After presentation, participants pressed a button to indicate their locking into the one desired orientation of the two possible interpretations. Participants additionally performed tests of impulse control and sustained attention. Our findings reveal the role of specific frontostriatal structures in selecting a particular orientation for bistable figures, including dorsolateral prefrontal regions and the putamen. Additional contrasts further bolstered the role of the frontostriatal system in the top-down processing of competing visual perceptions. Separate correlations of behavioral variables with fMRI activations support the idea that the frontostriatal system may mediate attentional control when selecting among competing visual perceptions. These results may generalize to other psychological functions. With special relevance to clinical neuroscience and applications involving attention, expectation and suggestion (e.g., hypnosis), our results address the importance of frontostriatal circuitry in behavioral modulation.

[1379]

Psychocutaneous hypnoanalysis: detection and deactivation of emotional and mental root factors in psychosomatic skin disorders.

Am J Clin Hypn. 2007 Oct;50(2):131-6.

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Many skin disorders have a significant psychosomatic component. Focused history-taking coupled with hypnoanalysis using ideomotor finger signals to detect positive responses to one or more of 7 common triggering or exacerbating factors permits systematic diagnosis of the presence or absence of a significant psychosomatic component. If no factor is positive, a psychosomatic component to the skin disorder can likely be excluded. If one or two of the 7 factors are positive and it is possible to identify the initiating event, treatment by reframing with suggestions in hypnosis may succeed in defusing the associated negative emotional impact associated with the psychosomatic component of the skin disorder. This may be sufficient to uproot and weed out the problem. However, if a multiple of the 7 factors are positive as in the included case report, referral to an appropriate psychotherapist is recommended.

[1380]

Pediatric suggestions: using hypnosis in the routine examination of children.  
Am J Clin Hypn. 2007 Oct;50(2):121-9.  
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The recognition and utilization of trance phenomena in clinical pediatrics can energize the practitioner and be therapeutically beneficial for the child. The aim of this paper is to characterize and promote the purposeful inclusion of trance and suggestion in the routine pediatric examination. This includes, but goes beyond, the child-oriented examination skills customarily associated with being a "good," child-friendly pediatrician. While this paper highlights trance recognition from a clinician's perspective, emphasis is placed on utilizing spontaneous hypnotic moments whenever they occur to further the agenda of the encounter, diminish doctor visit anxiety, enhance self empowerment, and improve the milieu for pediatric care.

[1381]

Hypnosis for childbirth: a retrospective comparative analysis of outcomes in one obstetrician's practice.  
Am J Clin Hypn. 2007 Oct;50(2):109-19.  
VandeVusse L, Irland J, Healthcare WF, Berner MA, Fuller S, Adams D.  
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This exploratory, descriptive study, done retrospectively from perinatal medical records, compared childbirth outcomes in one obstetrician's caseload between 50 women who elected antepartal hypnosis preparation (usually a 5-class series) and 51 who did not. The groups were demographically similar. To achieve similar numbers to the hypnosis group, the control group was randomly selected from the women in the caseload who opted not to take hypnosis preparation, based on characteristics of parity and delivery mode. Prenatal hypnosis preparation resulted in significantly less use of sedatives, analgesia, and regional anesthesia during labor and in higher 1-minute neonatal Apgar scores. Other physiologic and outcome measures did not reveal statistical significance, although some trends were of clinical interest. Well-controlled studies are warranted for clinicians to offer hypnosis more frequently as a pain relief option for childbirth. Additional information provided includes pragmatic, clinical, and cost information about incorporating hypnosis into a physician's practice.

[1382]

Preoperative hypnotherapy in the management of a child with anticipatory nausea and vomiting.  
Anaesth Intensive Care. 2007 Oct;35(5):784-7.  
Mackenzie A, Frawley GP.  
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A six-year-old boy with oesophageal strictures secondary to neonatal repair of oesophageal atresia and requiring six to eight weekly oesophageal dilatations by bouginage developed anticipatory nausea and vomiting. This was effectively managed by a course of preoperative hypnotherapy over four sessions. Resolution of anticipatory nausea and vomiting occurred along with cessation of postoperative nausea and vomiting. This case supports early intervention with preoperative hypnotherapy in children with anticipatory nausea and vomiting that has not responded to other measures.

[1383]

Classes of multichannel EEG microstates in light and deep hypnotic conditions.  
Brain Topogr. 2007 Fall;20(1):7-14. Epub 2007 Jun 21.  
Katayama H, Gianotti LR, Isotani T, Faber PL, Sasada K, Kinoshita T, Lehmann D.  
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The study assessed the brain electric mechanisms of light and deep hypnotic conditions in the framework of EEG temporal microstates. Multichannel EEG of healthy volunteers during initial resting, light hypnosis, deep hypnosis, and eventual recovery was analyzed into temporal EEG microstates of four classes. Microstates are defined by the spatial configuration of their potential distribution maps ([Symbol: see text]potential landscapes') on the head surface. Because different potential landscapes must have been generated by different active neural assemblies, it is reasonable to assume that they also incorporate different brain functions. The observed four microstate classes were very similar to the four standard microstate classes A, B, C, D [Koenig, T. et al. Neuroimage, 2002;16: 41-8] and were labeled correspondingly. We expected a progression of microstate characteristics from initial resting to light to deep hypnosis. But, all three microstate parameters (duration, occurrence/second and %time coverage) yielded values for initial resting and final recovery that were between those of the two hypnotic conditions of light and deep hypnosis. Microstates of the classes B and D showed decreased duration, occurrence/second and %time coverage in deep hypnosis compared to light hypnosis; this was contrary to microstates of classes A and C which showed increased values of all three parameters. Reviewing the available information about microstates in other conditions, the changes from resting to light hypnosis in certain respects are reminiscent of changes to meditation states, and changes to deep hypnosis of those in schizophrenic states.

[1384]

[Babinski and hysteria]  
Bull Acad Natl Med. 2007 Oct;191(7):1329-39; discussion 1340-1.  
[Article in French]  
Allilaire JF.

Babinski made important contributions to both psychiatry and neurology. He disagreed with Charcot's theatrical interpretation of hysteria and made a subtle distinction between Suggestion and Persuasion, thereby differentiating Hysteria from Pithiatism. This paper examines Charcot's concepts and the way in which Babinski refined and honed his master's theories.

[1385]  
When medication is not enough: nonpharmacologic management of pain.  
Clin J Oncol Nurs. 2007 Oct;11(5):699-704.  
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Patients with cancer commonly experience pain, which typically is controlled pharmacologically. Despite advances in pain management, pain continues to be undertreated. Nonpharmacologic measures may effectively manage pain but often are overlooked or underused. Nurses who are familiar with simple, noninvasive, nonpharmacologic measures, such as patient positioning, thermal measures, massage therapy, aromatherapy, and mind-body therapies, can identify and educate patients who may benefit from nonpharmacologic interventions.

[1386]  
Current psychological approaches to the management of chronic pain.  
Curr Opin Anaesthesiol. 2007 Oct;20(5):485-9.  
Molton IR, Graham C, Stoelb BL, Jensen MP.  
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PURPOSE OF REVIEW: To provide a review of the rationale and evidence supporting three frequently used psychosocial interventions for chronic pain: cognitive-behavioral therapy, operant behavioral therapy and self-hypnosis training. We also review recent work in these areas, with an emphasis on the 2006 publishing year. RECENT FINDINGS: Recent clinical trials and laboratory work continue to support the use of cognitive-behavioral therapy and operant behavioral therapy as adjunctive treatments for chronic pain. Notable areas of new research include a novel program of systematic exposure to pain-related fear (such as fear of reinjury) and the adaptation of cognitive-behavioral therapy for special pain groups (e.g. juveniles and those with pain secondary to physical disability). Regarding self-hypnosis training, recent work suggests that hypnosis can provide temporary pain relief to the majority of individuals with chronic pain and that a substantial minority of these patients experience a clinically significant reduction in baseline pain over time. SUMMARY: Cognitive-behavioral therapy and operant behavioral therapy treatments focus on factors that exacerbate or maintain suffering in chronic pain, and should be considered as part of a multidisciplinary treatment paradigm. Self-hypnosis training may also be of benefit, although it appears to be no more (or less) effective than other relaxation strategies that include hypnotic elements.

[1387]  
Restoring literary wholeness to the fragmented account of Antoine Despine's magnetic cure of Estelle L'Hardy's dissociative disorder.  
Int J Clin Exp Hypn. 2007 Oct;55(4):486-96.  
Comment in: Int J Clin Exp Hypn. 2007 Oct;55(4):497-8.  
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Dr. Charles-Humbert Antoine Despine's (1777-1852) *De L'Emploi du magnétisme animal et des eaux minerales dans le traitement des maladies nerveuses, suivi d'une observation très curieuse de guérison de névropathie* [A Study of the uses of animal magnetism in the treatment of disorders of the nervous system followed by a case of a highly unusual cure of neuropathy] (Paris: Germer, Baillière, 1840) is one of the earliest published, complete accounts of a successful cure with animal magnetism of a dissociative disorder. Despine's methodical and gentle treatment of more than 20 patients with multiple personalities repeatedly brought fusion to separation. His writing style displays a lack of order and unity that resembles the dissociative symptoms of his patients, but the monograph's sloppiness belies Despine's methodical approach to his work and his thoughtful handling of his patients. This paper explores these inconsistencies and how translators of the monograph act as literary therapists for his confused and fragmented account.

[1388]  
Hypnotic enhancement of creative drawing.  
Int J Clin Exp Hypn. 2007 Oct;55(4):467-85.  
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A hypnotically based intervention to enhance creativity in drawing was evaluated in a controlled study. Participants were randomly assigned to either a hypnotic treatment or a nonhypnotic (task-motivational) control treatment. Subjects drew a standard still-life tableau twice. The first drawing involved no special instructions and provided a baseline measure of creativity in drawing. The second drawing was completed after the creativity-enhancement procedure. The drawings were rated blindly on several dimensions of artistic creativity. Hypnotizability, absorption, and debriefing measures were also administered. Results indicated that the hypnotic procedure had significantly greater effects on creativity in drawing. However, there were no significant main effects or interactions involving hypnotizability or absorption. Hypnotic and task-motivational groups did not differ on debriefing measures regarding their experience.

[1389]  
Feasibility and acceptability of gut-directed hypnosis on inflammatory bowel disease: a brief communication.  
Int J Clin Exp Hypn. 2007 Oct;55(4):457-66.  
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Hypnotically assisted treatments have been used to reduce stress, improve gastrointestinal motility, strengthen immune function, and potentially reduce inflammation. Such treatments may also help reduce disease flares and improve quality of life in inflammatory bowel diseases (IBD). The authors report the results of a case series of 8 white female patients with inactive IBD. All participants initiated and completed treatment, supporting the general acceptability of hypnotically assisted treatment among IBD patients. There was a significant improvement in IBD-quality of life scores for the group posttreatment,  $t(7) = -3.38$ ,  $p = .01$ , with a mean improvement in quality of life of 29 points with significant changes in all 4 subscales. No negative effects of treatment were found.

[1390]

Hypnotic abreaction releases chaotic patterns of electrodermal activity during dissociation.

Int J Clin Exp Hypn. 2007 Oct;55(4):435-56.

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Chaotic transitions emerge in a wide variety of cognitive phenomena and may possibly be linked to specific changes during development of mental disorders. There are several hypotheses that link the dissociation to critical chaotic shifts with the resulting self-organization of behavioral patterns during critical periods. In 2 patients, hypnotic revivification of dissociated trauma along with measurement of bilateral electrodermal activity (EDA) for therapeutic and research purposes was performed. Nonlinear data analysis of EDA records shows a difference between degree of chaos in hypnotic relaxed state before revivification of the trauma and dissociated state after reliving the traumatic memory. Results suggest that the dissociated state after revivification of the trauma is significantly more chaotic than the state during the hypnotic relaxation before the event. Findings of this study suggest a possible role of neural chaos in the processing of the dissociated traumatic memory during hypnotic revivification.

[1391]

Taking the feeling out of emotional memories - a study of hypnotic emotional numbing: a brief communication.

Int J Clin Exp Hypn. 2007 Oct;55(4):426-34.

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This study investigated the influence of hypnotic emotional inhibition on emotional response to and recall of emotional features of autobiographical memories. Twenty-nine high hypnotizable participants were administered a hypnotic induction and either emotional suppression or control instructions and then were asked to recall a personal distressing or neutral autobiographical memory. Dependent variables included self-reported emotion, EMG corrugator muscle activity, and use of affective descriptors in autobiographical memories. Participants in the suppression condition displayed less emotional responsivity on self-report and EMG corrugator muscle activity than other participants during recall of the distressing memory. In contrast, emotional suppression did not influence the use of affective descriptors in the content of personal memories. These findings point to the capacity for hypnotic emotional inhibition to differentially influence affective and semantic components of the emotional response.

[1392]

A review of the effects of hypnosis on the immune system in breast cancer patients: a brief communication.

Int J Clin Exp Hypn. 2007 Oct;55(4):411-25.

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In order to make a recommendation about the use of hypnosis as adjuvant therapy in the treatment of breast cancer, 2 studies assessing the immunological effects of hypnosis in patients with early stage breast cancer were evaluated: (a) an experiment that taught hypnotic guided-imagery therapy to patients and (b) one that provided participants with home visits and autogenic training. Both investigations demonstrated improvement in depression and increased natural killer (NK) cell counts after 2 months of hypnosis treatment. However, neither study determined the clinical significance of hypnosis in the setting of cancer, and therefore future experiments are needed to relate the immune-mediated effects of hypnosis to hard clinical outcomes like survival rates.

[1393]

The neural trance: a new look at hypnosis.

Int J Clin Exp Hypn. 2007 Oct;55(4):387-410.

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Hypnosis has had a gradual conceptual emergence from an alleged mystical experience, to sleep, to a psychological shift in concentration that activates a preexisting neuro-physiological circuitry. Data are presented to support the thesis that hypnotizability exists on a spectrum that has biological as well as psychosocial components. When there is synchrony between the bio-psychosocial components of hypnotizability as measured by the Hypnotic Induction Profile (an intact flow), psychotherapy is the primary treatment strategy, with medication secondary or not at all. When measurement reveals a lack of synchrony between biological factors as measured by the Eye-Roll sign and psychosocial responsivity (a nonintact flow), medication will be primary, with different degrees of psychosocial support.

[1394]

Cajal's brief experimentation with hypnotic suggestion.

J Hist Neurosci. 2007 Oct-Dec;16(4):351-61.

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Spanish histologist Santiago Ramón y Cajal, one of the most notable figures in Neuroscience, and winner, along with Camillo Golgi, of



the 1906 Nobel Prize in Physiology or Medicine for his discoveries on the structure of the nervous system, did not escape experimenting with some of the psychiatric techniques available at the time, mainly hypnotic suggestion, albeit briefly. While a physician in his thirties, Cajal published a short article under the title, "Pains of labour considerably attenuated by hypnotic suggestion" in *Gaceta Médica Catalana*. That study may be Cajal's only documented case in the field of experimental psychology. We here provide an English translation of the original Spanish text, placing it historically within Cajal's involvement with some of the key scientific and philosophical issues at the time.

[1395]

Turning breech babies after 34 weeks: the if, how, & when of turning breech babies.  
*Midwifery Today Int Midwife*. 2007 Autumn;(83):18-9, 65.  
Cohain JS.

Techniques for turning a term breech baby are 1). External cephalic version (ECV) using hands and ultrasound only; 2). Acupuncture point stimulation, by needle or moxibustion; 3). Chiropractic "Webster" technique; 4). Hypnotherapy; and 5). Special exercises. Fifty % of breech fetuses at 34 weeks will turn by themselves to head down by 38 weeks. Therefore, to be considered effective, a technique for turning breech must turn the baby and keep it turned more than 50% of the time. Only ECV with an experienced practitioner has been documented to have a greater than 50% success rate at 37 weeks; in 95% of cases the head stays down. Most women experience the fetus turning by hand as quick but very painful. "Unstable lie" is sometimes used as a baseless excuse for inducing labor after the baby turns from breech to head down. (judyslome@hotmail.com).

[1396]

Role of histaminergic neurons in hypnotic modulation of brain processing of visceral perception.  
*Neurogastroenterol Motil*. 2007 Oct;19(10):831-8.  
Watanabe S, Hattori T, Kanazawa M, Kano M, Fukudo S.  
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Modulating visceral sensation of the body is important to the understanding of emotion formation. Molecules that act during hypnosis and modify visceral pain perception are not known. We tested our hypothesis that hypnotic suggestion changes electrophysiological processing of viscerosensory signals in the human brain and that these conditions are in part dependent on histaminergic neurons. Twelve healthy male subjects were studied on two separate days: a day of treatment with histamine H1 receptor antagonist (d-chlorpheniramine 100 microg kg<sup>-1</sup>, intravenously) and another day of that with placebo (saline, the same amount) in a randomized order. We recorded cortical evoked potentials to 100 rectal electrical stimuli after neutral, hyperalgesic or analgesic hypnotic suggestions as given to modulate the visceral perception. Analgesic suggestion reduced the amplitude of the deepest positive peak of viscerosensory evoked potential. Administration of histamine H1 antagonist diminished the attenuation of viscerosensory evoked potential by analgesic suggestion. Our results suggest that central pain modulatory system in the brain is activated by hypnotic suggestion and that brain histamine is a mediator in the hypnotic modulation of visceral sensory pathway as well as in the control of consciousness level. These findings lead us to possible new treatment for control of visceral perception.

[1397]

Ericksonian hypnosis in chronic care support groups: a Rogerian exploration of power and self-defined health-promoting goals.  
*Nurs Sci Q*. 2007 Oct;20(4):357-69.  
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This Rogerian study examined how traditional and Ericksonian hypnotherapeutic support groups facilitated self-defined health-promoting goals and power as knowing participation in change for 49 participants with chronic physical illness. The participants were randomly assigned to either a traditional support group or an Ericksonian hypnotherapeutic support group. Measurements of power and self-defined health-promoting goals were obtained seven times over a 10-week period. The results indicated that both the traditional support groups and the Ericksonian hypnotherapeutic support groups experienced significantly enhanced power and progressed significantly toward their health-promoting goals. Correlations for the self-defined health-promoting goals and power progressively and significantly increased through time. This study supports Barrett's claim that power relates to health.

[1398]

Mind-body therapies for headache.  
*Am Fam Physician*. 2007 Nov 15;76(10):1518-22.  
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Headache is one of the most common and enigmatic problems encountered by family physicians. Headache is not a singular entity, and different pathologic mechanisms are involved in distinct types of headache. Most types of headache involve dysfunction of peripheral or central nociceptive mechanisms. Mind-body therapies such as biofeedback, cognitive behavior therapy, hypnosis, meditation, and relaxation training can affect neural substrates and have been shown to be effective treatments for various types of headache. Meta-analyses of randomized controlled trials show that the use of mind-body therapies, alone or in combination, significantly reduces symptoms of migraine, tension, and mixed-type headaches. Side effects generally are minimal and transient.

[1399]

Temporomandibular joint disorders.  
*Am Fam Physician*. 2007 Nov 15;76(10):1477-82.  
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Temporomandibular joint disorders are common in adults; as many as one third of adults report having one or more symptoms, which include jaw or neck pain, headache, and clicking or grating within the joint. Most symptoms improve without treatment, but various noninvasive therapies may reduce pain for patients who have not experienced relief from self-care therapies. Physical therapy

modalities (e.g., iontophoresis, phonophoresis), psychological therapies (e.g., cognitive behavior therapy), relaxation techniques, and complementary therapies (e.g., acupuncture, hypnosis) are all used for the treatment of temporomandibular joint disorders; however, no therapies have been shown to be uniformly superior for the treatment of pain or oral dysfunction. Noninvasive therapies should be attempted before pursuing invasive, permanent, or semi-permanent treatments that have the potential to cause irreparable harm. Dental occlusion therapy (e.g., oral splinting) is a common treatment for temporomandibular joint disorders, but a recent systematic review found insufficient evidence for or against its use. Some patients with intractable temporomandibular joint disorders develop chronic pain syndrome and may benefit from treatment, including antidepressants or cognitive behavior therapy.

