

Hypnosis & Hypnotherapy Citations

David Hartman, MSW*

Abstract: Hypnosis and hypnotherapy are widely used by professionals in the mental health field and in medical settings. We summarize the academic literature of research and clinical applications on the use of hypnosis and hypnotherapy in both psychological and medical treatment. While there is overlap between them, we attempt to make the categories intuitively clear.

Index

Hypnosis overview	page 4	Dental uses	page 90
Addictions	page 5	Diabetes	page 92
Anger Management	page 9	Dysphagia	page 92
Anxieties	page 9	Fibromyalgia	page 93
Bereavement	page 19	Gastrointestinal	page 95
Birth Trauma	page 20	Healing	page 97
Children	page 22	Huntington's	page 97
Codependency	page 25	Hypertension	page 97
Depression	page 26	Immunology	page 98
DID	page 27	Irritable Bowel	page 100
Eating Disorders	page 32	Multiple Sclerosis	page 104
Obesity	page 37	Neuromuscular	page 105
OCD	page 41	Obesity	page 105
Performance	page 42	Ob/Gyn	page 105
PTSD	page 44	Pain control	page 107
Smoking Cessation	page 50	Palliative care	page 110
Somatization	page 57	Parkinson's	page 113
Transpersonal	page 60	Pediatrics	page 114
<hr/>			
General medical use	page 63	Plastic surgery	page 121
Allergies	page 68	Postoperative care	page 123
Anesthesia	page 68	Pre-surgery	page 124
Anxiety	page 70	Psychosomatic	page 126
Asthma	page 71	Rehabilitation	page 128
Bone Fractures	page 72	Reproductive health	page 130
Burn injury	page 73	Sexual dysfunction	page 132
Cancer	page 76	Skin	page 134
Childbirth	page 82	Sleep disorders	page 136
Critical care	page 89	Tinnitus	page 139
Cystic fibrosis	page 89	Vascular disorders	page 140

* The Wellness Institute, 3716 - 274th Ave SE, Issaquah, WA 98029 425-391-9716

Hypnosis & Hypnotherapy Overview

Lynn, Steven Jay; Kirsch, Irving. (2006). **The Basics of Clinical Hypnosis: Getting Started.** In Lynn, Steven Jay; Kirsch, Irving (Eds.), *Essentials of Clinical Hypnosis: An Evidence-based Approach. Dissociation, Trauma, Memory, and Hypnosis Book Series*, (pp. 31-52). Washington, DC: American Psychological Association.

Godoy, Pedro H. Torres; Araoz, Daniel L. (Trans). (Sep 1999). **The Use of Hypnosis in Anxiety, Phobia and Psychosomatic Disorders: An Eight-Year Review (Part One).** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 20(2), 65-72.

Reviews literature published during the period 1989–1997 concerning the use of hypnosis in psychiatry. A substantial portion of this literature is methodologically defective, owing to a lack of good evaluative design and poor use of statistics. Most examined studies are of a single case or of less than 5 patients, which does not allow general conclusions to be drawn. The use of hypnosis has been found to be particularly beneficial in treating psychosomatic disorders such as asthma, severe clinical bowel syndrome, peptic ulcer, skin conditions, allergies, and chronic pain. It is a mistake to consider hypnosis itself as a therapy, rather than as a supporting tool. A number of studies, such as those of the Amsterdam University group, point to a new movement in the clinical investigation of hypnosis.

Godoy, Pedro H. Torres; Araoz, Daniel L. (Trans). (Sep 1999). **The Use of Hypnosis in Posttraumatic Stress Disorders, Eating Disorders, Sexual Disorders, Addictions, Depression and Psychosis: An Eight-Year Review (Part Two).** *Australian Journal of Clinical Hypnotherapy and Hypnosis*. Vol 20(2), 73-85.

Continues the review of a previous article of literature published during the period 1989–1997 concerning the use of hypnosis in psychiatry. The strategic use of trance in psychotherapy can serve a double role. As prevention, hypnosis can create a kind of hypnotic immunity through frequent use of self-hypnosis. In cases of established pathology, the clinical use of counter-induction may facilitate the process of change of an individual or an interactional system. For the therapist, hypnosis becomes a tool of support for change and its process affecting emotions, thinking, and action. Five particularly fruitful areas for hypnotherapy include the mind–body relationship, psychoneuroimmunology, chronobiology, education and communication, and systemic therapy for couples, families, and corporations. Hypnosis has been found effective in treating posttraumatic stress disorder (PTSD), eating disorders, sexual dysfunctions, drug addictions, depression, and psychosis under certain conditions.