[1400]

Reduced prepulse inhibition is associated with increased hypnotizability.

Int J Neuropsychopharmacol. 2008 Jun;11(4):541-5. Epub 2007 Nov 30.

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Hypnosis involves the manipulation of conscious attentional discrimination. The prepulse inhibition (PPI) paradigm assesses primary unconscious information processing. We investigated the correlation between hypnotizability and PPI of the startle reflex. Forty-eight healthy subjects were evaluated with the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C) and acoustic PPI. Subjects were divided into low, medium, and high hypnotizable groups. The low-hypnotizable group showed a significantly higher inhibition of the startle response, at lead intervals 60 ms and 120 ms, than did the medium- and high-hypnotizable groups. We conclude that hypnotizability and PPI may be negatively correlated. These findings lend further support for the role of dopaminergic neurotransmission mechanisms in the determination of hypnotizability levels.

[1401]

Are patients with somatization disorder highly suggestible?

Acta Psychiatr Scand. 2008 Mar;117(3):232-5. Epub 2007 Nov 19.

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**OBJECTIVE:** High suggestibility is widely regarded as an important feature of patients with medically unexplained symptoms (MUS), particularly those with multiple MUS [i.e. somatization disorder (SD)], although there are few empirical data attesting to this assumption. A study was therefore conducted to compare levels of non-hypnotic suggestibility in patients with SD and medical controls. **METHOD:** A modified version of the Barber Suggestibility Scale was administered to 19 patients with SD and 17 controls with an established organic dystonia. **RESULTS:** Patients with SD were no more suggestible than control patients. Dystonia controls were more likely to deliberately comply with suggestions than the SD patients. **CONCLUSION:** Contrary to popular belief, high suggestibility is not necessarily a feature of SD.

[1402]

Focused analgesia in waking and hypnosis: effects on pain, memory, and somatosensory event-related potentials.

Pain. 2008 Jan;134(1-2):197-208. Epub 2007 Nov 26. Comment in: Pain. 2008 Jan;134(1-2):1-2.

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Somatosensory event-related potentials (SERPs) to painful electric standard stimuli under an odd-ball paradigm were analyzed in 12 high hypnotizable (HH), 12 medium hypnotizable (MH), and 12 low hypnotizable (LH) subjects during waking, hypnosis, and a cued eyes-open posthypnotic condition. In each of these conditions subjects were suggested to produce an obstructive imagery of stimulus perception as a treatment for pain reduction. A No-Analgesia treatment served as a control in waking and hypnosis conditions. The subjects were required to count the number of delivered target stimuli. HH subjects experienced significant pain and distress reductions during posthypnotic analgesia as compared to hypnotic analgesia and between these two analgesic conditions as compared to the two control conditions. Outside of hypnosis, these subjects remembered less pain and distress levels than they reported during hypnotic and posthypnotic analgesia treatments. In contrast, for waking-analgesia treatment, HH subjects remembered similar pain and distress levels to those they reported concurrently with the stimulation. HH subjects, during hypnotic and posthypnotic analgesia treatments, detected a smaller number of target stimuli and displayed a significant amplitude reduction of the midline frontal and central N140 and P200 SERP components. No significant SERP differences were observed for these subjects between treatments in waking condition and between hypnotic and posthypnotic analgesic treatments. For the MH and LH subjects no significant N140 and P200 amplitude changes were observed among analgesic conditions as compared to control conditions. These amplitude findings are seen as indicating that hypnotic analgesia can affect earlier and later stages of stimulus processing.

[1403]

[Psychotherapy in obesity--a systematic review]

Psychother Psychosom Med Psychol. 2007 Nov;57(11):420-7.

[Article in German]

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Obesity is a serious chronic disease, associated with severe sequelae and increased mortality rates, and therefore requires long-term care. This article gives an overview of the current state of research on psychotherapeutic treatment of obesity, focusing on behavioral approaches. Systematic well-controlled studies on humanistic and psychodynamic therapies are not available. A small number of studies on psychotherapy-related approaches, e.g. relaxation therapy or hypnotherapy, failed to demonstrate any decisive positive outcomes. While weight loss programs using methods of behavior therapy and lifestyle modification approaches result, on the average, in a short-term weight loss of 10% of the initial weight, long-term effects of such programs are disappointing. Further evidence suggests, however, that long-term maintenance programs may facilitate lasting behavioral changes of patients in their daily lives and work against weight regain. More research on effective maintenance programs is called for to further improve care of obese patients; it should lay stronger emphasis on internet-based weight maintenance programs.

[1404]

Children's and adults' reactions to magical and ordinary suggestion: are suggestibility and magical thinking psychologically close relatives?

Br J Psychol. 2007 Nov;98(Pt 4):547-74.

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In Experiment 1, 6- and 9-year-old children and adults were asked to imagine various types of objects. The experimenter then attempted to change the image of those objects in participants' minds by either suggesting that the objects may change against the participants' will, or by asking participants to change the objects as a favor to the experimenter. Two types of suggestive causation were employed: Magical-suggestion (a magic spell was cast with the aim of changing the imagined objects) and ordinary-suggestion (participants were told that the objects in their minds could alter against their will). Ordinary-suggestion was as effective as magical-suggestion in changing the participants' imagined objects. For adults, a direct request for compliance produced a stronger effect than did magical suggestion. This effect was not found in children. In Experiment 2, the two types of suggestion were tested on an alternative type of imagined objects. Adult participants were asked to imagine their futures. It was then proposed that (a) a magic spell could be cast on their futures with the aim of changing them either for the worse or for the better (magical-suggestion), or (b) changing a numerical pattern on a computer screen could change their futures (ordinary-suggestion). All participants denied that changing a numerical pattern on a computer screen could affect their lives, yet in their actions they demonstrated an element of belief in this possibility. As in Experiment 1, in Experiment 2 ordinary suggestion was as effective as magical suggestion. The hypothesis of an historic contiguity between magical causality and ordinary suggestion is discussed.

[1405]

Hypnotherapy for children with functional abdominal pain or irritable bowel syndrome: a randomized controlled trial.

Gastroenterology. 2007 Nov;133(5):1430-6. Epub 2007 Sep 2.

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**BACKGROUND & AIMS:** Functional abdominal pain (FAP) and irritable bowel syndrome (IBS) are highly prevalent in childhood. A substantial proportion of patients continues to experience long-lasting symptoms. Gut-directed hypnotherapy (HT) has been shown to be highly effective in the treatment of adult IBS patients. We undertook a randomized controlled trial and compared clinical effectiveness of HT with standard medical therapy (SMT) in children with FAP or IBS. **METHODS:** Fifty-three pediatric patients, age 8-18 years, with FAP (n = 31) or IBS (n = 22), were randomized to either HT or SMT. Hypnotherapy consisted of 6 sessions over a 3-month period. Patients in the SMT group received standard medical care and 6 sessions of supportive therapy. Pain intensity, pain frequency, and associated symptoms were scored in weekly standardized abdominal pain diaries at baseline, during therapy, and 6 and 12 months after therapy. **RESULTS:** Pain scores decreased significantly in both groups: from baseline to 1 year follow-up, pain intensity scores decreased in the HT group from 13.5 to 1.3 and in the SMT group from 14.1 to 8.0. Pain frequency scores decreased from 13.5 to 1.1 in the HT group and from 14.4 to 9.3 in the SMT group. Hypnotherapy was highly superior, with a significantly greater reduction in pain scores compared with SMT (P < .001). At 1 year follow-up, successful treatment was accomplished in 85% of the HT group and 25% of the SMT group (P < .001). **CONCLUSIONS:** Gut-directed HT is highly effective in the treatment of children with longstanding FAP or IBS.

[1406]

Nondrug treatments for psychogenic nonepileptic seizures: what's the evidence?

Epilepsy Behav. 2007 Nov;11(3):367-77. Epub 2007 Aug 27.

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**OBJECTIVE:** The purpose of this Cochrane Review was to establish the evidence base for treatment of psychogenic nonepileptic seizures. **METHODS:** Six hundred eight references were identified using a search strategy designed with the support of the Cochrane Review Epilepsy Group library. The search employed Medline and PsychInfo, and included hand searches of relevant journals (Seizure, Epilepsia, Epilepsy & Behavior, Epilepsy Research). **RESULTS:** Three studies were found that met the inclusion criteria; two used hypnosis and one used paradoxical therapy. None included detailed reports of improved seizure frequency or quality of life, although reduction in seizure frequency was mentioned. All three studies concluded that the intervention used was beneficial in the treatment of psychogenic nonepileptic seizures. **CONCLUSIONS:** The limited number of studies and poor methodology preclude these results from being generalizable. There is a need for well-designed clinical trials to identify the most suitable treatments for this population.

[1407]

Non-pharmacological nursing interventions for procedural pain relief in adults with burns: a systematic literature review.

Burns. 2007 Nov;33(7):811-27. Epub 2007 Jul 2.

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Adult burn patients experience pain during wound care despite pharmacological interventions. Additional nursing interventions are needed to improve pain management. A systematic review was undertaken in order to examine the implications of previous research for evidence based decisions concerning the use of non-pharmacological nursing interventions and for future research. Twenty-six studies met the inclusion criteria and were discussed. The majority of the included studies concerned behavioural nursing interventions and focused on promotion of psychological comfort. Although 17 studies showed that the intervention had a positive effect on pain outcomes and no adverse effects of the reviewed interventions were reported, the best available evidence was found for active hypnosis, rapid induction analgesia and distraction relaxation. However, in order to reduce methodological limitations, further research is needed before well-founded evidence based decisions for nursing practice can be made. Aspects that seem important for future research, like the type of the intervention, theoretical framework, manner of giving instruction and guidance, cost, outcomes, measurement instruments and data collection points are considered.

[1408]

[Irritable bowel syndrome: current treatment options]  
Presse Med. 2007 Nov;36(11 Pt 2):1619-26. Epub 2007 May 8.  
[Article in French]  
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Relieving abdominal pain is the principal treatment objective for patients with irritable bowel syndrome. No single drug stands out in the treatment strategy for this illness. Antispasmodics, magnesium aluminum silicates, and alverine citrate drugs all remain initial options for treatment, although their prescription is impeded by the fact that an increasing number are no longer approved for reimbursement. Increased dietary fibers often have a harmful effect on symptoms. Some patients are probably intolerant to some foods but there is no satisfactory proof on which to base a restrictive diet. Improved knowledge of the pathophysiology of irritable bowel syndrome has made it possible to diversify treatments that act first on one of the key pathophysiologic elements, visceral hypersensitivity. Antidepressants (especially tricyclics) can be used at low doses. Among the serotonergic drugs, serotonin 5-HT<sub>4</sub> receptors agonists (tegaserod) may be available soon, but the development of 5-HT<sub>3</sub> antagonists (alosetron, cilansetron) has been stopped for safety reasons (ischemic colitis and severe constipation). Non-drug options such as hypnosis, psychotherapy, relaxation, or yoga, may also be proposed to some patients. Probiotics are a possible treatment in the future.

[1409]  
Dyspepsia in childhood and adolescence: insights and treatment considerations.  
Curr Gastroenterol Rep. 2007 Dec;9(6):447-55.  
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Functional dyspepsia (FD) is common in children, with as many as 80% of those being evaluated for chronic abdominal pain reporting symptoms of epigastric discomfort, nausea, or fullness. It is known that patients with persistent complaints have increased comorbidities such as depression and anxiety. The interaction with psychopathologic variables has been found to mediate the association between upper abdominal pain and gastric hypersensitivity. These observations suggest that abnormal central nervous system processing of gastric stimuli may be a relevant pathophysiologic mechanism in FD. Despite increased understanding, no specific therapy has emerged; however, recent nonpharmacological-based options such as hypnosis may be effective. Novel approaches, including dietary manipulation and use of nutraceuticals such as ginger and Iberogast (Medical Futures Inc., Ontario, Canada), may also be considered.

[1410]  
Hypnotizability-dependent modulation of the changes in heart rate control induced by upright stance.  
Brain Res Bull. 2008 Mar 28;75(5):692-7. Epub 2007 Dec 18.  
Santarcangelo EL, Balocchi R, Scattina E, Manzoni D, Bruschini L, Ghelarducci B, Varanini M.  
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Subjects with high (Highs) and low (Lows) susceptibility to hypnosis show differences in the sensory-motor integration for postural control and in the cardiovascular response to stress and experimental pain. Aim of the experiment was to assess whether the cardiac response to gravity-related stimulation depending on changes in the body position were different in the two groups. Thus, heart rate (HR) and heart rate variability (HRV) were evaluated in sitting and upright position in Highs and Lows. Position-related HRV changes were studied in the time (statistical indexes, Poincaré Plot) and frequency (spectral analysis) domain. Results indicated that upright stance was associated with similar changes in heart rate and different modulation of HRV in the two groups. The association of time and frequency domain analyses allowed hypothesizing different control mechanisms as responsible for the cardiac response to upright stance in Highs and Lows, likely due to a different role of the Very Low Frequency (VLF) spectral component of HRV in the two groups. The results are in line with previous findings indicating a natural protection of Highs against cardiovascular events and suggest that the Highs' cardiac function might be less impaired by microgravity than the Lows' one.

[1411]  
New insights into neuromodulatory approaches for the treatment of pain.  
J Pain. 2008 Mar;9(3):193-9. Epub 2007 Dec 21.  
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Two lines of evidence about the association between the experience of pain and brain state (measured via electroencephalogram or EEG) have recently come to light. First, research from a number of sources suggests a link between brain EEG activity and the experience of pain. Specifically, this research suggests that the subjective experience of pain is associated with relatively lower amplitudes of slower wave (delta, theta, and alpha) activity and relatively higher amplitudes of faster wave (beta) activity. Second, there has been a recent increase in interest in interventions that impact the cortical neuromodulation of pain, including behavioral treatments (such as self-hypnosis training and neurofeedback) and both invasive and noninvasive brain stimulation. Although a direct causal link between experience of pain and brain activity as measured by EEG has not been established, the targeting of pain treatment at a cortical level by trying to affect EEG rhythms directly is an intriguing possibility. PERSPECTIVE: Preliminary evidence suggests the possibility, which has not yet adequately tested or proven, that the experience of chronic pain is linked to cortical activity as assessed via an electroencephalogram. Support for this hypothesis would have important implications for understanding the mechanisms that underlie a number of pain treatments, and for developing new innovative treatments for chronic pain management.

[1412]  
An evidence-based approach to lifestyle interventions in urogynaecology.  
Menopause Int. 2007 Dec;13(4):154-8.  
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Urinary incontinence, urgency, overactive bladder symptoms, cystitis and urinary tract infections are common conditions that collectively trouble over one-third of the female population around and beyond the time of menopause, with a detrimental effect on physical, social and mental wellbeing. Apart from pharmacological and surgical treatments, a long list of lifestyle, behavioural, physical and complementary interventions have been introduced over the years to relieve lower urinary tract symptoms. This review examines the effect on these symptoms of lifestyle factors (such as weight, smoking, dietary components, fluid intake, exercise and bowel habit), complementary therapies (such as herbal remedies, acupuncture and hypnotherapy), behavioural therapies (bladder training and timed and prompted voiding), pelvic floor muscle training and some over-the-counter preparations. The high prevalence of the above conditions in combination with the increasing publicity for and awareness of the subject has contributed to the popularity of the interventions considered in this review. Many of them, however, lack a solid evidence base with regard to their efficacy and few have been subjected to robust randomized trials. It is widely recognized that there is a need for further prospective interventional studies of all lifestyle interventions to evaluate the effects of modifying these factors on lower urinary tract symptoms.

[1413]

Space and time in psychoanalytic listening.  
Int J Psychoanal. 2007 Dec;88(Pt 6):1473-90.  
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The analytic situation is by definition traumatic because it evokes hilflosigkeit, the state of helplessness of the newborn infant, which is the prototype of the traumatic situation, and at the origin of the experience of anxiety. The author addresses the chain of associations between the state of helplessness, repetition compulsion, trauma, infantile sexuality, pleasure and displeasure, which lie at the core of the transference experience, and which find their ultimate expression in the analyst's listening. The discovery of the compulsion to repeat instituted a paradigmatic shift in Freud's formulations, emphasizing the process of repetition of trauma, and instituting a link between the network of concepts indicated above. In the clinical example discussed, the author defines the psychoanalytic process by the primacy of sexuality, the erotic passivation in the transference that evokes the traumatic childhood sexual scene. Sexuality and sexual phantasies are at the centre of the elaboration of meaning. Furthermore, the author distinguishes between two types of interpretations, namely 'open' and 'closed'.

[1414]

Hypnotic analgesia.  
Expert Rev Neurother. 2007 Dec;7(12):1675-83.  
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Hypnosis has been used for centuries to treat various types of pain problems. Anecdotal reports of its efficacy have been around since the early 1800 s, but only recently has sophisticated research advanced the field. This paper will summarize the theoretical and clinical foundations of hypnotic analgesia, as well as offer recommendations for increasing its efficacy and improving future research to advance the field.

[1415]

[Psychotherapy in somatic diseases--for example gastrointestinal disorders]  
Psychiatr Danub. 2007 Dec;19(4):327-31.  
[Article in German]  
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The functional gastrointestinal disorders (FGID) are the most frequent clinical conditions seen in practice. Up to 60% of these patients is also suffering from psychosocial problems. Therefore it is important to define the patient's complaints in terms of a biopsychosocial disorder, to acknowledge the relevance of the psychosocial aspects and to provide an integrated psychosomatic treatment or a psychotherapy if indicated. Most of the research on psychotherapy in FGID to date has focused on the irritable bowel syndrome and different methods of treatments were studied (e.g., cognitive-behavioral therapy, dynamic psychotherapy, hypnotherapy, and relaxation). Randomised controlled studies have shown that psychotherapy is superior to conventional medical therapy. Hypnotherapy is successful not only for irritable bowel syndrome but also for functional dyspepsia. Predictors of a positive response to psychological treatment generally are: (1) awareness that stress exacerbates their bowel symptoms, (2) at least mild anxiety or depression, (3) the predominant bowel symptom is abdominal pain or diarrhea and not constipation, (4) the abdominal pain waxes and wanes in response to eating, defecation, or stress rather than being constant pain, and 5) the symptoms are of relatively short duration. Benefits persist over years, and in the long run, clinic visits and health care costs can be reduced.

[1416]

[Patient satisfaction after oral and maxillofacial procedures under clinical hypnosis]  
Mund Kiefer Gesichtschir. 2007 Dec;11(6):309-15.  
[Article in German]  
Hermes D, Trübger D, Hakim SG.  
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The Department of Maxillofacial Surgery of the University Hospital Schleswig-Holstein/Campus Lübeck offers intraoperative hypnosis since 2002. Besides clinical evaluation by controlled studies, patients attitudes should be included in the judgement on such adjuvant procedure not established in general. 70 patients of the department treated under combined local anaesthesia/hypnosis rated their individual postoperative patient satisfaction by standardised questionnaires. A control group of equal size and demographic/surgical features consisted of patients that were treated without hypnosis in the same interval. Results of the inquiry indicate that intraoperative hypnosis increases significantly postoperative satisfaction of oral and maxillofacial patients. Satisfaction is attributed decisively on the adjuvant procedure.