Winsor, R. M. (1993). **Hypnosis--A Neglected Tool for Client Empowerment.** *Social Work*, Vol. 38, 603-608.

Clinical hypnosis is a valuable treatment modality that deserves to be more widely known and used by social workers. The author presents an overview of this growing clinical specialty, distinguishing between directive, Ericksonian, and permissive hypnosis. The latter, which is the most common style in use today, is based on a clear contract in which a hypnotherapist helps a client develop and use his or her own hypnotic abilities toward therapeutic goals. Characteristics of a hypnotic trance

and the differing capacities of individuals in trance are presented. The article describes how permissive hypnosis is used in practice and identifies the types of clients for whom it is suitable. The author stresses the consistency of modern clinical hypnosis with social work aims and values.

Gould, R. C., Krynicki, V. E. (1989). **Comparative Effectiveness of Hypnotherapy on Different Psychological Symptoms.** *American Journal of Clinical Hypnosis*, Vol. 32, 110-117.

In this study we measured a comprehensive set of symptoms before and after hypnotherapy to evaluate which symptom areas respond most and which respond least. The participants were 20 adults who sought hypnotherapy for such problems as stress, anxiety, and depression. There were two pretreatment measurements and one posttreatment measurement. Statistical analyses revealed significantly less symptomatology posttreatment in all measured dimensions. The greatest percentage decrease occurred in the anxiety dimensions; less of a decrease occurred in affective symptoms, and the least decrease appeared in ideational symptoms. The results are discussed in terms of the similarity of hypnosis to states of deep relaxation and its difference from the state of intense arousal which is a component of the fight-flight response. It is suggested that the symptoms most related to the fight-flight reaction respond most readily to hypnosis.

Addictions

Tramontana, Joseph. (2009). **Hypnotically Enhanced Treatment for Addictions: Alcohol Abuse, Drug Abuse, Gambling, Weight Control, and Smoking Cessation.** Norwalk, CT: Crown House Publishing Limited.

The purpose of this book is to offer new strategies, techniques, and scripts for use with problem drinkers, alcoholism, drug addiction, and gambling addiction in an outpatient population, as well as to review old and to present new techniques or combinations of techniques, strategies, and scripts for other addictions. The five addictions to be addressed are: alcohol abuse and dependency, drug abuse/addiction, gambling compulsions/obsessions and addictions, tobacco addiction (including cigars, pipes and chew), food addiction/compulsions. In the latter two, the "strategies and techniques" section will also address marketing and/or providing a package of sessions, with various preplanned scripts used in each session.

Jones, Patricia. (Spring 2006). **Nicotine Addiction.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*. Vol 27(2), 1-4.

This article is taken from a presentation made to the Smoke Signals workshop run by the Australian Society of Clinical Hypnotherapists in February 2006. The purpose of the presentation was to open dialogue between hypnotherapists and 'evidence-based' practitioners of smoking cessation. It describes nicotine addiction from an evidence-based perspective so people from 'both sides' can talk to each other and mean the same things. Many hypnotherapists who talk about helping people overcome the 'habit' of smoking are not aware that they have broken the chemical addiction.

Jayasinghe, H. B. (2005). **Hypnosis in the Management of Alcohol Dependence.** *European Journal of Clinical Hypnosis*. Vol 6(3), 12-16.

Alcohol dependence can be broadly divided into physiological dependence and psychological dependence. The physiological dependence can be successfully controlled with appropriate medical management. Today with the introduction of some of the effective hypnotherapeutic techniques such as guided imagery, visualization techniques, dream induction, rational emotive behavior therapy and aversion therapy, psychological dependence can be successfully managed. When dealing with alcohol dependents, it is an essential prerequisite to determine whether the patient is sincerely motivated to abstain totally from all forms of liquor for the rest of his life. If not, he has to be properly motivated by employing Hypno-Rational Emotive Behaviour Therapy (REBT). Hypnotically induced dreams too can enhance the patient's potential to utilize his internal resources to motivate positively.

Moseley, Sullivan; Briggs, Wanda P.; Magnus, Virginia. (Oct 2005). **Hypnotic Psychotherapy with Sex Offenders.** *Journal of Addictions & Offender Counseling*, Vol 26(1), 38-51.

The authors review the literature on the prevalence of sex offenders; multiple treatment modalities; and implications of the use of hypnotic psychotherapy, coupled with cognitive behavioral treatment programs, for treating sex offenders.

Millet, Edward. (2005). **The Benefit of Group Hypnotherapy in the Treatment of Sex Addictions.** *Journal of Heart-Centered Therapies*, Vol. 8(1), 95-103.