[1417]

[Non-pharmacological methods for the treatment of pain in children and adolescents]

Arch Pediatr. 2007 Dec;14(12):1477-80. Epub 2007 Oct 10.

[Article in French]

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This article deals with non-pharmacological methods for the treatment of pain in children and adolescents: acupuncture, homeopathy, transcutaneous electrical nerve stimulation, massage, relaxation, heat therapy, and hypnosis. These specialized techniques are used separately, either alone or in association with pharmacological methods. They have the specificity of considering the patient as a whole, including the biological and psycho-affective aspects. These methods are being developed more often, increasingly used but are still far from being systematic.

[1418]

Guidelines on the irritable bowel syndrome: mechanisms and practical management.

Gut. 2007 Dec;56(12):1770-98. Epub 2007 May 8.

Spiller R, Aziz Q, Creed F, Emmanuel A, Houghton L, Hungin P, Jones R, Kumar D, Rubin G, Trudgill N, Whorwell P; Clinical Services Committee of The British Society of Gastroenterology.

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**BACKGROUND:** IBS affects 5-11% of the population of most countries. Prevalence peaks in the third and fourth decades, with a female predominance. **AIM:** To provide a guide for the assessment and management of adult patients with irritable bowel syndrome.

**METHODS:** Members of the Clinical Services Committee of The British Society of Gastroenterology were allocated particular areas to produce review documents. Literature searching included systematic searches using electronic databases such as Pubmed, EMBASE, MEDLINE, Web of Science, and Cochrane databases and extensive personal reference databases. **RESULTS:** Patients can usefully be classified by predominant bowel habit. Few investigations are needed except when diarrhoea is a prominent feature. Alarm features may warrant further investigation. Adverse psychological features and somatisation are often present. Ascertaining the patients' concerns and explaining symptoms in simple terms improves outcome. IBS is a heterogeneous condition with a range of treatments, each of which benefits a small proportion of patients. Treatment of associated anxiety and depression often improves bowel and other symptoms. Randomised placebo controlled trials show benefit as follows: cognitive behavioural therapy and psychodynamic interpersonal therapy improve coping; hypnotherapy benefits global symptoms in otherwise refractory patients; antispasmodics and tricyclic antidepressants improve pain; ispaghula improves pain and bowel habit; 5-HT(3) antagonists improve global symptoms, diarrhoea, and pain but may rarely cause unexplained colitis; 5-HT(4) agonists improve global symptoms, constipation, and bloating; selective serotonin reuptake inhibitors improve global symptoms. **CONCLUSIONS:** Better ways of identifying which patients will respond to specific treatments are urgently needed.

[1419]

Trauma-related and neutral false memories in war-induced Posttraumatic Stress Disorder.

Conscious Cogn. 2007 Dec;16(4):877-85. Epub 2006 Aug 9.

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Recent models of cognition in Posttraumatic Stress Disorder (PTSD) predict that trauma-related, but not neutral, processing should be differentially affected in these patients, compared to trauma-exposed controls. This study compared a group of 50 patients with PTSD related to the war in Bosnia and a group of 50 controls without PTSD but exposed to trauma from the war, using the DRM method to induce false memories for war-related and neutral critical lures. While the groups were equally susceptible to neutral critical lures, the PTSD group mistakenly recalled more war-related lures. Both false and correct recall were related more to depression than to self-rated trauma. Implications for accounts of false memories in terms of source-monitoring are discussed.

[1420]

Self-mutilating behavior in patients with dissociative disorders: the role of innate hypnotic capacity.

Isr J Psychiatry Relat Sci. 2008;45(1):39-48.

Ebrinc S, Semiz UB, Basoglu C, Cetin M, Agargun MY, Algul A, Ates A.

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**BACKGROUND:** Despite the fact that the assumption of a relationship between self-mutilation and dissociative disorders (DD) has a long history, there is little empirical evidence to support this premise. The present study examined this relationship and investigated whether this commonality is associated with innate hypnotic capacity. **METHODS:** Fifty patients diagnosed with DD and 50 control subjects with major depression were assessed by using a self-mutilation questionnaire, Dissociative Experiences Scale, Traumatic Experiences Checklist, and the Eye-Roll Sign for their self-mutilating behaviors, dissociative symptoms, early trauma, and innate hypnotic capacity, respectively. **RESULTS:** We have found that 82% of the present sample of patients with DD injured themselves. They had higher scores on trauma, dissociation and eye-roll measurements than controls. In addition, DD patients with self-mutilation were more likely to have high scores of trauma, dissociation and eye-roll than those without self-mutilation. Innate hypnotic capacity was a strong predictor of self-mutilating behavior in DD patients. **CONCLUSIONS:** This study strongly supports the assumption that patients with DD are at high risk for self-mutilating behavior and points to the necessity of routine screening for self-mutilating behavior as well as the hypnotic capacity which may constitute a high risk for self-injury in this patient group.

[1421]

[Mood induction procedures: a critical review]

Encephale. 2008 Jun;34(3):233-9. Epub 2008 Jan 22.

[Article in French]

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For a long period in the history of psychological research, emotion and cognition have been studied independently, as if one were

irrelevant to the other. The renewed interest of researchers for the study of the relations between cognition and emotion has led to the development of a range of laboratory methods for inducing temporary mood states. This paper aims to review the main mood induction procedures allowing the induction of a negative mood as well as a positive mood, developed since the pioneer study of Schachter and Singer [Psychol Rev 69 (1962) 379-399] and to account for the usefulness and problems related to the use of such techniques. The first part of this paper deals with the detailed presentation of some of the most popular mood induction procedures according to their type: simple (use of only one mood induction technique) or combined (association of two or more techniques at once). The earliest of the modern techniques is the Velten Mood Induction Procedure [Behav Res Ther 6 (1968) 473-482], which involves reading aloud sixty self-referent statements progressing from relative neutral mood to negative mood or dysphoria. Some researchers have varied the procedure slightly by changing the number of the statements [Behav Res Ther 21 (1983) 233-239, Br J Clin Psychol 21 (1982) 111-117, J Pers Soc Psychol 35 (1977) 625-636]. Various other mood induction procedures have been developed including music induction [Cogn Emotion 11 (1997) 403-432, Br J Med Psychol 55 (1982) 127-138], film clip induction [J Pers Soc Psychol 20 (1971) 37-43, Cogn Emotion 7 (1993) 171-193, Rottenberg J, Ray RR, Gross JJ. Emotion elicitation using films. In: Coan JA, Allen JJB, editors. The handbook of emotion elicitation and assessment. New York: Oxford University Press, 2007], autobiographical recall [J Clin Psychol 36 (1980) 215-226, Jallais C. Effets des humeurs positives et négatives sur les structures de connaissances de type script. Thèse de doctorat non publiée. Université de Nantes, Nantes] or combined inductions [Gilet AL. Etude des effets des humeurs positives et négatives sur l'organisation des connaissances en mémoire sémantique. Thèse de doctorat non publiée, Université de Nantes, Nantes, J Ment Imagery 19 (1995) 133-150]. In music or film clip inductions, subjects are asked to listen or view some mood-suggestive pieces of material determined by the experimenter according to standardized music or film sets [J Ment Imagery 19 (1995) 133-150, Cogn Emotion 7 (1993) 171-193] and selected to elicit target moods. According to many authors, these two mood induction procedures seem to be among the most effective manners to induce moods [Br J Psychol 85 (1994) 55-78, Eur J Soc Psychol 26 (1996) 557-580] in an individual or in a group setting [Jallais C. Effets des humeurs positives et négatives sur les structures de connaissances de type script. Thèse de doctorat non publiée. Université de Nantes, Nantes]. As it is believed that multiple inductions contribute additively to a mood [Am Psychol 36 (1981) 129-148], researchers proposed to combine two or more techniques at the same time. Thus, the Velten Mood Induction Procedure has been successively associated with the hypnosis mood induction procedure [J Pers Soc Psychol 42 (1982) 927-934], the music mood induction procedure [Behav Res Ther 21 (1983) 233-239, J Exp Soc Psychol 26 (1990) 465-480] or the imagination mood induction procedure [Br J Clin Psychol 21 (1982) 111-117]. Successful combinations of inductions usually use a first induction that occupies foreground attention and a second one that contributes to congruent background atmosphere. One of the most successful combined mood induction procedures has been developed by Mayer, Allen and Beauregard [J Ment Imagery 19 (1995) 133-150]. This technique associates guided imagery with music and is supposed to increase effectiveness of the induction. In the second part of this paper the aim is to present the usefulness of mood induction procedures in the study of cognitive processes in depression [Clin Psychol Rev 25 (2005) 487-510], borderline personality disorder [J Behav Ther Exp Psychiatry 36 (2005) 226-239] or associated with brain imaging [Am J Psychiatry 161 (2004) 2245-2256]. Then the inherent problems to the use of experimental mood induction procedures are reconsidered. Doubts have effectively arisen about the effectiveness and validity of the mood induction procedures usually used in research. Some authors questioned whether a sufficient intensity of mood is produced or the possibility that the effects observed are due mainly to demand effects [Br J Psychol 85 (1994) 55-78, Clin Psychol Rev 10 (1990) 669-697, Eur J Soc Psychol 26 (1996) 557-580]. In fact, the various mood induction procedures are not equal with regard to the demand effects observed. The question of demand characteristics with respect to mood induction procedures is still under debate, even if demand effects are supposed to be most likely to occur with self-statement techniques (especially with the Velten mood induction procedure) or when subjects are explicitly instructed to try to enter a specific mood state [Eur J Soc Psychol 26 (1996) 557-580]. Another interrogation relates to the effectiveness of these various procedures of induction and the duration of induced moods. Generally, the various techniques used produce true changes of moods in the majority if not the whole of the subjects. However, certain procedures seem more effective in inducing a mood in particular [Br J Psychol 85 (1994) 55-78, Clin Psychol Rev 10 (1990) 669-697, Eur J Soc Psychol 26 (1996) 557-580]. As for the duration of induced moods this depends at the same time on the procedure used and the mood induced. Nevertheless, mood induction remains fundamental in the study of the effects of mood on the cognitive activities, insofar as it makes it possible to study the effects of negative as well as positive moods.

[1422]

Failed therapy and directions for the future in dyspepsia.

Dig Dis. 2008;26(3):218-24. Epub 2008 May 6.

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Functional gastrointestinal disorders including functional dyspepsia are highly prevalent. Their clinical course is benign without disease-associated mortality. On the other hand, the impact can be substantial for the affected patients with regard to the decrease of quality of life, and for society with regard to the economical implications. Functional dyspepsia is a clinical syndrome with various underlying pathophysiologies. Thus, it is understandable that there is no single cure available. Reassurance by ruling out relevant differential diagnoses, explanation, and general advice with regard to the underlying causes and dietary and life-style measures are important components of the management of these patients. Well established medical treatments include *Helicobacter pylori* eradication, acid inhibitory agents and prokinetics. The overall gain over placebo ranges from less than 5% for *H. pylori* eradication to 15% for antisecretory agents and prokinetics. Thus, even considering a substantial proportion of patients with spontaneous remissions (usually addressed as placebo response in clinical trials), there are 20 to 40% of patients who do not respond properly to these measures. In these patients, other treatment modalities need to be considered. These second- or third-line measures include herbal medicines and psychotropic agents. Some of the herbal preparations have been well studied in controlled clinical trials with sufficient scientific evidence to assume efficacy. Psychotropic drugs on the other hand have, as yet, not been specifically tested in functional dyspepsia. Medications such as clonidine, buspirone or octreotide can be helpful in few selected patients. However, a very careful assessment of potential risks and benefits needs to be undertaken on a case-by-case basis. Other evidence-based measures include psychological interventions such as psychotherapy and hypnotherapy. Copyright 2008 S. Karger AG, Basel.

[1423]

Hypnosis upregulates the expression of immune-related genes in lymphocytes.

Psychother Psychosom. 2008;77(4):257-9. Epub 2008 Apr 25.

Kovács ZA, Puskás LG, Juhász A, Rimanóczy A, Hackler L Jr, Kátay L, Gali Z, Vetró A, Janka Z, Kálmán J.

[abstract not found]

[1424]

[Efficiency of autogenous training in medical rehabilitation of patients with irritable colon syndrome with constipation dominance]  
Vopr Kurortol Fizioter Lech Fiz Kult. 2008 Jan-Feb;(1):24-7.

[Article in Russian]

Pakhomova IV, Aivazian TA, Zaitsev VP, Gusakova EV, Molina LP.

It was established that use of autogenous training makes possible to increase efficiency of the therapy, leading to considerable more evident improvement of somatic and psychotic state, decrease of pain syndrome. Predictors of efficiency of autogenous training were marked out. Indications for use the method in medical rehabilitation of patients with irritable colon syndrome with constipation dominance were elaborated.

[1425]

[Hypnosis and pain management]

Soins. 2008 Jan-Feb;(722):23-5.

[Article in French]

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[abstract not found]

[1426]

Nonpharmacologic management of common skin and psychocutaneous disorders.

Dermatol Ther. 2008 Jan-Feb;21(1):60-8.

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Data supporting the effectiveness of nonpharmacologic psychocutaneous techniques continues to accumulate. These interventions are used for the treatment of common and psychocutaneous skin conditions. They are most commonly used as adjuncts to traditional therapies. This article will review the data on the effectiveness of hypnosis, biofeedback, psychotherapy, meditation, support groups, guided imagery and progressive muscle relaxation, and psychotherapy.

[1427]

Review of systematic reviews on acute procedural pain in children in the hospital setting.

Pain Res Manag. 2008 Jan-Feb;13(1):51-7.

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**BACKGROUND:** Acute pain is a common experience for hospitalized children. Despite mounting research on treatments for acute procedure-related pain, it remains inadequately treated. **OBJECTIVE:** To critically appraise all systematic reviews on the effectiveness of acute procedure-related pain management in hospitalized children. **METHODS:** Published systematic reviews and meta-analyses on pharmacological and nonpharmacological management of acute procedure-related pain in hospitalized children aged one to 18 years were evaluated. Electronic searches were conducted in the Cochrane Database of Systematic Reviews, Medline, EMBASE, the Cumulative Index to Nursing and Allied Health Literature and PsycINFO. Two reviewers independently selected articles for review and assessed their quality using a validated seven-point quality assessment measure. Any disagreements were resolved by a third reviewer. **RESULTS:** Of 1469 published articles on interventions of acute pain in hospitalized children, eight systematic reviews met the inclusion criteria and were included in the analysis. However, only five of these reviews were of high quality. Critical appraisal of pharmacological pain interventions indicated that amethocaine was superior to EMLA (AstraZeneca Canada Inc) for reducing needle pain. Distraction and hypnosis were nonpharmacological interventions effective for management of acute procedure-related pain in hospitalized children. **CONCLUSIONS:** There is growing evidence of rigorous evaluations of both pharmacological and nonpharmacological strategies for acute procedure-related pain in children; however, the evidence underlying some commonly used strategies is limited. The present review will enable the creation of a future research plan to facilitate clinical decision making and to develop clinical policy for managing acute procedure-related pain in children.

[1428]

Hypnosis to alleviate perioperative anxiety and stress: a journey to challenge ideas.

J Perioper Pract. 2008 Jan;18(1):14-6.

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Mention the possibility of surgery to a patient and most will react with a feeling of apprehension at best. Some will be horrified at the mere thought of being 'cut open'. For others, it will be the suggestion of entering a hospital for anything longer than an out patient appointment. Newspaper reports of healthcare-acquired infections (HAIs) may spring to mind: 'Will I leave with more than I came in for?'; 'What if it goes wrong?'; 'Who will look after the family?'. All this worrying leads to increased anxiety and stress, and the patient has not even been put on the waiting list yet, let alone been admitted.

[1429]

Hypnosis-provoked nonepileptic events in children.

Epilepsy Behav. 2008 Apr;12(3):456-9. Epub 2008 Jan 14.

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**OBJECTIVE:** The purpose of this study was to describe the use of hypnotic suggestion as a means of precipitating nonepileptic events



in children while they are undergoing video electroencephalographic monitoring (VEEG) for differential diagnosis of seizurelike behavior. METHODS: Nine children aged 8-16 years were referred for VEEG to differentiate between epileptic seizures and nonepileptic events. All subjects underwent psychiatric consultation. Hypnosis was attempted in all subjects to try to provoke typical seizurelike events. RESULTS: In eight of nine patients, their typical seizurelike events were provoked by hypnosis. In all eight children, video and EEG analysis of the provoked events demonstrated them to be nonepileptic. No epileptiform abnormalities were present on interictal EEGs. No epileptic seizures occurred. CONCLUSION: Hypnosis is a useful and ethical means of provoking psychogenic nonepileptic events in children. Hypnotic suggestion should be considered as a provocative method when possibly psychogenic nonepileptic events have not occurred spontaneously during diagnostic evaluation.

[1430]

Gender-related differences in hypnosis-based treatments for smoking: a follow-up meta-analysis.  
Am J Clin Hypn. 2008 Jan;50(3):259-71.  
Green JP, Lynn SJ, Montgomery GH.  
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In an earlier meta-analysis of 12 studies using hypnosis-based treatments for smoking cessation, we provided preliminary evidence that males fare better than females when trying to quit smoking (Green, Lynn, & Montgomery, 2006). By excluding studies that reported no gender differences, but failed to report final outcome-statistics-by-gender, our previous conclusion may have overestimated the role of gender in hypnosis-based smoking cessation treatment. In the present analysis, we included 12 additional studies that reported no gender differences, but failed to report final outcome-by-gender statistics. Across each of these studies, we calculated identical success rates for male and female participants and then added these results to our database. Among all 24 groups of participants who completed hypnosis-based treatment for smoking, we found a small but significant effect for male participants being more successful in quitting smoking relative to females. Specific suggestions for tailoring hypnosis smoking cessation programs to take gender differences into account are discussed.

[1431]

Men are grass: Bateson, Erickson, utilization and metaphor.  
Am J Clin Hypn. 2008 Jan;50(3):247-57.  
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The relationship between metaphor and the practice of utilization in therapy and hypnosis can be seen as dependent on metaphor's role in structuring experience. The work of Gregory Bateson and others is used to illustrate how metaphor functions. Bateson's comparison of two forms of syllogistic logic provides a background for distinguishing between the experiential effects of metaphor in contrast to the categorical thinking inherent in simile and analogy. Clinical examples are given to demonstrate how utilization is structured by metaphor, particularly as Bateson has described it in his analysis of the Syllogism in Grass.

[1432]

Strategic eclecticism in hypnotherapy: effectiveness research considerations.  
Am J Clin Hypn. 2008 Jan;50(3):233-45.  
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Hypnosis is attempting to come to grips with the EST (Empirically Supported Therapy) revolution in mental health practice. However, there are ways to account for outcome outside of simple empirical validation of treatment models. In this light, strategic eclecticism as a broader research-based consideration is used to illustrate empirical principles within Eriksonian hypnotherapeutic approaches.

[1433]

An exploratory outcome comparison between an Ericksonian approach to therapy and brief dynamic therapy.  
Am J Clin Hypn. 2008 Jan;50(3):217-32.  
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The purpose of this study was to determine whether an Ericksonian approach to therapy using hypnosis (ET) was as effective as brief dynamic therapy (BDT), a long-standing and well-researched form of psychotherapy. The study used a comparative pretest/posttest design with four paper and pencil tests [Clark Personal and Social Adjustment Scale (CPSAS), Hopkins Symptom Checklist (HSCL), Target Complaint (TC), and Global Improvement (GI)] and six therapy sessions. The investigators attempted to choose design features that would not interfere with the unique qualities of ET while maintaining empirical regularity. No statistically significant difference was found except on HSCL where ET was superior. An interesting finding was that without direct discussion of the target complaint, ET brought about the same improvement on targeted problems as BDT. ET subjects reported gaining understanding of their problems as much as BDT subjects, but from a different source. The results of this study are a step toward empirical confirmation of ET as an evidence-based treatment alternative for psychotherapy.

[1434]

Hypnosis and cognitive-behavioral therapy during breast cancer radiotherapy: a case report.  
Am J Clin Hypn. 2008 Jan;50(3):209-15.  
Schnur JB, Montgomery GH.  
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This case report describes an effort to control two primary side-effects of breast cancer radiotherapy (fatigue and skin discomfort) that used a combination of cognitive-behavioral therapy with hypnosis (CBTH). Two patients, matched on demographic and medical variables (marital status, employment status, number of children, cancer diagnosis, surgical history, radiation dose), were compared: one who received a CBTH intervention and one who received standard care. Results were consistent with the view that CBTH was

effective in managing fatigue and skin discomfort, and increasing relaxation.

[1435]

Pinch-induced behavioral inhibition ('clipnosis') in domestic cats.  
J Feline Med Surg. 2008 Feb;10(1):82-7. Epub 2008 Jan 28.  
Pozza ME, Stella JL, Chappuis-Gagnon AC, Wagner SO, Buffington CA.  
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Research has documented immobilization of rodents, rabbits, guinea pigs and dogs by mechanical means, typically using neck clips or inversion ('animal hypnosis'). In contrast, only a few studies of mechanical immobilization of cats are available, although some success has been reported in the literature. Domestic cats may be effectively immobilized by clips placed along the animal's dorsum. We use the term 'pinch-induced behavioral inhibition' (PIBI) for this behavior because it describes both the method and the response, while avoiding the more anthropomorphic term 'hypnosis'. We investigated the effectiveness of PIBI and its neurological and habituation effects in healthy cats and cats with idiopathic cystitis (IC). Although not all cats were susceptible to PIBI and effectiveness varied among individuals, PIBI was useful for gentle restraint in most cats.

[1436]

True and false recall and dissociation among maltreated children: the role of self-schema.  
Dev Psychopathol. 2008 Winter;20(1):213-32.  
Valentino K, Cicchetti D, Rogosch FA, Toth SL.  
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The current investigation addresses the manner through which trauma affects basic memory and self-system processes. True and false recall for self-referent stimuli were assessed in conjunction with dissociative symptomatology among abused (N=76), neglected (N=92), and nonmaltreated (N=116) school-aged children. Abused, neglected, and nonmaltreated children did not differ in the level of processing self-schema effect or in the occurrence and frequency of false recall. Rather, differences in the affective valence of false recall emerged as a function of maltreatment subtype and age. Regarding dissociation, the abused children displayed higher levels of dissociative symptomatology than did the nonmaltreated children. Although abused, neglected, and nonmaltreated children did not exhibit differences in the valence of their self-schemas, positive and negative self-schemas were related to self-integration differently among the subgroups of maltreatment. Negative self-schemas were associated with increased dissociation among the abused children, whereas positive self-schemas were related to increased dissociation for the neglected children. Thus, positive self-schemas displayed by the younger neglected children were related to higher dissociation, suggestive of defensive self-processing. Implications for clinical intervention are underscored.

[1437]

Pain, dissociation and subliminal self-representations.  
Conscious Cogn. 2008 Mar;17(1):355-69. Epub 2008 Jan 22.  
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According to recent evidence, neurophysiological processes coupled to pain are closely related to the mechanisms of consciousness. This evidence is in accordance with findings that changes in states of consciousness during hypnosis or traumatic dissociation strongly affect conscious perception and experience of pain, and markedly influence brain functions. Past research indicates that painful experience may induce dissociated state and information about the experience may be stored or processed unconsciously. Reported findings suggest common neurophysiological mechanisms of pain and dissociation and point to a hypothesis of dissociation as a defense mechanism against psychological and physical pain that substantially influences functions of consciousness. The hypothesis is also supported by findings that information can be represented in the mind/brain without the subject's awareness. The findings of unconsciously present information suggest possible binding between conscious contents and self-functions that constitute self-representational dimensions of consciousness. The self-representation means that certain inner states of own body are interpreted as mental and somatic identity, while other bodily signals, currently not accessible to the dominant interpreter's access are dissociated and may be defined as subliminal self-representations. In conclusion, the neurophysiological aspects of consciousness and its integrative role in the therapy of painful traumatic memories are discussed.

[1438]

[Non pharmacologic treatment of neuropathic pain]  
Presse Med. 2008 Feb;37(2 Pt 2):354-7. Epub 2008 Jan 11.  
[Article in French]  
Guastella V, Mick G, Laurent B.  
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Nondrug treatments of neuropathic pain should always begin at the same time as pharmacologic treatment. There are three types of nondrug treatment for neuropathic pain: physical, surgical, and "psychocorporal" and psychotherapeutic treatment. Transcutaneous electrical nerve stimulation (TENS) is a simple physical treatment that strengthens local inhibitory controls and is indicated in focal neuropathic pain when upstream stimulation is possible for a superficial sensitive nerve trunk. Destructive surgery is represented today by "DREZotomy", destruction of nociceptive fibers and their dorsal root entry zones. It is indicated essentially in intractable pain due to plexus avulsion. Functional surgery is implanted electric stimulation--either spinal or central (encephalic)--of structures that exert inhibitory control on the pain pathways. Spinal stimulation is performed at the level of the posterior spinal cord and is indicated essentially in segmental mononeuropathies refractory to drug treatment. Central stimulation is performed at the motor cortex and is indicated for refractory central pain. "Psychocorporal" techniques (relaxation, sophrology, hypnosis) are useful to reduce anxiety and neurovegetative hypertonicity, both factors that aggravate neuropathic pain.

[1439]

Message framing for smoking cessation: the interaction of risk perceptions and gender.

Nicotine Tob Res. 2008 Jan;10(1):195-200.

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Because quitting smoking is clearly linked to preventing health problems such as lung cancer, research on health message framing based on prospect theory suggests that gain-framed messages (i.e., emphasizing the benefits of quitting smoking) would be more persuasive in promoting cessation than loss-framed messages (i.e., emphasizing the costs of continuing to smoke). However, because women tend to anticipate greater perceived risk from quitting smoking than men, this may affect how receptive they are to specific message framing interventions. Data from 249 participants (129 females, 120 males) in a clinical trial of message framing for smoking cessation with bupropion were used to examine how gender differences in perceptions of the risks associated with quitting influence the effects of framed interventions using number of days to smoking relapse as the criterion. Perceived risk of quitting scores were dichotomized using a median split for the entire sample. Women reported a higher perceived risk of cessation than men. Participants who anticipated high risks associated with quitting smoking reported fewer days to relapse. Further, females in the gain-framed condition who reported low perceived risks of cessation had a greater number of days to relapse, as opposed to females in the loss-framed condition. These findings suggest that message framing interventions for smoking cessation should consider the influence of gender and risk perceptions associated with quitting on the effectiveness of framed interventions.

[1440]

Mesmerizing memories: brain substrates of episodic memory suppression in posthypnotic amnesia.

Neuron. 2008 Jan 10;57(1):159-70.

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Two groups of participants, one susceptible to posthypnotic amnesia (PHA) and the other not, viewed a movie. A week later, they underwent hypnosis in the fMRI scanner and received a suggestion to forget the movie details after hypnosis until receiving a reversal cue. The participants were tested twice for memory for the movie and for the context in which it was shown, under the posthypnotic suggestion and after its reversal, while their brain was scanned. The PHA group showed reduced memory for movie but not for context while under suggestion. Activity in occipital, temporal, and prefrontal areas differed among the groups, and, in the PHA group, between suggestion and reversal conditions. We propose that whereas some of these regions subserved retrieval of long-term episodic memory, others are involved in inhibiting retrieval, possibly already in a preretrieval monitoring stage. Similar mechanisms may also underlie other forms of functional amnesia.

[1441]

Defining depth of anesthesia.

Handb Exp Pharmacol. 2008;(182):409-23.

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In this chapter, drawn largely from the synthesis of material that we first presented in the sixth edition of Miller's Anesthesia, Chap 31 (Stanski and Shafer 2005; used by permission of the publisher), we have defined anesthetic depth as the probability of non-response to stimulation, calibrated against the strength of the stimulus, the difficulty of suppressing the response, and the drug-induced probability of non-responsiveness at defined effect site concentrations. This definition requires measurement of multiple different stimuli and responses at well-defined drug concentrations. There is no one stimulus and response measurement that will capture depth of anesthesia in a clinically or scientifically meaningful manner. The "clinical art" of anesthesia requires calibration of these observations of stimuli and responses (verbal responses, movement, tachycardia) against the dose and concentration of anesthetic drugs used to reduce the probability of response, constantly adjusting the administered dose to achieve the desired anesthetic depth. In our definition of "depth of anesthesia" we define the need for two components to create the anesthetic state: hypnosis created with drugs such as propofol or the inhalational anesthetics and analgesia created with the opioids or nitrous oxide. We demonstrate the scientific evidence that profound degrees of hypnosis in the absence of analgesia will not prevent the hemodynamic responses to profoundly noxious stimuli. Also, profound degrees of analgesia do not guarantee unconsciousness. However, the combination of hypnosis and analgesia suppresses hemodynamic response to noxious stimuli and guarantees unconsciousness.

[1442]

Anesthetics drug pharmacodynamics.

Handb Exp Pharmacol. 2008;(182):379-408.

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Anesthesia cannot be defined in an unambiguous manner. The essential components of general anesthesia are absence of consciousness and pain. This translates into two particular qualities: (1) sedation and hypnosis, i.e., mental blockade and (2) analgesia/antinociception, i.e., sensory blockade. Anesthetic actions on these two subcomponents are difficult to separate. On the one hand, very few anesthetics act exclusively on one of these components. On the other hand, these components are closely related to each other. Unconsciousness prevents (conscious) perception of pain, and nociception may serve as an arousal stimulus and change the level of sedation and hypnosis. The art of anesthesia lies in adequate dosing of drugs to reach both mental and sensory blockade. Drug administration can be based on pharmacokinetic considerations. Pharmacokinetic models allow an estimation of what happens to the administered drug in the body. Models with an effect site compartment may facilitate a tailored administration of anesthetic drugs. Finally, the quantification of pharmacodynamic effects allows a precise titration of drugs. Clinical assessment of mental blockade is often dichotomous, and therefore not very helpful to guide drug administration. Several scoring systems exist, but once consciousness is lost they become less reliable, in particular because reaction to stimuli is assessed, which mixes assessment of mental blockade with assessment of sensory blockade. Clinical assessment of analgesia requires a conscious patient, so antinociception is difficult to measure. Several methods of objective quantification on the basis of electrical brain activity are discussed including EEG and evoked potentials. Despite numerous indexes of the hypnotic component of anesthesia, there is no parameter that unambiguously quantifies the level of mental or sensory blockade.

[1443]

Clinical inquiries. What are the most effective nonpharmacologic therapies for irritable bowel syndrome?  
J Fam Pract. 2008 Jan;57(1):57-8.  
Lynch A, Webb C, Coffey JB, Sams R 2nd.  
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[abstract not found]

[1444]

Familiarity breeds distortion: the effects of media exposure on false reports concerning media coverage of the terrorist attacks in London on 7 July 2005.  
Memory. 2008 Jan;16(1):76-85.  
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The present experiment investigated whether increased media exposure could lead to an increase in memory distortions regarding a traumatic public event: the explosion of the No. 30 bus in Tavistock Square, London on 7 July 2005. A total of 150 Swedish and 150 UK participants completed a series of questionnaires about their memory of either (i) the aftermath of the explosion, (ii) a non-existent computerised reconstruction of the moment of the explosion, or (iii) non-existent closed circuit television footage of the moment of the explosion. In line with the availability heuristic, U.K. participants were more likely than Swedish participants to claim to have seen all three types of footage. Furthermore, a subsample of U.K. participants who appeared to have developed false "memories" of seeing the No. 30 bus explode scored significantly higher on measures of dissociation and fantasy proneness than participants who did not develop false "memories". This experiment provides further support for the role of imaginative processes in the development of false memories.

[1445]

Effects of "animal hypnosis" on a rhythmic defensive dominant.  
Neurosci Behav Physiol. 2008 Jan;38(1):23-30.  
Galashina AG, Kulikov MA, Bogdanov AV.  
Institute of Higher Nervous Activity and Neurophysiology, Russian Academy of Sciences, Moscow.

A defensive dominant was created in rabbits using rhythmic electrocutaneous stimulation of the left forelimb at a frequency of 0.5 Hz. After stimulation ended, the latent excitation state was tested using sound stimuli. Animals responded either with increases in non-rhythmic paw muscle activity or with rhythmic twitching of the paw at a frequency close to that of the electrocutaneous stimulation. After hypnotization, the incidence of rhythmic responses to the stimulation testing the dominant focus increased, while the incidence of non-rhythmic responses decreased.

[1446]

Genetics and neuroimaging of attention and hypnotizability may elucidate placebo.  
35: Int J Clin Exp Hypn. 2008 Jan;56(1):99-116.  
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Attention binds psychology to the techniques of neuroscience and exemplifies the links between brain and behavior. Associated with attentional networks, at least 3 brain modules govern control processes by drawing on disparate functional neuroanatomy, neuromodulators, and psychological substrates. Guided by data-driven brain theories, researchers have related specific genetic polymorphisms to well-defined phenotypes, including those associated with different attentional efficiencies and hypnosis. Because attention can modulate both cognitive and affective processes, genetic assays together with neuroimaging data have begun to elucidate individual differences. Findings from genetic assays of both attention and hypnotizability pave the way to answering questions such as how high hypnotizable individuals may differ from less-hypnotizable persons. These exploratory findings may extend to the identification of placebo responders.

[1447]

Responding and failing to respond to both hypnosis and a kinesthetic illusion, Chevreul's Pendulum.  
Int J Clin Exp Hypn. 2008 Jan;56(1):83-98.  
Karlin RA, Hill A, Messer S.  
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In this study, participants who failed to exhibit pendulum movement in response to Chevreul's Pendulum (CP) instructions had lower Stanford Hypnotic Susceptibility Scale, Form A (SHSS:A) scores and reported experiencing less subjective response to hypnosis than did their counterparts who exhibited CP movement. However, intensity scores on Shor's Personal Experiences Questionnaire (PEQ) did not differ between pass- and fail-CP groups. Additionally, pass-CP participants showed positive correlations between PEQ intensity scores and hypnotizability scores, while fail-CP participants showed negative correlations among these measures. These findings are consistent with the notion that CP failure may reflect a situation-specific unwillingness to become imaginatively involved rather than a general inability to do so. Additional analyses revealed that 5 of 10 participants who had failed the CP task scored 0 or 1 on the SHSS:A, while only 3 of 65 pass-CP participants scored 0 or 1.

[1448]

Language, mysticism, and hypnotizability: a brief communication.  
37: Int J Clin Exp Hypn. 2008 Jan;56(1):73-82.  
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People attempting to communicate religious and mystical experiences tend to use the same language strategies employed in inducing hypnotic trance. Both incorporate vague language that provides receptive listeners the opportunity to insert their own content. This study examines whether people who have had mystical or religious experiences are also more likely to respond to the language of hypnosis. Eighty-one participants completed the Harvard Group Scale of Hypnotic Susceptibility, Form A and the Hood Mysticism Scale. Participants were divided into 3 equal groups based on "high," "ambiguous," and "low" mysticism scale scores. The high group scored significantly higher on hypnotizability compared to the low group. The relationship between openness to mystical and religious experience and susceptibility to hypnotic suggestion warrants further investigation.

[1449]

Hypnosis as an adjunct therapy in the management of diabetes.  
38: Int J Clin Exp Hypn. 2008 Jan;56(1):63-72.  
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Although diabetes is one of the most serious global health problems, there is no real cure yet for it. The conventional insulin treatment programs aimed at life quality improvement do not take into account the psychological aspects of the disease. Because diabetes has important psychological components, it seems reasonable to consider hypnosis as an adjunct therapy for diabetes. This paper examines the empirical literature on the effectiveness of hypnosis in the management of diabetes, including regulation of blood sugar, increased compliance, and improvement of peripheral blood circulation. Despite some methodological limitations, the literature shows promising results that merit further exploration. Multimodal treatments seem especially promising, with hypnosis as an adjunct to insulin treatments in the management of both Type 1 and Type 2 diabetes for stabilization of blood glucose and decreased peripheral vascular complications.

[1450]

Examining hypnosis legislation: a survey of the practice in Israel.  
Int J Clin Exp Hypn. 2008 Jan;56(1):47-62.  
Aviv A, Dalia G, Gaby G, Kobi P.  
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Hypnosis as a therapeutic technique bears potential risks when carried out inexpertly. Because of this, Israel was the first to legislate hypnosis. This study examines the current state of clinical hypnosis practice in Israel. A questionnaire was sent to 470 licensed hypnotists and 1250 unlicensed professionals; 478 (25.7%) of the 1720 potential respondents returned the questionnaires. Of these, 249 (51.8%) were licensed hypnotists, and 232 (48.2%) were unlicensed. Of the unlicensed professionals, 45% reported practicing hypnosis; 50% of them practice hypnosis with adolescents and 41.2% with children. Many of them practice hypnosis in public clinics (71.6%). Of the licensed professionals, 94.4% reported practicing hypnosis in the course of their clinical work. The authors conclude that great number of unlicensed hypnotists carry on clinical practice of hypnosis and suggest steps to increase the efficiency of the law as part of a regulatory system.

[1451]

Hypnosis and thought suppression - more data: a brief communication.  
Int J Clin Exp Hypn. 2008 Jan;56(1):37-46.  
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This study hypothesized that hypnosis would enhance thought suppression by minimizing the effect of cognitive load. Twenty-eight high and 29 low hypnotizable hypnotized participants received the cognitive load of learning a 6-digit number. Participants then received either a suppression instruction or no instruction for a personal memory of a failure experience. Thought-suppression effectiveness was indexed by measures of self-report monitoring, competition of scrambled sentences, and facial electromyography. Low hypnotizable participants who received the suppression instruction displayed postsuppression rebound on the sentence-unscrambling task. In contrast, high hypnotizable participants did not display any rebound effects. These findings support the proposition that hypnosis facilitates thought suppression.

[1452]

Heart-rate variability as a quantitative measure of hypnotic depth.  
Int J Clin Exp Hypn. 2008 Jan;56(1):1-18.  
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The authors investigated whether heart-rate variability can serve as a device for real-time quantitative measurement of hypnotic depth. This study compared the continuous self-rated hypnotic depth (SRHD) of 10 volunteers with heart rate, amplitude, and frequency changes from a time-frequency analysis of heart-rate variability (HRV). The authors found significant linear relationships between SRHD and the high-frequency (HF) component of HRV. Specifically, SRHD was correlated negatively with the frequency of the HF component and positively with the amplitude of the HF component. Unexpectedly, the average temporal trend in SRHD fit well ( $R(2) = .99$ ) to the step response of a first-order system with a 4-minute time constant. The findings suggest that the reactivity of the parasympathetic branch of the autonomic nervous system reflected in HRV could become part of a real-time, quantitative measure of hypnotic depth.

[1453]

Hypnosis and the analgesic effect of suggestions.  
Pain. 2008 Jan;134(1-2):1-2. Epub 2007 Nov 26.  
Comment on: Pain. 2008 Jan;134(1-2):197-208.  
Rainville P.

[abstract not found]

[1454]

Focused analgesia in waking and hypnosis: effects on pain, memory, and somatosensory event-related potentials.