The purpose of this paper is to define addictions, describe the differences in the levels of sex addiction and then discuss the impact addiction has on relationships, society, spirituality, intimacy, and self-esteem of the addict. The next part of the paper will outline an eight to twelve week therapeutic group treatment utilizing different aspects of conventional talk therapy (person-centered and cognitive) and Heart-Centered Hypnotherapy.

Potter, Greg. (Jul 2004). **Intensive Therapy: Utilizing Hypnosis in the Treatment of Substance Abuse Disorders.** *American Journal of Clinical Hypnosis*. Vol 47(1), 21-28.

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.

Kirsch, I.; Capafons, A.; Cardega, E.; Amigs, S. (1999). **Clinical Hypnosis and Self-Regulation: Cognitive-Behavioral Perspectives.** Washington, D.C.: American Psychological Association.

Page, Roger A.; Handley, George W. (1993). **The Use of Hypnosis in Cocaine Addiction.** *American Journal of Clinical Hypnosis*, 36, 120-123.

An unusual case is presented in which hypnosis was successfully used to overcome a five grams per day cocaine addiction. The subject was a female in her

twenties. Six months into her addiction, she acquired a commercial weight-control tape that she used successfully to stop smoking cigarettes (mentally substituting the word “smoking”), as well as to bring her down from her cocaine high and allow her to fall asleep. At the end of one year, her addiction was broken, and she has been drug free for the past 9 years. Her withdrawal and recovery were extraordinary because hypnosis was the only intervention, and no support network of any kind was available.

Geuna, S. (1992). **Altered States of Consciousness Therapy. A Missing Component in Alcohol and Drug Rehabilitation Treatment** [letter; comment]. *Journal of Substance Abuse Treatment*, Vol. 9.

Miller, W. A., Jr. (1991). **The Recovering Addicted Patient and the Use of Hypnosis**. *Hypnos*, 18(3), 133-147.

Doorn, Jeffrey M. (1990). **An Application of Hypnotic Communication to the Treatment of Addictions**. In Serman, Chelly M. (Ed), *Neuro-linguistic Programming in Alcoholism Treatment. Haworth Series in Addictions Treatment*, Vol. 3. (pp. 79-89). Binghamton, NY: The Haworth Press.

[suggests that] the application of hypnotic communication to the treatment of [alcohol] addiction can allow for a successful integration of the “resistant” client into the treatment experience / serving the self in some capacity, the addiction, is viewed as a resource to the client / this perspective gives rise to a treatment approach that emphasizes the development of a cooperative relationship with the client, to create a context within which change can occur / clinical examples are provided to highlight the application of hypnotic principles and techniques eliciting cooperation / utilizing resistance / building choice / viewing addiction as a resource / assigning tasks / creating illusions of choice

Stoil, M. J. (1989). **Problems in the Evaluation of Hypnosis in the Treatment of Alcoholism**. *Journal of Substance Abuse Treatment*, Vol. 6, 31-5.

Although hypnotherapy has been applied to alcoholism for over a century and is accepted by the AMA as a medically valid technique, the effectiveness of hypnosis in treating alcoholics remains controversial. Systematic evaluation has been hampered by the unique role of hypnosis as a cultural artifact, by problems in defining and verifying hypnotic intervention, by individual and situational variation in hypnotizability, and by difficulty in separating hypnosis from the therapies to which it is applied. Clinicians using hypnosis are likely to continue to base their claims for its effectiveness on intuition, especially since no study has demonstrated that hypnotherapy is contraindicated for patients requesting its use.

Collet, G. (1988). **Hypnotic Techniques in Drug Addiction Treatment**. *Hypnos*, 15(2), 81-86.

Janas, Chester. (Mar 1987). **Seeking Magical Solutions, Exploring Addictions**. *Medical Hypnoanalysis Journal*, Vol 2(1), 15-28.

Presents a survey of leading problems—low self-esteem, guilt, unconscious negative self-verbalizations—related to addictions (e.g., cigarette smoking,

alcoholism, anorexia, bulimia, “workaholism”). Learning theory, classical conditioning, and hypnoanalytical principles are considered. A rationale for the use of hypnoanalysis in the treatment of addictions and some suggestions for therapeutic interventions are offered.

Schoen, M. (1985). **A conceptual Framework and Treatment Strategy for the Alcoholic Urge to Drink Utilizing Hypnosis.** *International Journal of Addiction*, Vol. 20, 403-15.

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.

Waxman, D. (1985). **The Treatment of Alcohol and Drug Addiction: An Overview.** In Waxman, D.; Misra, P. C.; Gibson, M.; Basker, M. A. (Eds.), *Modern Trends in Hypnosis* (pp. 277-287). New York: Plenum Press.