Pain. 2008 Jan;134(1-2):197-208. Epub 2007 Nov 26.

Comment in: Pain. 2008 Jan;134(1-2):1-2.

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Somatosensory event-related potentials (SERPs) to painful electric standard stimuli under an odd-ball paradigm were analyzed in 12 high hypnotizable (HH), 12 medium hypnotizable (MH), and 12 low hypnotizable (LH) subjects during waking, hypnosis, and a cued eyes-open posthypnotic condition. In each of these conditions subjects were suggested to produce an obstructive imagery of stimulus perception as a treatment for pain reduction. A No-Analgesia treatment served as a control in waking and hypnosis conditions. The subjects were required to count the number of delivered target stimuli. HH subjects experienced significant pain and distress reductions during posthypnotic analgesia as compared to hypnotic analgesia and between these two analgesic conditions as compared to the two control conditions. Outside of hypnosis, these subjects remembered less pain and distress levels than they reported during hypnotic and posthypnotic analgesia treatments. In contrast, for waking-analgesia treatment, HH subjects remembered similar pain and distress levels to those they reported concurrently with the stimulation. HH subjects, during hypnotic and posthypnotic analgesia treatments, detected a smaller number of target stimuli and displayed a significant amplitude reduction of the midline frontal and central N140 and P200 SERP components. No significant SERP differences were observed for these subjects between treatments in waking condition and between hypnotic and posthypnotic analgesic treatments. For the MH and LH subjects no significant N140 and P200 amplitude changes were observed among analgesic conditions as compared to control conditions. These amplitude findings are seen as indicating that hypnotic analgesia can affect earlier and later stages of stimulus processing.

[1455]

Complementary and alternative therapy use in adult survivors of childhood cancer: a report from the Childhood Cancer Survivor Study. *Pediatr Blood Cancer*. 2008 Jan;50(1):90-7.

Mertens AC, Sencer S, Myers CD, Recklitis C, Kadan-Lottick N, Whitton J, Marina N, Robison LL, Zeltzer L.

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**BACKGROUND:** Little information is available on the use of complementary and alternative medicine (CAM) in long-term survivors of childhood and adolescent cancer. **PROCEDURE:** The Childhood Cancer Survivor Study (CCSS) is a resource evaluating the long-term effects of cancer and associated therapies in 5-year survivors of childhood and adolescent cancer diagnosed between 1970 and 1986 before the age of 21 years. A survey of CAM use during the previous year was distributed in 2000-2001 and completed by 9,984 survivors and 2,474 sibling controls. **RESULTS:** CAM use reporting was similar in cases (39.4%) and siblings (41.1%). Compared to female siblings, female survivors were more likely to use biofeedback (odds ratio (OR) = 3.3; 95% CI = 1.0-10.8) and hypnosis/guided imagery (OR = 3.2; 95% CI = 1.6-6.8); male survivors were more likely than male siblings to use herbal remedies (OR = 1.3; 95% CI = 1.1-1.6). Factors associated with CAM use in survivors included elevated scores on the brief symptom inventory (BSI)-18 (OR = 1.6; 95% CI = 1.3-1.9), prolonged pain (OR = 1.5; 95% CI = 1.3-1.7), and having seen a physician in the past 2 years (OR = 1.6; 95% CI = 1.4-1.8). Survivors reporting low alcohol intake and excellent or good general health reported lower levels of CAM use (OR = 0.7; 95% CI = 0.7-0.8 and OR = 0.8; 95% CI = 0.7-0.9, respectively). **CONCLUSIONS:** Survivors have a similar reported use of CAM compared to a sibling cohort. However, our data suggest that survivors turn to CAM for specific symptoms related to previous diagnosis and treatment. Future research is needed to determine whether CAM use reflects unmet health needs in this population. (c) 2007 Wiley-Liss, Inc.

[1456]

How to put hypnosis into a placebo pill?

*Complement Ther Med*. 2008 Feb;16(1):52-4. Epub 2007 Jun 20.

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Many case studies and several controlled clinical trials have indicated the effectiveness of hypnotherapy for some medical conditions. However, because of methodological inadequacies hypnotherapy is still criticized for not having strong scientific evidence to support its claims. While randomized placebo-controlled clinical trial is generally accepted as the gold standard study design, creating a credible placebo control for hypnotherapy is a major challenge. This paper recommends "neutral hypnosis" as a credible placebo control for hypnotherapy trials.

[1457]

Psychogenic and organic movement disorders in children.

*Dev Med Child Neurol*. 2008 Apr;50(4):300-4. Epub 2008 Feb 28.

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We report on 34 patients with abnormal body movements (AMs; 11 females, 23 males; mean age 10 y 1 mo, range 3 y 6 mo-15 y 11 mo). Twenty-three of the 34 patients had an organic movement disorder (OMD), five patients fulfilled the diagnostic criteria of documented psychogenic movement disorder (PMD), and six patients displayed probable or possible PMD. Diagnosis of children with OMD included essential tremor (n=7), Tourette syndrome (n=5), primary dystonia (n=2), chronic motor tics (n=2), viral cerebellar ataxia (n=2), drug-induced ataxia (n=1), thyrotoxicosis related tremor (n=1), autosomal inherited dystonia (n=1), poststreptococcal chorea (n=1), and benign head tremor (n=1). Consistent findings among patients with PMD included disappearance of AMs when the patients thought they were not being observed and satisfactory recovery from the AMs after psychotherapy or suggestion. Reduction of the movements when the patient was distracted and variability of AMs during full relaxation, sleep, and stress were reported among patients with both PMD and OMD.

[1458]

Conscious hypnosis as a method for patient motivation in cervical headgear wear--a pilot study.  
Eur J Orthod. 2008 Apr;30(2):147-52. Epub 2008 Feb 8.  
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The aim of the present study was to assess the efficiency of conscious hypnosis on patient cooperation. The subjects were 30 patients (14 females and 16 males) with a skeletal Class II division 1 malocclusion, divided into two equal groups, a control and a study group. The mean age was 10.78 +/- 1.06 years for the hypnosis, and 10.07 +/- 1.09 years for the control group. Both groups were treated with cervical headgear containing a timer module. The patients were also asked to record their actual wear time on timetables. The hypnosis group patients were motivated with conscious hypnosis while the control group were given verbal motivation by their orthodontist. The timer modules were read at every visit and compared with the timetables. Analysis of variance was used to determine the differences in measurements at each time point. For comparison of the groups, an independent t-test was used. A statistically significant decrease ( $P < 0.05$ ) in headgear wear was observed in the control group from the first to the sixth month; however, the difference in the hypnosis group was not significant. This result indicates that conscious hypnosis is an effective method for improving orthodontic patient cooperation. There was a low correlation between actual headgear wear indicated by the patient and that recorded by the timing modules, which showed that, timetables are not consistent tools for measuring patient cooperation.

[1459]

Hypnosis and pain in children.  
J Pain Symptom Manage. 2008 Apr;35(4):437-46. Epub 2008 Feb 4.  
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The development of studies on neuroimaging applied to hypnosis and to the study of pain not only helps to validate the existence of a hypnotic state but also to ratify its therapeutic effects. These studies also enable us to understand how hypnosis is effective on the cortical level. It also helps us see, from another perspective, the mechanisms of pain leading perhaps to a different definition of pain. This article develops the latest knowledge in the domain of hypnosis and pain, and approaches the clinical practices and their applications in the management of pain in children.

[1460]

Hypnosis decreases presurgical distress in excisional breast biopsy patients.  
Anesth Analg. 2008 Feb;106(2):440-4, table of contents.  
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**BACKGROUND:** Excisional breast biopsy is associated with presurgical psychological distress. Such distress is emotionally taxing, and may have negative implications for postsurgical side effects and satisfaction with anesthesia. We investigated the ability of a brief hypnosis session to reduce presurgical psychological distress in excisional breast biopsy patients. **METHODS:** Ninety patients presenting for excisional breast biopsy were randomly assigned to receive either a 15-minute presurgery hypnosis session ( $n = 49$ , mean age: 46.4 (95% CI: 42.3-50.4)) or a 15-minute presurgery attention control session ( $n = 41$ , mean age: 45.0 (95% CI: 40.8-49.2)). The hypnosis session involved suggestions for increased relaxation and decreased distress. The attention control session involved nondirective empathic listening. Presurgery distress was measured using visual analog scales (VAS) and the short version of the Profile of Mood States (SV-POMS). Data were analyzed using analysis of variance and chi2 procedures. **RESULTS:** Groups did not differ in terms of the following: demographics (age, education, ethnicity, marital status, all  $P$ 's  $> 0.28$ ); medical variables (presurgery diagnosis, previous excisional biopsy, previous breast cancer, all  $P$ 's  $> 0.11$ ); or preintervention distress (SV-POMS  $P > 0.74$ ) assessed on the day of surgery. Postintervention, and before surgery, patients in the hypnosis group had significantly lower mean values for presurgery VAS emotional upset (16.5 vs 38.2,  $P < 0.0001$ ,  $d = .85$ ), VAS depressed mood (6.6 vs 19.9,  $P < 0.02$ ,  $d = .67$ ), and SV-POMS anxiety (10.0 vs 5.0,  $P < 0.0001$ ,  $d = 0.85$ ); and significantly higher levels for VAS relaxation (75.7 vs 54.2,  $P < 0.001$ ,  $d = -0.76$ ) than attention controls. **CONCLUSIONS:** The study results indicate that a brief presurgery hypnosis intervention can be an effective means of controlling presurgical distress in women awaiting diagnostic breast cancer surgery.

[1461]

I still think it was a banana: memorable 'lies' and forgettable 'truths'.  
Acta Psychol (Amst). 2008 Feb;127(2):299-308. Epub 2007 Aug 9.  
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Interpersonal influences on cognition can distort memory judgements. Two experiments examined the nature of these 'social' influences, and whether their persistence is independent of their accuracy. Experiment 1 found that a confederate's social proximity, as well as the content and the confidence of their utterances, interactively modulates participants' immediate conformity. Notably, errant confederate statements that 'lied' about encoded material had a particularly strong immediate distorting influence on memory judgements. Experiment 2 revealed that these 'lies' were also memorable, continuing a day later to impair memory accuracy, while accurate confederate statements failed to produce a corresponding and lasting beneficial effect on memory. These findings suggest that an individual's 'informational' social influence can be selectively heightened when they express misinformation to someone who suspects no deceptive intent. The methods newly introduced here thus allow multiple social and cognitive factors impinging on memory accuracy to be manipulated and examined during realistic, precisely controlled dyadic social interactions.

[1462]

[Correlated activity of neurons in the sensorimotor cortex of rabbits in the state of defensive dominant and "animal hypnosis"]  
Zh Vyssh Nerv Deiat Im I P Pavlova. 2008 Mar-Apr;58(2):183-93.  
[Article in Russian][No authors listed]

A hidden excitation focus (dominant focus) was produced in the rabbit's CNS by threshold electrical stimulation of the left forelimb with the frequency of 0.5 Hz. As a rule, after the formation of the focus, pairs of neurons with prevailing two-second rhythm in their correlated activity were revealed both in the left and right sensorimotor cortices (with equal probabilities 29.3 and 32.4%, respectively). After "animal hypnosis" induction, the total percent of neuronal pairs with the prevalent dominant-induced rhythm decreased significantly only in the right hemisphere (21%). After the termination of the "animal hypnosis" state, percent of neuronal pairs in the right cortex with prevailing two-second rhythm significantly increased if the neurons in a pair were neighboring and decreased if they were remote from each other. Similar changes after the hypnotization were not found in the left cortex. Analysis of correlated activity of neuronal pairs with regard to amplitude characteristics showed that for both the right and left hemispheres, the prevalence of the two-second rhythm was more frequently observed in crosscorrelation histograms constructed regarding discharges of neurons with the lowest spike amplitude (in the right hemisphere) or the lowest and mean amplitudes (in the left hemisphere) selected from multiunit records.

[1463]

Clinical hypnosis for reduction of atrial fibrillation after coronary artery bypass graft surgery.

Cleve Clin J Med. 2008 Mar;75 Suppl 2:S44-7.

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The belief that postoperative atrial fibrillation (PAF) results from transient autonomic dysfunction suggests that interventions such as clinical hypnosis may reduce the incidence of PAF. To explore this hypothesis, we retrospectively compared outcomes between two groups of patients undergoing coronary artery bypass graft surgery: 50 consecutive patients who received preoperative hypnoidal explanation of the surgical procedure and 50 case-matched historical controls who received no clinical hypnosis. The patients who received hypnosis were significantly less likely to experience an episode of PAF ( $P = .003$ ) and showed nonsignificant trends toward superior outcomes in terms of length of stay, narcotic use, and total hospital charges. Our findings indicate that prospective randomized trials are warranted to further delineate the potential benefit of clinical hypnosis for prevention of PAF.

[1464]

Helping children and adults with hypnosis and biofeedback.

Cleve Clin J Med. 2008 Mar;75 Suppl 2:S39-43.

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Hypnosis and biofeedback are cyberphysiologic strategies that enable subjects to develop voluntary control of certain physiologic processes for the purpose of improving health. Self-hypnosis has been used with and without biofeedback for a wide range of therapeutic applications, and both laboratory studies and clinical trials have shown it to be effective in improving symptoms and outcomes in various disorders. More formal Cochrane reviews of hypnotherapeutic interventions are currently under way. Thorough patient assessment should precede training in self-hypnosis in order to properly tailor training strategies to patient preferences and characteristics, especially for children. Workshops offered by various clinical societies are available to train health professionals in self-hypnosis.

[1465]

Beneficial effects of hypnosis and adverse effects of empathic attention during percutaneous tumor treatment: when being nice does not suffice.

J Vasc Interv Radiol. 2008 Jun;19(6):897-905. Epub 2008 Mar 17.

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**PURPOSE:** To determine how hypnosis and empathic attention during percutaneous tumor treatments affect pain, anxiety, drug use, and adverse events. **MATERIALS AND METHODS:** For their tumor embolization or radiofrequency ablation, 201 patients were randomized to receive standard care, empathic attention with defined behaviors displayed by an additional provider, or self-hypnotic relaxation including the defined empathic attention behaviors. All had local anesthesia and access to intravenous medication. Main outcome measures were pain and anxiety assessed every 15 minutes by patient self-report, medication use (with 50  $\mu$ g fentanyl or 1 mg midazolam counted as one unit), and adverse events, defined as occurrences requiring extra medical attention, including systolic blood pressure fluctuations ( $> \text{or} = 50$  mm Hg change to  $> 180$  mm Hg or  $< 105$  mm Hg), vasovagal episodes, cardiac events, and respiratory impairment. **RESULTS:** Patients treated with hypnosis experienced significantly less pain and anxiety than those in the standard care and empathy groups at several time intervals and received significantly fewer median drug units (mean, 2.0; interquartile range [IQR], 1-4) than patients in the standard (mean, 3.0; IQR, 1.5-5.0;  $P = .0147$ ) and empathy groups (mean, 3.50; IQR, 2.0-5.9;  $P = .0026$ ). Thirty-one of 65 patients (48%) in the empathy group had adverse events, which was significantly more than in the hypnosis group (eight of 66; 12%;  $P = .0001$ ) and standard care group (18 of 70; 26%;  $P = .0118$ ). **CONCLUSIONS:** Procedural hypnosis including empathic attention reduces pain, anxiety, and medication use. Conversely, empathic approaches without hypnosis that provide an external focus of attention and do not enhance patients' self-coping can result in more adverse events. These findings should have major implications in the education of procedural personnel.

[1466]

Hypnotic analgesia intervention during first-trimester pregnancy termination: an open randomized trial.

Am J Obstet Gynecol. 2008 Mar 28. [Epub ahead of print]

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**OBJECTIVE:** The purpose of this study was to determine whether hypnotic analgesia can reduce the need for intravenous sedation analgesia without increasing pain and anxiety levels during abortion. **STUDY DESIGN:** A cohort of 350 women who were scheduled for surgical abortion ( $< 14$  weeks' gestation) were assigned randomly to a standard care group or a group that received a standardized hypnotic analgesia intervention 20 minutes before and throughout the surgical procedure. Primary outcome was the difference between the 2 groups: (1) the proportion who received sedation (yes/no) during the surgical procedure and (2) self-assessments of pain and



anxiety during suction evacuation of uterus content. RESULTS: Women who underwent hypnosis required less intravenous sedation analgesia (108/172 women; 63%) than the control group (149/175 women; 85%;  $P < .0001$ ) and self-reported no difference in pain, but not in anxiety, levels during suction evacuation. CONCLUSION: Hypnotic interventions can be effective as an adjunct to pharmacologic management of acute pain during abortion.

[1467]

Potential applications for alternative medicine to treat obesity in an aging population.

Altern Med Rev. 2008 Mar;13(1):34-42.

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Obesity is a growing problem causing significant morbidity and mortality. The efficacy of conventional therapies is limited. Numerous alternative therapies are advocated for weight loss, including dietary modifications, hypnotherapy, and acupuncture. Many herbal medications and dietary supplements such as conjugated linoleic acids, chitosan, *Garcinia cambogia*, and *Citrus aurantium*, are also being used. Most have been tested in very limited trials. None have been evaluated to the extent they can be definitively recommended, nor have they been studied to ascertain the extent of potential hazards. Given the scope of the problem, and the potential risk to a vulnerable population, further research should be conducted to define the efficacy of these treatments, particularly for the elderly.

[1468]

The role of learning in nocebo and placebo effects.

Pain. 2008 May;136(1-2):211-8. Epub 2008 Mar 26.

Comment in: Pain. 2008 May;136(1-2):5-6.

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The nocebo effect consists in delivering verbal suggestions of negative outcomes so that the subject expects clinical worsening. Here we show that nocebo suggestions, in which expectation of pain increase is induced, are capable of producing both hyperalgesic and allodynic responses. By extending previous findings on the placebo effect, we investigated the role of learning in the nocebo effect by means of a conditioning procedure. To do this, verbal suggestions of pain increase were given to healthy volunteers before administration of either tactile or low-intensity painful electrical stimuli. This nocebo procedure was also carried out after a pre-conditioning session in which two different conditioned visual stimuli were associated to either pain or no-pain. Pain perception was assessed by means of a Numerical Rating Scale ranging from 0=tactile to 10=maximum imaginable pain. We found that verbal suggestions alone, without prior conditioning, turned tactile stimuli into pain as well as low-intensity painful stimuli into high-intensity pain. A conditioning procedure produced similar effects, without significant differences. Therefore, in contrast to placebo analgesia, whereby a conditioning procedure elicits larger effects compared to verbal suggestions alone, learning seems to be less important in nocebo hyperalgesia. Overall, these findings indicate that, by defining hyperalgesia as an increase in pain sensitivity and allodynia as the perception of pain in response to innocuous stimulation, nocebos can indeed produce both hyperalgesic and allodynic effects. These results also suggest that learning is not important in nocebo hyperalgesia compared to placebo analgesia.

[1469]

Psychotherapy malpractice: new pitfalls.

J Psychiatr Pract. 2008 Mar;14(2):119-21.

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[abstract not found]

[1470]

Mind/Body psychological treatments for irritable bowel syndrome.

Evid Based Complement Alternat Med. 2008 Mar;5(1):41-50.

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Currently, the goal of treatment for those with irritable bowel syndrome (IBS) is to improve the quality of life through a reduction in symptoms. While the majority of treatment approaches involve the use of traditional medicine, more and more patients seek out a non-drug approach to managing their symptoms. Current forms of non-drug psychologic or mind/body treatment for IBS include hypnotherapy, cognitive behavioral therapy and brief psychodynamic psychotherapy, all of which have been proven efficacious in clinical trials. We propose that incorporating the constructs of mindfulness and acceptance into a mind/body psychologic treatment of IBS may be of added benefit due to the focus on changing awareness and acceptance of one's own state which is a strong component of traditional and Eastern healing philosophies.