Manganiello, Aaron J. (1984). **A comparative Study of Hypnotherapy and Psychotherapy in the Treatment of Methadone Addicts.** *American Journal of Clinical Hypnosis*, 26, 273-279.

This study sought to examine the effects of hypnotherapy on the ability of methadone-maintained patients to reduce and/or eliminate their drug-taking behavior. Seventy adult volunteers at a methadone maintenance program were randomly assigned to experimental and control groups. The experimental group received hypnotherapy for 6 months in addition to the psychotherapy offered as standard clinic treatment. The control group received only psychotherapy. The experimental group had significantly less discomfort and illicit drug use, and a significantly greater number of withdrawals. At six-month follow-up, 94% of the Ss in the experimental group who had achieved withdrawal remained narcotic-free.

Cancellario, M. (1983). **[Triennial Experience in Group Hypnosis Therapy and the Teaching of Medical Self-Hypnosis].** *Minerva Medica*, Vol. 74, 2985-94.

Abstract: 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.

Wadden, T. A., Penrod, J. H. (1981). **Hypnosis in the treatment of alcoholism: a review and appraisal**, *American Journal of Clinical Hypnosis*, Vol. 24, 41-7.

Anger Management

Dowd, E. Thomas. (2006). **Cognitive Hypnotherapy and the Management of Anger**. In Chapman, Robin A. (Ed), *The Clinical Use of Hypnosis in Cognitive Behavior Therapy: A Practitioner's Casebook*. (pp. 189-211). New York, NY: Springer Publishing Co.

This chapter addresses the treatment of anger, using cognitive behavior therapy and hypnosis. As anger is not currently a DSM IV diagnosis, the importance of treatment for this condition is discussed. Models from a cognitive behavior and a Buddhist perspective are described, as the underlying techniques are similar. A detailed case study is presented, which includes the use of progressive muscle relaxation, deepening hypnotic technique, identification and modification of maladaptive schemas, and paradoxical suggestion.

Zarren, Jordan I. (2006). **Utilizing Hypnosis in Addressing Anger Issues in Treating Depression**. In Yapko, Michael D. (Ed), *Hypnosis and Treating Depression: Applications in Clinical Practice*. (pp. 121-140). New York, NY, US: Routledge/Taylor & Francis Group.

In this chapter, the author considers the relationship between anger and depression. In particular, the author focuses on how hypnosis might be integrated into an effective treatment plan for depression by empowering the client not only to better cope with but also to even reduce his or her angry feelings. A detailed case example is provided of a structured hypnotic intervention for teaching anger management skills.

Anxieties

“Hypnotherapy and training in self-hypnosis can help persons achieve remarkable success in alleviating anxiety, not only in anxiety disorders, but also in any problem involving anxiety. . . . because hypnosis exploits the intimate connection between mind and body, it provides relief through improved self-regulation and also beneficially affects cognition and the experience of self-mastery.” (Smith, 1990, p. 209)

Kahn, Stephen. (2010). **Stress and Anxiety**. In Barabasz, Arreed Franz (Ed); Olness, Karen (Ed); Boland, Robert (Ed); Kahn, Stephen (Ed). *Medical Hypnosis Primer: Clinical and Research Evidence*. (pp. 83-86). New York, NY, US: Routledge/Taylor & Francis Group.

Woven throughout most treatment modalities and in both psychological and medical procedures is the treatment of anxiety. The most common disorders of

anxiety are phobias, including agoraphobia, and generalized anxiety disorder. Hypnosis is an effective and powerful intervention for most types of stress and anxiety. This chapter discusses research; assessment; and four stages of treatment of anxiety.

Schnur, Julie B.; David, Daniel; Kangas, Maria; Green, Sheryl; Bovbjerg, Dana H.; Montgomery, Guy H. (Apr 2009). **A Randomized Trial of a Cognitive-Behavioral Therapy and Hypnosis Intervention on Positive and Negative Affect During Breast Cancer Radiotherapy.** *Journal of Clinical Psychology*, Vol 65(4), 443-455.

The present study examined the effectiveness of a multimodal psychotherapeutic approach, combining cognitive-behavioral therapy and hypnosis (CBTH), to reduce negative affect and increase positive affect in 40 women undergoing breast cancer radiotherapy. Participants were randomly assigned to receive either CBTH or standard care. Participants completed weekly self-report measures of positive and negative affect. Repeated and univariate analyses of variance revealed that the CBTH approach reduced levels of negative affect [$F(1, 38) = 13.49$; $p = .0007$, $\eta^2 = .56$], and increased levels of positive affect [$F(1, 38) = 9.67$; $p = .0035$, $\eta^2 = .48$], during the course of radiotherapy. Therefore, the CBTH intervention has the potential to improve the affective experience of women undergoing breast cancer radiotherapy.