[1471]

'Just breathe normally': word choices that trigger nocebo responses in patients.

Am J Nurs. 2008 Mar;108(3):52-7.

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Negative reactions to placebo medications -- sometimes called "nocebo effects" -- are well documented. Similar responses can be induced in suggestible patients when providers use language that tends to increase patients' stress and negative expectations. Several common "language traps" are examined and alternative ways to communicate with patients are suggested.

[1472]

Sedative and anxiolytic efficacy of *Tilia americana* var. *mexicana* inflorescences used traditionally by communities of State of Michoacan, Mexico.

J Ethnopharmacol. 2008 Mar 28;116(3):461-8. Epub 2007 Dec 23.

Pérez-Ortega G, Guevara-Fefer P, Chávez M, Herrera J, Martínez A, Martínez AL, González-Trujano ME.

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AIM OF THE STUDY: Increasing demand of herbal products acquired in stores and markets, as well as medicinal plants collected for personal consume are a known modern tendency. In this study, the ethnomedicinal use of *Tilia americana* var. *mexicana* inflorescences as sedative and anxiolytic is reinforced by examining inflorescences used by communities of the State of Michoacan, Mexico.

MATERIALS AND METHODS: Experimental mouse models were used to evaluate the sodium pentobarbital (SP)-induced hypnosis potentiation, ambulatory activity, as well as sedative and anti-anxiety responses via oral administration of the aqueous extracts (10, 30 and/or 100 and 300mg/kg). RESULTS: All samples tested produced a lengthening in the time of SP. Moreover, a significant attenuation in the anxiety-response in the plus-maze test and a diminution in both the head dipping response and ambulatory activity were observed resembling the response to diazepam (0.3mg/kg, i.p.). TLC profiles of the samples showed similar pattern of flavonoids; HPLC-DAD exhibited peaks identified as derived of quercetin and kaempferol that may be responsible for the plant activity. CONCLUSIONS: Our results demonstrate that inflorescences of stored specimens obtained from popular local markets show the same effectiveness with regard to sedative and anxiolytic-like actions than freshly collected samples. Since no toxicity was observed through this route of administration (up to 5000mg/kg); therefore, it suggests that this plant is secure when used as tranquilizer in folk medicine.

[1473]

Review of the literature: integrating psychoneuroimmunology into pediatric chronic illness interventions.

J Pediatr Psychol. 2008 Mar;33(2):195-207. Epub 2007 Sep 10.

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OBJECTIVE: Provide an orientation to psychoneuroimmunology, a rationale for including assessments of immune function in intervention studies of pediatric chronic illness, review the current literature, and provide recommendations for future research.

METHODS: Using electronic searches and previous reviews, selected and reviewed published studies in which immunological changes related to psychological interventions were assessed in pediatric samples. RESULTS: Eight studies were identified and included in the review. These utilized a range of interventions (e.g., disclosure and hypnosis) and included a variety of pediatric samples (e.g., those with asthma, HIV infection, or lupus). CONCLUSIONS: Results suggest that psychological intervention can influence immune function in pediatric samples. Recommendations for advancing our knowledge by studying populations for whom the immune system plays an active role in disease pathophysiology, measuring disease-relevant immune mediators, studying pediatric patients under times of stress, and focusing on interventions aimed at altering the stress system are provided.

[1474]

The future orientation of constructive memory: an evolutionary perspective on therapeutic hypnosis and brief psychotherapy.

Am J Clin Hypn. 2008 Apr;50(4):343-50.

Rossi E, Erickson-Klein R, Rossi K.

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We explore a new distinction between the future, prospective memory system being investigated in current neuroscience and the past, retrospective memory system, which was the original theoretical foundation of therapeutic hypnosis, classical psychoanalysis, and psychotherapy. We then generalize a current evolutionary theory of sleep and dreaming, which focuses on the future, prospective memory system, to conceptualize a new evolutionary perspective on therapeutic hypnosis and brief psychotherapy. The implication of current neuroscience research is that activity-dependent gene expression and brain plasticity are the psychobiological basis of adaptive behavior, consciousness, and creativity in everyday life as well as psychotherapy. We summarize a case illustrating how this evolutionary perspective can be used to quickly resolve problems with past obstructive procrastination in school to facilitate current and future academic success.

[1475]

Relationship of headache-associated stressors and hypnosis therapy outcome in children: a retrospective chart review.

Am J Clin Hypn. 2008 Apr;50(4):335-41.

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This study examined potential psychosocial stressors of 30 children with headaches (mean age, 15 years), and the role of insight generation in the outcome of hypnosis therapy. The mean duration of headache occurrence was 3 years. All of the patients were instructed in how to use hypnosis-induced relaxation and headache-related imagery to improve their symptoms. Thirty-seven percent reported their headaches were associated with fixed stressors, defined as caused by events over which patients had no control, while 63% reported variable stressors, defined as modifiable by the patients' actions. Four patients were lost to follow-up. Overall, 96% (25/26) reported a decrease in headache frequency and/or intensity following use of hypnosis. However, prior to insight generation patients reporting fixed stressors were significantly less likely to improve than those reporting variable stressors ( $p = 0.018$ ). Thus, insight generation may be more important for achievement of improvement in children whose headaches are associated with fixed stressors.

[1476]

Subconscious guided therapy with hypnosis.

Am J Clin Hypn. 2008 Apr;50(4):323-34.

Anbar RD.

Two adolescents were hospitalized with incapacitating symptoms: one with headache, back pain, and an inability to walk, while the other had headache, musculoskeletal pain, nausea, and emesis. Medical evaluation did not reveal an etiology for the symptoms of either patient. Consultation with child psychiatry services yielded recommendations that both patients might benefit from counseling. Both demonstrated an immediate improvement of their symptoms with instruction in self-hypnosis-induced relaxation techniques that included favorite place imagery and progressive relaxation. The patients were told that while in hypnosis their "subconscious" might be able to characterize psychological issues that underlay their symptoms through the medium of automatic word processing (AWP). The information identified through AWP helped guide their subsequent therapy. Thus, instruction in self-hypnosis, as well as helping adolescents develop awareness about the cause of their debilitating symptoms can be associated with rapid improvement of their symptoms.

[1477]

Hypnotic treatment synergizes the psychological treatment of fibromyalgia: a pilot study.  
Am J Clin Hypn. 2008 Apr;50(4):311-21.  
Martínez-Valero C, Castel A, Capafons A, Sala J, Espejo B, Cardeña E.  
Centro de Aplicaciones Psicológicas, Valencia, Spain.

In this pilot study, we compare the efficacy for fibromyalgia of multimodal cognitive behavioral treatments, with and without hypnosis, with that of a purely pharmacological approach, with a multiple baseline N = 1 design. We randomly assigned six hospital patients to the three experimental conditions. The results suggest that psychological treatment produces greater symptom benefits than the conventional medical treatment only, especially when hypnosis is added. We conclude that hypnosis may be a useful tool to help people with fibromyalgia manage their symptomatology.

[1478]

Hypnotic alteration of body image in the eating disordered.  
Am J Clin Hypn. 2008 Apr;50(4):301-10.  
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A driving force in an eating disorder like anorexia nervosa has been a distorted body image. The psychobiological dynamics of eating disorders have demonstrated significant hypnotic phenomena such as forms of dissociation, hallucination, time distortion and catalepsy, and therefore, pose hypnosis as a good fit for particular parts of treatment. Presented here are four hypnotic approaches designed to inspire the establishment of a reality based body image in the eating disordered individual. Conditional prerequisites for application of these interventions are described and case examples illustrate each approach. A discussion on some of the rationale for formulating these strategies is offered.

[1479]

Hypnotherapy for irritable bowel syndrome: the response of colonic and noncolonic symptoms.  
J Psychosom Res. 2008 Jun;64(6):621-3. Epub 2008 Apr 28.  
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There is now good evidence that hypnotherapy benefits a substantial proportion of patients with irritable bowel syndrome and that improvement is maintained for many years. Most patients seen in secondary care with this condition also suffer from a wide range of noncolonic symptoms such as backache and lethargy, as well as a number of musculoskeletal, urological, and gynaecological problems. These features do not typically respond well to conventional medical treatment approaches, but fortunately, their intensity is often reduced by hypnosis. The mechanisms by which hypnosis mediates its benefit are not entirely clear, but there is evidence that, in addition to its psychological effects, it can modulate gastrointestinal physiology, alter the central processing of noxious stimuli, and even influence immune function.

[1480]

Psychological approaches in the treatment of chronic pain patients--when pills, scalpels, and needles are not enough.  
Can J Psychiatry. 2008 Apr;53(4):213-23.  
Turk DC, Swanson KS, Tunks ER.  
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**BACKGROUND:** Chronic pain is a prevalent and costly problem that eludes adequate treatment. Persistent pain affects all domains of people's lives and in the absence of cure, success will greatly depend on adaptation to symptoms and self-management. **METHOD:** We reviewed the psychological models that have been used to conceptualize chronic pain-psychodynamic, behavioural (respondent and operant), and cognitive-behavioural. Treatments based on these models, including insight, external reinforcement, motivational interviewing, relaxation, meditation, biofeedback, guided imagery, and hypnosis are described. **RESULTS:** The cognitive-behavioural perspective has the greatest amount of research supports the effectiveness of this approach with chronic pain patients. Importantly, we differentiate the cognitive-behavioural perspective from cognitive and behavioural techniques and suggest that the perspective on the role of patients' beliefs, attitudes, and expectations in the maintenance and exacerbation of symptoms are more important than the specific techniques. The techniques are all geared to fostering self-control and self-management that will encourage a patient to replace their feelings of passivity, dependence, and hopelessness with activity, independence, and resourcefulness. **CONCLUSIONS:** Psychosocial and behavioural factors play a significant role in the experience, maintenance, and exacerbation of pain. Self-management is an important complement to biomedical approaches. Cognitive-behavioural therapy alone or within the context of an interdisciplinary pain rehabilitation program has the greatest empirical evidence for success. As none of the most commonly prescribed treatment regimens are sufficient to eliminate pain, a more realistic approach will likely combine pharmacological, physical, and psychological components tailored to each patient's needs.

[1481]

Chronic pain and the psychiatrist.  
Can J Psychiatry. 2008 Apr;53(4):211-2.  
Tunks ER.

[abstract not found]

[1482]

Is high hypnotic suggestibility necessary for successful hypnotic pain intervention?

Curr Pain Headache Rep. 2008 Apr;12(2):98-102.

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Hypnotic suggestibility is a trait-like, individual difference variable reflecting the general tendency to respond to hypnosis and hypnotic suggestions. Research with standardized measures of hypnotic suggestibility has demonstrated that there are substantial individual differences in this variable. Higher suggestibility has been found to be associated with greater relief from hypnotic pain interventions. Although individuals in the high suggestibility range show the strongest response to hypnotic analgesia, people of medium suggestibility, who represent approximately one third of the population, also have been found to obtain significant relief from hypnosis. Thus, high hypnotic suggestibility is not necessary for successful hypnotic pain intervention. However, the available evidence does not support the efficacy of hypnotic pain interventions for people who fall in the low hypnotic suggestibility range. However, some studies suggest that these individuals may benefit from imaginative analgesia suggestions, or suggestions for pain reduction that are delivered while the person is not in hypnosis.

[1483]

Evaluation of dentists' perceived needs regarding treatment of the anxious patient.

Br Dent J. 2008 Apr 26;204(8):E13; discussion 442-3. Epub 2008 Apr 18.

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**BACKGROUND:** With regard to the management of dental anxiety in general dental practice, it has been considered that general dental practitioners (GDPs) are well placed to treat adults with mild forms of dental anxiety. However, little is known about the specific anxiety management techniques being used by GDPs in the UK. **AIM:** To determine the views and experiences of dental practitioners in their current use of anxiety management techniques, their undergraduate and post-graduation training in these techniques and future training needs. **METHODS:** A postal questionnaire was sent to a sample of GDPs working in the Midlands region (n = 750) in the UK. Dentists were randomly selected using lists provided by the primary care trusts for each locality. **RESULTS:** The response rate was 73% (n = 550). Of these, 90 were not included in the final analysis due to exclusion criteria set prior to questionnaire release. This left 460 questionnaires for analysis. Eighty-five percent of respondents agreed that dentists had a responsibility to help dentally anxious patients (n = 391). Dentists were asked their reasons for not using anxiety management techniques in practice. Psychological techniques, sedation (oral, inhalation, or intravenous) and hypnosis were reported as not having been used due to the paucity of time available in practice, a shortage of confidence in using these techniques and the lack of fees available under the NHS regulations. Also, 91% reported feeling stressed when treating anxious patients. When asked about the quality of teaching they had received (undergraduate and postgraduate), 65% considered that the teaching was less than adequate in the use of psychological methods, whereas 44% indicated that they would be interested in further training in psychological methods if financial support was available. **CONCLUSION:** The need for further training in managing the dentally anxious patient is supported by dentists' lack of confidence and inadequate training in treating such patients, as determined from the results of a postal questionnaire to UK GDPs.

[1484]

Is hypnotherapy effective for pediatric functional abdominal pain or IBS?

Nat Clin Pract Gastroenterol Hepatol. 2008 Jun;5(6):300-1. Epub 2008 Apr 15.

Hyams JS.

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[abstract not found]

[1485]

A systematic review of randomized controlled trials examining psychological interventions for needle-related procedural pain and distress in children and adolescents: an abbreviated cochrane review.

J Pediatr Psychol. 2008 Sep;33(8):842-54. Epub 2008 Apr 2.

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**OBJECTIVE:** To report the results of a systematic review of randomized controlled trials (RCTs) of psychological interventions for children and adolescents undergoing needle-related procedures. **METHODS:** A variety of cognitive-behavioral psychological interventions for managing procedural pain and distress in children and adolescents between 2 and 19 years of age were examined. Outcome measures included pain and distress as assessed by self-report, observer report, behavioral/observational measures, and physiological correlates. **RESULTS:** Twenty-eight trials met the criteria for inclusion in the review and provided the data necessary for pooling the results. Together, the trials included 1,039 participants in treatment conditions and 951 in control conditions. The largest effect sizes for treatment improvement over control conditions were found for distraction, combined cognitive-behavioral interventions, and hypnosis, with promising but limited evidence for several other psychological interventions. **CONCLUSIONS:** Recommendations for conducting future RCTs are provided, and particular attention to the quality of trial design and reporting is highlighted.

[1486]

Therapeutic management of psychodermatological disorders.

Expert Opin Pharmacother. 2008 Apr;9(6):973-85.

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**BACKGROUND:** The skin and the brain interact through psychoneuroimmunoendocrine mechanisms and through behaviors that can strongly influence the initiation or flaring of skin disorders. **OBJECTIVE:** To obtain knowledge of these factors to assist in designing treatment plans for specific skin disorders. **METHODS:** Psychocutaneous disease literature for the past 80 years was reviewed. **RESULTS/CONCLUSION:** Therapeutic options include standard psychotropic drugs and alternative herbs and supplements, the placebo effect, suggestion, cognitive-behavioral methods, biofeedback, and hypnosis. When simple measures fail to produce the desired results, combinations of drugs or addition of nonpharmacological therapies may produce better results. Psychophysiological skin disorders may respond well to nonpharmacological therapies that counteract stress, supplemented when indicated by anxiolytic or antidepressant drugs. Treatment of primary psychiatric disorders that affect the skin often results in improvement of the associated skin disorders. Psychiatric disorders secondary to skin disorders may also require treatment.

[1487]

Clarification of the memory artefact in the assessment of suggestibility.

J Intellect Disabil Res. 2008 Apr;52(Pt 4):318-26.

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**AIM:** The Gudjonsson Suggestibility Scale (GSS) assesses suggestibility by asking respondents to recall a short story, followed by exposure to leading questions and pressure to change their responses. Suggestibility, as assessed by the GSS, appears to be elevated in people with intellectual disabilities (ID). This has been shown to reflect to some extent the fact that people with ID have poor recall of the story; however, there are discrepancies in this relationship. The aim of the present study was to investigate whether a closer match between memory and suggestibility would be found using a measure of recognition memory rather than free recall. **METHOD:** Three modifications to the procedure were presented to users of a learning disabilities day service. In all three experiments, a measure of forced-choice recognition memory was built into the suggestibility test. In experiments 1 and 2, the GSS was presented using either divided presentation (splitting the story into two halves, with memory and suggestibility tests after each half) or multiple presentation (the story was presented three times before presentation of the memory and suggestibility tests). Participants were tested twice, once with the standard version of the test and once with one of the modified versions. In experiment 3, an alternative suggestibility scale (ASS3) was created, based on real events in a learning disabilities day service. The ASS3 was presented to one group of participants who had been present at the events, and a second group who attended a different day service, to whom the events were unfamiliar. **RESULTS:** As observed previously, suggestibility was not closely related to free recall performance: recall was increased equally by all three manipulations, but they produced, respectively, no effect, a modest effect and a large effect on suggestibility. However, the effects on suggestibility were closely related to performance on the forced-choice recognition memory task: divided presentation of the GSS2 had no effect on either of these measures; multiple presentation of the GSS2 produced a modest increase in recognition memory and a modest decrease in suggestibility; and replacing the GSS with the ASS3 produced a large increase in recognition memory and a large decrease in suggestibility. **IMPLICATIONS:** The results support earlier findings that the GSS is likely to overestimate how suggestible a person will be in relation to a personally significant event. This reflects poor recognition memory for the material being tested, rather than increased suggestibility per se. People with ID may in fact be relatively non-suggestible for well-remembered events, which would include personally significant events, particularly those witnessed recently.

[1488]

Secondary diurnal enuresis treated with hypnosis: a time-series design.

Int J Clin Exp Hypn. 2008 Apr;56(2):229-40.

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A case of secondary diurnal enuresis (SDE) after a car accident was treated with hypnosis by means of the Hypnotic Trauma Narrative, an instrument created by the authors for use with children who have been exposed to traumatic events and develop either classic symptoms of posttraumatic stress disorder or manifest other psychosomatic symptoms. An ABAB time-series design with multiple replications was employed to measure the relationship of the hypnotic treatment to the dependent measure: episodes of diurnal incontinence. The findings indicated a statistically significant relationship between the degree of change from phase to phase and the treatment. Hypnosis with the Hypnotic Trauma Narrative was deemed efficacious as a method for the treatment of secondary diurnal enuresis. The patient was symptom-free at follow-up 6 months later.

[1489]

Hypnotic induction and therapeutic suggestions in first-trimester pregnancy termination.

Int J Clin Exp Hypn. 2008 Apr;56(2):214-28.

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Several papers of interest for researchers and clinicians have recently appeared in scientific medical literature evaluating hypnosis' efficacy in managing patients' distress and pain during surgical procedures. In this article, following a pilot study, the authors describe the context and standardized induction procedures that they are using in an ongoing clinical trial evaluating the effect of hypnosis on acute pain and anxiety during termination of pregnancy.

[1490]

The effect of question format on resistance to misleading postevent information and self-reports of events occurring during hypnosis.

Int J Clin Exp Hypn. 2008 Apr;56(2):198-213.

Eisen ML, Oustinovskaya M, Kistorian R, Morgan DY, Mickes L.

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Participants were administered a standard tape-recorded version of the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A) and then a modified version of the HGSHS:A response booklet that asked each participant to report which suggested behaviors they performed during the procedures. These response booklets were altered to include 3 additional suggestions not offered during the hypnotic procedures. Half the participants were administered the questions in the response booklet in the standard format ("I

performed the suggested behavior" versus "I did not perform the suggested behavior"). The remaining participants were offered a third alternative to each question ("I do not remember this occurring"). As predicted, participants offered the 3rd alternative were significantly less likely to report performing actions that were never suggested during the procedures. Further, these participants reported performing fewer suggested behaviors (i.e., reported passing fewer of the true Harvard items) than participants in the standard 2-alternative condition.

[1491]

Hypnotherapy in management of pain and reexperiencing of trauma in burn patients.

Int J Clin Exp Hypn. 2008 Apr;56(2):185-97.

Shakibaei F, Harandi AA, Gholamrezaei A, Samoei R, Salehi P.

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This study examined the effects of hypnosis on both pain and reexperiencing of trauma in burn patients. Forty-four patients hospitalized for burn care were randomly assigned to either hypnotherapy or a control group. Direct and indirect hypnotic suggestions were used to reduce pain and reexperiencing of trauma. All patients received routine burn care. Pain reports were quantified by using a self-report numeric rating scale ranging from 0 to 5. The number of recalled vivid, troubling events of the trauma in 24-hour intervals was used for rating the reexperiencing of trauma. The hypnotherapy group showed significantly lower pain ratings than the control group and reported a significant reduction in pain from baseline. There was a significant reduction in trauma reexperience scores in the hypnotherapy group but not the control group. The findings support the efficacy of hypnotherapy in the management of both pain and reexperiencing of trauma in burn patients.

[1492]

Effects of vestibular and neck proprioceptive stimulation on posture as a function of hypnotizability.

Int J Clin Exp Hypn. 2008 Apr;56(2):170-84.

Santarcangelo EL, Scattina E, Orsini P, Bruschini L, Ghelarducci B, Manzoni D.

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Previous studies on the role of hypnotizability in postural control indicate that the body sway of subjects with high or low hypnotizability to hypnosis is differentially modulated by eye closure. The aim of this study was to investigate whether hypnotizability also modulates the postural response to electrical vestibular stimulation and to head rotation in nonhypnotized individuals. The center of pressure (CoP) displacements were monitored in highs and lows standing on a stabilometric platform with closed eyes during basal conditions and electrical vestibular stimulation in 3 different positions of the head. Results showed that the CoP stimulus-locked displacements as well as the CoP mean position, area, and mean velocity were similar in highs and lows, but only in lows did the head position modulate the mean velocity. This finding might reflect a difference in sensory-motor integration between the 2 groups.

[1493]

Long-term outcome of hypnotic-analgesia treatment for chronic pain in persons with disabilities.

Int J Clin Exp Hypn. 2008 Apr;56(2):156-69.

Jensen MP, Barber J, Hanley MA, Engel JM, Romano JM, Cardenas DD, Kraft GH, Hoffman AJ, Patterson DR.

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Data from 26 participants in a case series of hypnotic analgesia for chronic pain were examined to determine the long-term effects of hypnosis treatment. Statistically significant decreases in average daily pain intensity, relative to pretreatment values, were observed at posttreatment and at 3- and 9-month follow-up but not at 6- or 12-month follow-up. The percent of participants who reported clinically meaningful decreases in pain were 27%, 19%, 19%, and 23%, at the 3-, 6-, 9-, and 12-month follow-up points, respectively. Moreover, at 12-months posttreatment, 81% of the sample reported that they still used the self-hypnosis skills learned in treatment. Overall, the results indicate that about 20% of the sample obtained substantial and lasting long-term reductions in average daily pain following hypnosis treatment and that many more continue to use self-hypnosis up to 12 months following treatment.

[1494]

The effect of posthypnotic suggestion, hypnotic suggestibility, and goal intentions on adherence to medical instructions.

Int J Clin Exp Hypn. 2008 Apr;56(2):143-55.

Carvalho C, Mazzoni G, Kirsch I, Meo M, Santandrea M.

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The effects of implementation intentions and posthypnotic suggestion were investigated in 2 studies. In Experiment 1, participants with high levels of hypnotic suggestibility were instructed to take placebo pills as part of an investigation of how to best enhance compliance with medical instruction. In Experiment 2, participants with high, medium, and low levels of hypnotic suggestibility were asked to run in place, take their pulse rate before, and send an e-mail report to the experimenter each day. Experiment 1 revealed enhanced adherence as a function of both implementation intentions and posthypnotic suggestion. Experiment 2 failed to find any significant main effects but found a significant interaction between suggestibility and the effects of posthypnotic suggestion. Posthypnotic suggestion enhanced adherence among high suggestible participants but lowered it among low suggestibles.

[1495]

Measuring hypnotizability: the case for self-report depth scales and normative data for the long Stanford scale.

Int J Clin Exp Hypn. 2008 Apr;56(2):119-42.

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Conventional suggestion-based tests of hypnotizability have been criticized because they confound hypnotic and nonhypnotic suggestibility. One way around this might be to measure hypnotizability in terms of differences in suggestibility before and after hypnotic induction. However, analysis of data from a 1966 classic study by Hilgard and Tart confirms that difference scores are subject to statistical and methodological problems. Simple verbal hypnotic depth scales are presented as a useful alternative. They correlate well with conventional suggestion-based measures and enable the presence of hypnosis to be indexed independently of formal hypnotic

induction procedures. Criticisms of depth scales are addressed, and normative data for the Long Stanford Scale of hypnotic depth are presented, along with data lending empirical support for the construct validity of depth reports.

[1496]

[Hypnosis and pain perception]

Rev Med Liege. 2008 May-Jun;63(5-6):424-8.

[Article in French]

Vanhaudenhuyse A, Boveroux P, Boly M, Schnakers C, Bruno MA, Kirsch M, Demertzi A, Lamy M, Maquet P, Laureys S, Faymonville ME.

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Improvement in functional neuroimaging allows researchers to disentangle the brain mechanisms involved in the pain modulation encountered during hypnosis. It has been shown that the anterior cingulate and prefrontal cortices are important in the modulation of incoming sensory and noxious input. Moreover, clinical studies in certain types of surgery (eg thyroidectomy, mastectomy and plastic surgery) have demonstrated that hypnosis may avoid general anesthesia.

[1497]

Hypnosis for smoking cessation: a randomized trial.

Nicotine Tob Res. 2008 May;10(5):811-8.

Carmody TP, Duncan C, Simon JA, Solkowitz S, Huggins J, Lee S, Delucchi K.

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The purpose of this study was to determine whether hypnosis would be more effective in helping smokers quit than standard behavioral counseling when both interventions are combined with nicotine patches (NP). A total of 286 current smokers were enrolled in a randomized controlled smoking cessation trial at the San Francisco Veterans Affairs Medical Center. Participants in both treatment conditions were seen for two 60-min sessions, and received three follow-up phone calls and 2 months of NP. At 6 months, 29% of the hypnosis group reported 7-day point-prevalence abstinence compared with 23% of the behavioral counseling group (relative risk [RR] = 1.27; 95% confidence interval, CI 0.84-1.92). Based on biochemical or proxy confirmation, 26% of the participants in the hypnosis group were abstinent at 6 months compared with 18% of the behavioral group (RR = 1.44; 95% CI 0.91-2.30). At 12 months, the self-reported 7-day point-prevalence quit rate was 24% for the hypnosis group and 16% for the behavioral group (RR = 1.47; 95% CI 0.90-2.40). Based on biochemical or proxy confirmation, 20% of the participants in the hypnosis group were abstinent at 12 months compared with 14% of the behavioral group (RR = 1.40; 95% CI 0.81-2.42). Among participants with a history of depression, hypnosis yielded significantly higher validated point-prevalence quit rates at 6 and 12 months than standard treatment. It was concluded that hypnosis combined with NP compares favorably with standard behavioral counseling in generating long-term quit rates.

[1498]

[The ABC of smoking cessation]

Med Monatsschr Pharm. 2008 May;31(5):173-8.

[Article in German]

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The professional support increased chances of success for smoking cessation and is an important goal in health politics. A short advice by pharmacists can make a significant contribution to this. This article describes tobacco dependence and the "stages of change-model". Afterwards we explain possible therapies: besides cognitive-behavioral intervention, different forms of medical treatment, e.g. nicotin replacement therapy, bupropion and varenicline, will be discussed.

[1499]

Use of complementary and alternative medical therapy by patients with primary brain tumors.

Curr Neurol Neurosci Rep. 2008 May;8(3):264-8.

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The use of complementary and alternative medicine (CAM) is increasing. CAM includes mind-body interventions, biologically based therapies, energy therapies, and body-based methods. Primary brain tumors arise within the brain and have a poor prognosis when malignant. Even patients with benign tumors suffer neurologic and systemic symptoms as a result of the tumor or its treatment. CAM is used by 30% of brain tumor patients, who often do not report its use to their physician. Herbal medicines may affect the metabolism of prescribed medications or produce adverse effects that may be attributed to other causes. In patients with systemic cancer, mind-body modalities such as meditation and relaxation therapy have been shown to be helpful in reducing anxiety and pain; acupuncture and hypnotherapy may also reduce both pain and nausea. Recent preclinical studies have reported that ginseng, *Scutellaria baicalensis*, and *Angelica sinensis* may promote apoptosis of tumor cells or exercise antiangiogenic effects. Further studies are needed to evaluate the impact of CAM on symptom control or tumor growth in this vulnerable patient population.

[1500]

The effect of hypnosis on systemic and rectal mucosal measures of inflammation in ulcerative colitis.

Am J Gastroenterol. 2008 Jun;103(6):1460-9. Epub 2008 May 28.

Mawdsley JE, Jenkins DG, Macey MG, Langmead L, Rampton DS.

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**OBJECTIVES:** Hypnotherapy is effective in several diseases with a psychosomatic component. Our aim was to study the effects of one session of hypnosis on the systemic and rectal mucosal inflammatory responses in patients with active ulcerative colitis (UC).

**METHODS:** In total, 17 patients with active UC underwent a 50-min session of gut-focused hypnotherapy. Before and after each

procedure, the systemic inflammatory response was assessed by serum interleukin (IL)-6 and IL-13 concentrations, tumor necrosis factor-alpha (TNF-alpha) and IL-6 production by lipopolysaccharide (LPS)-stimulated whole blood, leukocyte count, natural killer (NK) cell number, platelet activation, and platelet-leukocyte aggregate formation. Rectal inflammation was assessed by mucosal release of substance P (SP), histamine, IL-13 and TNF-alpha, reactive oxygen metabolite production, and mucosal blood flow. Eight patients with active UC underwent a control procedure. RESULTS: Hypnosis decreased pulse by a median 7 beats per minute (bpm) (P= 0.0008); it also reduced the median serum IL-6 concentration by 53% (P= 0.001), but had no effect on the other systemic variables assessed. Hypnosis reduced rectal mucosal release of SP by a median 81% (P= 0.001), histamine by 35% (P= 0.002) and IL-13 by 53% (P= 0.003), and also, blood flow by 18% (P= 0.0004). The control protocol had no effect on any of the variables assessed. CONCLUSIONS: Hypnosis reduced several components of the systemic and mucosal inflammatory response in active ulcerative colitis toward levels found previously in the inactive disease. Some of these effects may contribute to the anecdotally reported benefits of hypnotherapy and provide a rationale for controlled trials of hypnotherapy in UC.

[1501]

Effects of discrete emotions on young children's suggestibility.

Dev Psychol. 2008 May;44(3):681-94.

Levine LJ, Burgess SL, Laney C.

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Two experiments investigated the effects of sadness, anger, and happiness on 4- to 6-year-old children's memory and suggestibility concerning story events. In Experiment 1, children were presented with 3 interactive stories on a video monitor. The stories included protagonists who wanted to give the child a prize. After each story, the child completed a task to try to win the prize. The outcome of the child's effort was manipulated in order to elicit sadness, anger, or happiness. Children's emotions did not affect story recall, but children were more vulnerable to misleading questions about the stories when sad than when angry or happy. In Experiment 2, a story was presented and emotions were elicited using an autobiographical recall task. Children responded to misleading questions and then recalled the story for a different interviewer. Again, children's emotions did not affect the amount of story information recalled correctly, but sad children incorporated more information from misleading questions during recall than did angry or happy children. Sad children's greater suggestibility is discussed in terms of the differing problem-solving strategies associated with discrete emotions. (PsycINFO Database Record (c) 2008 APA, all rights reserved).

[1502]

Failed therapy and directions for the future in dyspepsia.

Dig Dis. 2008;26(3):218-24. Epub 2008 May 6.

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Functional gastrointestinal disorders including functional dyspepsia are highly prevalent. Their clinical course is benign without disease-associated mortality. On the other hand, the impact can be substantial for the affected patients with regard to the decrease of quality of life, and for society with regard to the economical implications. Functional dyspepsia is a clinical syndrome with various underlying pathophysiologies. Thus, it is understandable that there is no single cure available. Reassurance by ruling out relevant differential diagnoses, explanation, and general advice with regard to the underlying causes and dietary and life-style measures are important components of the management of these patients. Well established medical treatments include Helicobacter pylori eradication, acid inhibitory agents and prokinetics. The overall gain over placebo ranges from less than 5% for H. pylori eradication to 15% for antisecretory agents and prokinetics. Thus, even considering a substantial proportion of patients with spontaneous remissions (usually addressed as placebo response in clinical trials), there are 20 to 40% of patients who do not respond properly to these measures. In these patients, other treatment modalities need to be considered. These second- or third-line measures include herbal medicines and psychotropic agents. Some of the herbal preparations have been well studied in controlled clinical trials with sufficient scientific evidence to assume efficacy. Psychotropic drugs on the other hand have, as yet, not been specifically tested in functional dyspepsia. Medications such as clonidine, buspirone or octreotide can be helpful in few selected patients. However, a very careful assessment of potential risks and benefits needs to be undertaken on a case-by-case basis. Other evidence-based measures include psychological interventions such as psychotherapy and hypnotherapy. Copyright 2008 S. Karger AG, Basel.

[1503]

Behavioral approaches to pain management in the elderly.

Clin Geriatr Med. 2008 May;24(2):335-44, vii.

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Pain is a complex phenomenon, influenced by many individual and external factors, and may be experienced differently with age. The detrimental health and social effects of chronic pain are well known. Age-related disorders, such as dementia, may interfere with the communication of pain. Health care provider bias and cultural expectations also may be barriers to the recognition and management of pain in the elderly. A multidisciplinary and multimodal approach in older adults is essential to effective assessment and management. Behavioral approaches to pain should be considered and incorporated into treatment where appropriate.

[1504]

Hypnosis in the management of persistent idiopathic orofacial pain--clinical and psychosocial findings.

Pain. 2008 May;136(1-2):44-52. Epub 2007 Aug 6.

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This controlled and patient blinded study tested the effect of hypnosis on persistent idiopathic orofacial pain (PIOP) in terms of clinical and psychosocial findings. Forty-one PIOP were randomized to active hypnotic intervention or simple relaxation as control for five individual 1-h sessions. Primary outcome was average pain intensity scored three times daily in a pain diary using visual analogue scale (VAS). Secondary outcome measures were pain quality assessed by McGill pain questionnaire (MPQ), psychological symptoms



assessed by symptom check list (SCL), quality of life assessed by SF36, sleep quality, and consumption of analgesic. Data were compared between groups before and after treatment using ANOVA models and paired t-tests. The change in VAS pain scores from baseline to the last treatment (t4) was (33.1+/-7.4%) in the hypnosis group and (3.2+/-5.4%) in the control group (P<0.03). In the hypnosis group, highly hypnotic susceptible patients had greater decreases in VAS pain scores (55.0+/-12.3%) when compared to less susceptible patients (17.9+/-6.7%) (P<0.02). After the last treatment there were also statistically significant differences between groups in perceived pain area (MPQ) and the use of weak analgesics (P<0.03). There were no statistically significant changes in SCL or SF36 scores from baseline to t4. In conclusion, hypnosis seems to offer clinically relevant pain relief in PIOP, particularly in highly susceptible patients. However, stress coping skills and unresolved psychological problems need to be included in a comprehensive management plan in order also to address psychological symptoms and quality of life.

[1505]

Behavioral and complementary approaches for the treatment of irritable bowel syndrome.

Nutr Clin Pract. 2008 Jun-Jul;23(3):284-92.

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Irritable bowel syndrome (IBS) is one of the most common conditions seen in primary care settings. Despite this, there is no consensus as to the pathogenesis of this disorder or a consistently effective therapeutic regimen for many patients. This has encouraged the use of various alternative therapies from behavioral or complementary medicine. This review will address the evidence for alternative therapies, including the following: cognitive behavior therapy, hypnosis, elimination diets based on food antibody testing, nutrition supplements (such as fiber, probiotics, and prebiotics), and, finally, peppermint, L-glutamine, zinc, and cromolyn sodium. The review also explores the evidence for and the therapeutic ramifications of the hypothesis that increased intestinal permeability underlies the symptoms of IBS in many patients, and how a therapeutic plan that addresses nutrition, elimination diets, and nutrition supplements may be useful in restoring the integrity of the gut immune barrier.

[1506]

[Pain management]

Ann Fr Anesth Reanim. 2008 Jul-Aug;27(7-8):633-40. Epub 2008 Jun 26.

[Article in French]

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Analgesia and hypnosis are two separate entities and should result in distinct assessment and management for patients admitted to an intensive care unit (ICU). Those patients are exposed to moderate-severe pain and they are likely to remember pain as one bothersome experience. Any cause of patient discomfort is sought with the priority given to pain and adequate analgesia. Assessing pain must rely upon the use of clinical scoring systems, although these instruments are still underused in ICU. Satisfactory levels of analgesia by continuous infusion of opioids during times without stimulation do not guarantee against pain reactions during procedures (endotracheal suctioning, mobilization, wound care and dressing change, removal of chest tube). The concept of multimodal analgesia should be extended to the ICU since it may reduce the opioids requirements. In order to facilitate systematic pain and sedation assessment and to adjust daily drug dosages accordingly, it appears crucial to promote educational programs and elaboration of protocols/guidelines in ICU. Protocols/guidelines may help caregivers to rationally use sedatives and opioids and possibly reduce mechanical ventilation and ICU length of stay.

[1507]

Mind-body interventions: applications in neurology.

Neurology. 2008 Jun 10;70(24):2321-8.

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**OBJECTIVE:** Half of the adults in the United States use complementary and alternative medicine with mind-body therapy being the most commonly used form. Neurology patients often turn to their physicians for insight into the effectiveness of the therapies and resources to integrate them into their care. The objective of this article is to give a clinical overview of mind-body interventions and their applications in neurology. **METHODS:** Medline and PsychInfo were searched on mind-body therapies and neurologic disease search terms for clinical trials and reviews and published evidence was graded. **RESULTS:** Meditation, relaxation, and breathing techniques, yoga, tai chi, and qigong, hypnosis, and biofeedback are described. Mind-body therapy application to general pain, back and neck pain, carpal tunnel syndrome, headaches, fibromyalgia, multiple sclerosis, epilepsy, muscular dysfunction, stroke, aging, Parkinson disease, stroke, and attention deficit-hyperactivity disorder are reviewed. **CONCLUSIONS:** There are several conditions where the evidence for mind-body therapies is quite strong such as migraine headache. Mind-body therapies for other neurology applications have limited evidence due mostly to small clinical trials and inadequate control groups.

[1508]

[Psychotherapy in patients with fibromyalgia syndrome]

Schmerz. 2008 Jun;22(3):295-302.

[Article in German]

Thieme K, Häuser W, Batra A, Bernardy K, Felde E, Gesmann M, Illhardt A, Settan M, Wörz R, Köllner V.

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**BACKGROUND:** A guideline for the treatment and diagnostic procedures in fibromyalgia syndrome (FMS) was developed in cooperation with 10 German medical and psychological associations and 2 patient self-help groups. **METHODS:** A systematic literature search including all controlled studies of evaluated multicomponent therapy was performed in the Cochrane Collaboration Reviews (1993-12/2006), Medline (1980-12/2006), PsychInfo (1966-12/2006) and Scopus (1980-12/2006). Levels of evidence were assigned according to the classification system of the Oxford Centre for Evidence-Based Medicine. Grading of the strengths of recommendations

was done according to the German program for disease management guidelines. Standardized procedures to reach a consensus on recommendations were used. RESULTS: Cognitive and operant behavioral therapy is strongly recommended (grade A). Guided imagery/hypnotherapy and written emotional disclosure are recommended (grade B). CONCLUSIONS: Psychotherapeutic programs tailored to FMS subgroups should be developed and tested.

[1509]

Potential role of mind-body therapies in cancer survivorship.

Cancer. 2008 Jun 1;112(11 Suppl):2607-16.

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The use of complementary and alternative medicine (CAM) by cancer survivors is high, particularly among those with psychosocial distress, poor quality of life, culturally based health beliefs, and those who experience health disparities in the mainstream healthcare system. As the number of cancer survivors continues to increase, so does the diversity of the survivorship population, making it increasingly important to understand and address the CAM culture in different survivor groups. Given the known communication barriers between cancer patients and their physicians regarding CAM, it would be useful for oncology providers to have a platform from which to discuss CAM-related issues. It is proposed that mind-body therapies with some basis in evidence could provide such a platform and also serve as a possible means of connecting cancer survivors to psychosocial supportive services. This article reviews a few mind-body therapies that may have particular relevance to cancer survivors, such as hypnosis and meditation practices. A theoretical foundation by which such therapies provide benefit is presented, with particular emphasis on self-regulation.

[1510]

Methods of reducing discomfort during colonoscopy.

Dig Dis Sci. 2008 Jun;53(6):1462-7.

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In the United States sedation for colonoscopy is usual practice. Unsedated colonoscopy is limited to a small proportion of unescorted patients and those with a personal preference for no sedation. Over 80% of patients who accept the option of as-needed sedation can complete colonoscopy without sedation. Colonoscopy in these unsedated patients is performed with techniques similar to those used in the sedated patients. Uncontrolled observations indicate willingness to repeat colonoscopy amongst these patients was correlated significantly with low discomfort score during the examination. Methods reported to minimize patient discomfort or enhance cecal intubation during sedated or unsedated colonoscopy included use of pediatric colonoscope, variable stiffness colonoscope, gastroscope, and inhalation of nitrous oxide or insufflation of carbon dioxide, hypnosis, music, audio distraction, or simply allowing the patients to participate in administration of the medication. Research focusing on confirming the efficacy of a simple inexpensive nonmedication dependent method for minimizing discomfort will likely improve the outcome of care and more importantly will ensure compliance with future surveillance in patients accepting the unsedated option.

[1511]

Death and hypnosis: two remarkable cases.

Am J Clin Hypn. 2008 Jul;51(1):69-75.

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The Journal of the American Medical Association reported The First Recorded Death in Hypnosis in its issue of October 27, 1894. Ninety-nine years later, on September 23, 1993 a healthy 24-year old mother of two was found dead at home, fully clothed and draped across the foot of one of her children's bed, 5 hours after volunteering as a subject for a stage hypnosis show. The suggestion given to terminate the trance had been that when the hypnotist said, "Goodnight", several subjects would feel 10,000 volts of electricity through the seat of their chairs. Unknown to the hypnotist, she had been phobic about electricity ever since a childhood shock, and would not even change a light bulb or plug in a cord. The coroner's verdict was death by natural causes.

[1512]

Hypnosis, hypnotizability and treatment.

Am J Clin Hypn. 2008 Jul;51(1):57-67.

Sutcher H.

There is broad agreement that a phenomenon we call "hypnosis" exists. However, there is no generally accepted definition of hypnosis. A brief historical overview of the use of hypnosis in healing practices demonstrates how it evolved willy-nilly, and like Topsy, "just grewed" into its current status in medicine, psychiatry, psychology and dentistry. The mechanisms underlying hypnosis and how hypnosis differs from other cognitive states are almost totally unknown. With the exceptions of suggestions for pain control, current concepts of high, medium, low or non-hypnotizability do not reliably predict clinical outcomes for most medical, psychiatric or dental disorders. We do know that it is relatively easy to reliably evaluate hypnotizability, but other than choosing volunteers or subjects who will or will not exhibit traditional hypnotic phenomena, we rarely know what to do with that evaluation with actual clinical patients. Four case studies, representative of many others, chosen retrospectively from a practice that spans 45 years, illustrate how traditional or modern hypnotizability assessment is irrelevant in the clinical setting. Although the four patients differed obviously and vastly in hypnotizability, they all benefited from the use of hypnosis.

[1513]

The (dramatic) process of psychotherapy.

3: Am J Clin Hypn. 2008 Jul;51(1):41-55.

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Psychotherapy can be conceived as a symbolic drama in which patients can experientially realize their capacity to change. Methods derived from hypnosis can empower therapy without the use of formal trance. A case conducted by Milton Erickson is presented and deconstructed in order to illuminate Erickson's therapeutic patterns. A model is offered for adding drama to therapy, and the model is placed into a larger model of choice points in psychotherapy.

[1514]

What we can do with hypnosis: a brief note.

Am J Clin Hypn. 2008 Jul;51(1):29-36.

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This article summarizes the search for efficacious hypnotic treatments. Eighteen major meta analyses were reviewed and the results evaluated using the criteria of Chambless & Hollon, (1998). The analysis identified 32 disorders for which hypnosis can be considered a possible treatment, 5 for which it seems effective, and 2 for which it appears specific. If clinicians use hypnosis in the situations where it seems to be efficacious, and systematically expand the list of conditions where it will be helpful, the results will be even more impressive for the 100th anniversary of this Journal.

[1515]

50 years of hypnosis in medicine and clinical health psychology: a synthesis of cultural crosscurrents.

Am J Clin Hypn. 2008 Jul;51(1):13-27.

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In 2008, the 50th anniversary of ASCH, hypnosis is used increasingly for healthcare applications in hospitals, clinics, and psychotherapy practice. A substantial body of research demonstrates the efficacy of hypnosis as part of the integrative treatment of many conditions that traditional medicine has found difficult to treat (e.g., Pinnell & Covino, 2000; Elkins, Jensen, & Patterson, 2007). The practice of hypnosis in healthcare has been altered and centrally influenced by the rapid growth of technological medicine in the 1950's, the AIDS epidemic and development of psychoneuroimmunology, revolutionary developments in genetics and neuroimaging technology, and the progression from alternative to integrative medicine. We have come to develop more detailed expectations about the beneficial effects of hypnotic interventions for health problems. We have also come to know that in these populations hypnosis can lead not only to reduced anxiety but also specifically altered physiological parameters.

[1516]

50th anniversary of the American Journal of Clinical Hypnosis.

Am J Clin Hypn. 2008 Jul;51(1):1-3.

Lankton S.

[abstract not found]

[1517]

Fibromyalgia pain and its modulation by hypnotic and non-hypnotic suggestion: An fMRI analysis.

Eur J Pain. 2008 Jul 22. [Epub ahead of print]

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The neuropsychological status of pain conditions such as fibromyalgia, commonly categorized as 'psychosomatic' or 'functional' disorders, remains controversial. Activation of brain structures dependent upon subjective alterations of fibromyalgia pain experience could provide an insight into the underlying neuropsychological processes. Suggestion following a hypnotic induction can readily modulate the subjective experience of pain. It is unclear whether suggestion without hypnosis is equally effective. To explore these and related questions, suggestions following a hypnotic induction and the same suggestions without a hypnotic induction were used during functional magnetic resonance imaging to increase and decrease the subjective experience of fibromyalgia pain. Suggestion in both conditions resulted in significant changes in reported pain experience, although patients claimed significantly more control over their pain and reported greater pain reduction when hypnotised. Activation of the midbrain, cerebellum, thalamus, and midcingulate, primary and secondary sensory, inferior parietal, insula and prefrontal cortices correlated with reported changes in pain with hypnotic and non-hypnotic suggestion. These activations were of greater magnitude, however, when suggestions followed a hypnotic induction in the cerebellum, anterior midcingulate cortex, anterior and posterior insula and the inferior parietal cortex. Our results thus provide evidence for the greater efficacy of suggestion following a hypnotic induction. They also indicate direct involvement of a network of areas widely associated with the pain 'neuromatrix' in fibromyalgia pain experience. These findings extend beyond the general proposal of a neural network for pain by providing direct evidence that regions involved in pain experience are actively involved in the generation of fibromyalgia pain.

[1518]

Rehabilitation for ankle fractures in adults.

Cochrane Database Syst Rev. 2008 Jul 16;(3):CD005595.

Lin CW, Moseley AM, Refshauge KM.

Discipline of Physiotherapy, University of Sydney, PO Box 170, Lidcombe, New South Wales, Australia, 1825.

**BACKGROUND:** Rehabilitation after ankle fracture can begin soon after the fracture has been treated by the use of different types of immobilisation which allow early commencement of weight-bearing or exercise. Alternatively, rehabilitation may start following the period of immobilisation, with physical or manual therapies. **OBJECTIVES:** To compare the effectiveness of rehabilitation interventions following ankle fracture in adults. **SEARCH STRATEGY:** We searched two Specialised Registers of The Cochrane Collaboration, electronic databases (including MEDLINE, EMBASE and CINAHL), reference lists of included studies and relevant systematic reviews, and clinical trials registers to September 2007. **SELECTION CRITERIA:** Randomised and quasi-randomised controlled trials with adults

undergoing any interventions for rehabilitation after ankle fracture were considered. The primary outcome was activity limitation. Secondary outcomes included impairments and adverse events. DATA COLLECTION AND ANALYSIS: Two reviewers independently screened search results, assessed methodological quality, and extracted data. Relative risk and 95% confidence intervals (95% CI) were calculated for dichotomous variables, and weighted or standardised mean difference and 95% CI were calculated for continuous variables. A meta-analysis was performed where appropriate. MAIN RESULTS: Thirty-one studies were included. Clinical and statistical heterogeneity prevented meta-analyses in most instances. After surgical fixation, commencing exercise in a removable brace or splint significantly improved activity limitation, pain and ankle range of motion, but also led to a higher rate of adverse events. Early commencement of weight-bearing during the immobilisation period improved ankle range of motion after surgical fixation. Where it was possible to avoid ankle range of motion after surgical fixation, the use of no immobilisation compared to cast immobilisation also improved ankle range of motion. After the immobilisation period, manual therapy was beneficial in increasing ankle range of motion. There was no evidence of effect for electrotherapy, hypnosis, or stretching. AUTHORS' CONCLUSIONS: There is limited evidence supporting the use of a removable type of immobilisation and exercise during the immobilisation period, early commencement of weight-bearing during the immobilisation period, and no immobilisation after surgical fixation of ankle fracture. There is also limited evidence for manual therapy after the immobilisation period. Because of the potential increased risk, the patient's ability to comply with the use of a removable type of immobilisation and exercise is essential. More clinical trials that are well-designed and adequately-powered are required to strengthen current evidence.

[1519]

[What Do we Really Know About How Lance-Corporal Adolf Hitler Was Treated by German Military Psychiatry?]

Psychiatr Prax. 2008 Jul 21. [Epub ahead of print]

[Article in German]

Theiss-Abendroth P.

OBJECTIVE This paper inquires the hypothesis that Hitler's rise to power was in part due to a hypnotic therapy he had undergone when being treated for hysterical blindness at an army hospital in the town of Pasewalk in October 1918 - as recent contributions have argued. Edmund Forster, his psychiatrist at that time, is supposed to have suggested to Hitler that he would be ordained as Germany's redeemer in times of defeat, thus causing a profound change in his patient's personality. METHODS Following three lines of argument, this paper examines if such an assumption can be made plausible. Firstly, it takes a close look at the main historical source which is the novel THE EYEWITNESS, written in German language by the Czech-Jewish author Ernst Weiss. Then it asks if Forster is likely to have chosen hypnosis as a method of treatment. Finally, it exploits the work of the even lesser known author Alexander Moritz Frey who happened to serve close to Hitler as a medical orderly in WW I, thus trying to validate whether or not Hitler really underwent a change of personality in autumn 1918. RESULTS Although the eventualities of such a hypnotic treatment or a profound change in Hitler's behaviour in that time cannot be disproved, both seem highly unlikely. CONCLUSIONS One should altogether abandon the notion of Hitler having suffered a permanent change of personality in 1918, be it due to psychiatric treatment or to psychological trauma itself.

[1520]

Book review: yapko, Michael d. Hypnosis and treating depression: applications in clinical practice.

Int J Clin Exp Hypn. 2008 Jul;56(3):357-9.

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[abstract not found]

[1521]

Hypnotic approaches for alopecia areata.

Int J Clin Exp Hypn. 2008 Jul;56(3):318-33.

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Alopecia areata (AA) is an autoimmune disease leading to loss of scalp hairs. The disease seems triggered by stress. Data on the possibility of using hypnotherapy in the treatment of AA are very limited. Twenty-eight patients with extensive AA, all refractory to previous conventional treatment, were treated with hypnosis at the Academic Hospital UZ Brussel, Brussels, Belgium. This paper describes in detail the authors' hypnotherapeutic approach combining symptom-oriented suggestions with suggestions to improve self-esteem. Twelve out of 21 patients, including 4 with total loss of scalp hair, presented a significant hair growth. All patients presented a significant decrease in scores for anxiety and depression. Although the exact mechanism of hypnotic interventions has not been elucidated, the authors' results demonstrate that hypnotic interventions may ameliorate the clinical outcome of patients with AA and may improve their psychological well-being.

[1522]

Treatment of inflammatory bowel disease: a role for hypnotherapy?

Int J Clin Exp Hypn. 2008 Jul;56(3):306-17.

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Fifteen patients with severe or very severe inflammatory bowel disease on corticosteroids but not responding to medication received 12 sessions of "gut-focused hypnotherapy" and were followed up for a mean duration of 5.4 years with disease severity being graded as remission, mild, moderate, severe, or very severe. Two patients (13.4%) failed to respond and required surgery. At follow-up for the remaining 13 patients, 4 (26.6%) were in complete remission, 8 (53.3%) had mild severity, and 1 (6.7%) was moderately severe. Quality of life became good or excellent in 12 (79.9%). Corticosteroid requirements dramatically declined with 60% of patients stopping them completely and not requiring any during follow-up. Hypnotherapy appears to be a promising adjunctive treatment for inflammatory bowel disease and has steroid sparing effects. Controlled trials to clearly define its role in this disease area are justified.

[1523]

Confirmatory factor analysis of the Valencia Scale on Attitudes and Beliefs toward Hypnosis, Therapist version.

Int J Clin Exp Hypn. 2008 Jul;56(3):281-94.  
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Health professionals' beliefs and attitudes toward hypnosis may make them reluctant to use it or even to foster misapplications and iatrogenic uses of hypnosis. The Valencia Scale on Attitudes and Beliefs toward Hypnosis-Therapist version (VSABH-T) is a specific instrument to evaluate therapists' attitudes and beliefs. The aims of this study are to evaluate the 8-factor structure of the VSABH-T proposed from a confirmatory perspective. The sample comprised 1,661 licensed psychologists who are members of the Spanish Psychological Association for the initial test and 787 for the retest. Results confirmed the 8-factor structure obtained in a previous exploratory study, namely: Fear, Memory, Help, Control, Collaboration, Interest, Magic, and Marginal. The scale also showed adequate psychometric properties, including good internal consistency and test-retest reliability.

[1524]

Hypnotherapy in the treatment of chronic combat-related PTSD patients suffering from insomnia: a randomized, zolpidem-controlled clinical trial.

Int J Clin Exp Hypn. 2008 Jul;56(3):270-80.  
Abramowitz EG, Barak Y, Ben-Avi I, Knobler HY.  
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This study evaluated the benefits of add-on hypnotherapy in patients with chronic PTSD. Thirty-two PTSD patients treated by SSRI antidepressants and supportive psychotherapy were randomized to 2 groups: 15 patients in the first group received Zolpidem 10 mg nightly for 14 nights, and 17 patients in the hypnotherapy group were treated by symptom-oriented hypnotherapy, twice-a-week 1.5-hour sessions for 2 weeks. All patients completed the Stanford Hypnotic Susceptibility Scale, Form C, Beck Depression Inventory, Impact of Event Scale, and Visual Subjective Sleep Quality Questionnaire before and after treatment. There was a significant main effect of the hypnotherapy treatment with PTSD symptoms as measured by the Posttraumatic Disorder Scale. This effect was preserved at follow-up 1 month later. Additional benefits for the hypnotherapy group were decreases in intrusion and avoidance reactions and improvement in all sleep variables assessed.

[1525]

Heart-rate control during pain and suggestions of analgesia without deliberate induction of hypnosis.

Int J Clin Exp Hypn. 2008 Jul;56(3):255-69.  
Santarcangelo EL, Carli G, Migliorini S, Fontani G, Varanini M, Balocchi R.  
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Heart rate and heart-rate variability (HRV) were studied through a set of different methods in high (highs) and low hypnotizable subjects (lows) not receiving any deliberate hypnotic induction in basal conditions (simple relaxation) and during nociceptive-pressor stimulation with and without suggestions of analgesia. ANOVA did not reveal any difference between highs and lows for heart rate and for the HRV indexes extracted from the series of the interbeat intervals (RR) of the ECG in the frequency (spectral analysis) and time domain (standard deviation, Poincare plot) in both basal and stimulation conditions. Factors possibly accounting for the results and likely responsible for an underestimation of group differences are discussed.

[1526]

Early drug distribution: a generally neglected aspect of pharmacokinetics of particular relevance to intravenously administered anesthetic agents.

Clin Pharmacol Ther. 2008 Jul;84(1):18-22.  
Henthorn TK, Krejcie TC, Avram MJ.  
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There is considerable variability in response to intravenously administered anesthetic drugs (e.g., hypnotics, benzodiazepines, and narcotics) that have a rapid onset of effect (such as hypnosis, anxiolysis, and analgesia) and a low margin of safety (because of cardiovascular or respiratory depression, etc.). Although the onset of effect for these drugs occurs seconds to minutes after injection, traditional pharmacokinetic models are based on blood samples that are first obtained after drug effects have peaked. As a result, many studies have failed to provide a pharmacokinetic rationale for dosage adjustments of these drugs.

[1527]

Meditation with yoga, group therapy with hypnosis, and psychoeducation for long-term depressed mood: a randomized pilot trial.

J Clin Psychol. 2008 Jul;64(7):806-20.  
Butler LD, Waelde LC, Hastings TA, Chen XH, Symons B, Marshall J, Kaufman A, Nagy TF, Blasey CM, Seibert EO, Spiegel D.  
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This randomized pilot study investigated the effects of meditation with yoga (and psychoeducation) versus group therapy with hypnosis (and psychoeducation) versus psychoeducation alone on diagnostic status and symptom levels among 46 individuals with long-term depressive disorders. Results indicate that significantly more meditation group participants experienced a remission than did controls at 9-month follow-up. Eight hypnosis group participants also experienced a remission, but the difference from controls was not statistically significant. Three control participants, but no meditation or hypnosis participants, developed a new depressive episode during the study, though this difference did not reach statistical significance in any case. Although all groups reported some reduction in symptom levels, they did not differ significantly in that outcome. Overall, these results suggest that these two interventions show promise for treating low-to moderate-level depression. Copyright 2008 Wiley Periodicals, Inc.