Kuttner, Leora. (2009). **Treating Pain, Anxiety, and Sleep Disorders in Children and Adolescents.** In Brown, Donald C. (Ed). *Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/ Management.* (pp. 177-193). Norwalk, CT: Crown House Publishing Limited.

Hypnosis is an ideal therapy for children and teens. It utilizes creativity, playfulness, and it relies on imagination. Hypnosis is a child-centered process and requires flexibility to ensure a best fit to each child's individuality. In this chapter, we examine how hypnosis can be applied as a therapeutic intervention across the wide age range of ages from young children to late teens (3-19 years) and the changes in hypnotic process necessitated by the different developmental stages. We will close with therapeutic recommendations of how to use hypnosis for common pediatric problems such as anxiety, sleep problems, acute pain, recurrent pain, and chronic pain.

Straub, James H.; Straub, Vicki W. (2009). **Resolving Traumatic Memories Related to Persistent and Recurring Pain.** In Brown, Donald C. (Ed). *Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/ Management.* (pp. 153-175). Norwalk, CT: Crown House Publishing Limited.

Traumatic memories and post-traumatic stress disorder (PTSD) are often related to persistent pain, anxiety and other difficulties seen in medical, surgical and dental procedures and treatment. The trauma and traumatic memories can be the basis of the pain or serve to exacerbate the pain related to injuries or disease. In this chapter, we focus primarily on dealing with specific traumatic memories that may be related to the experience of persistent pain or triggered during procedures. However, underlying traumatic memories that are not specifically related to the expression of pain can also be resolved by these techniques.

Nolan, Maria. (May 2008). **Hypnosis to Enhance Time Limited Cognitive-Behaviour Therapy for Anxiety.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 36(1), 30-40.

This case demonstrates the use of CBT and hypnosis in managing the symptoms of anxiety experienced by a retired registered nurse. Her symptoms included panic attacks and heightened blood pressure when she visited medical specialists. Therapy was time limited to five sessions under the Enhanced Primary Care program. A research question was posed about the possibility of achieving success in this time frame, using CBT enhanced by hypnosis for exposure to both the symptoms of panic and situational anxiety. On completion of the sessions, there was a marked decrease in anxiety symptoms, and the patient was able to visit her doctors without undue elevation of blood pressure.

Rogers, Janet. (May 2008). **Hypnosis in the Treatment of Social Phobia.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 36(1), 64-68.

This case illustrates the successful use of hypnosis with a 55-year-old client suffering from a 30-year history of social phobia. The client had been diligent in attempting a variety of therapies for most of that time, practising the use of typical phobia treatments such as systematic imaginal and in vivo exposure. Due to their lack of success, these treatments were not emphasised in this instance. Relaxation and breathing training were taught to lower anxiety. Ego strengthening was used, followed by age regression, and the affect and somatic bridges to access the past. Future-orientation with imagery enabled the client to visualise success, while anchoring was taught for quick access to a relaxed state. The trance state was utilised to discard unwanted thoughts and emotions.

Bryant, Richard A. (2008). **Hypnosis and Anxiety: Early Interventions.** In Nash, Michael R. (Ed); Barnier, Amanda J. (Ed). *The Oxford Handbook of Hypnosis: Theory, Research, and Practice.* (pp. 535-547). New York, NY: Oxford University Press.

Anxiety can be defined as a fear that persists even when a salient threat is not present. The most common anxiety disorders, as defined by the 'Diagnostic and Statistical Manual of Mental Disorder' (American Psychiatric Association, 1994), are specific phobia, social phobia, generalized anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder (PTSD), acute stress disorder and separation anxiety disorder. One of the major models of anxiety reduction involves extinction learning. Extinction learning involves being exposed to the reminders of the anxiety but in the presence of any aversive outcome, and in this way one engages in new learning that inhibits the initial fear response. Many theorists have noted that successful treatment of an anxiety disorder can be conceptualized as extinction learning because the individual learns to feel safe in the presence of the triggers that cause an anxious reaction (i.e. the conditioned stimuli) (Davis and Myers, 2002).

Néron, Sylvain; Stephenson, Randolph. (Jul 2007). **Effectiveness of Hypnotherapy with Cancer Patients' Trajectory: Emesis, Acute Pain, and Analgesia and Anxiolysis in Procedures.** *International Journal of Clinical and Experimental Hypnosis*, Vol 55(3), 336-354.

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.

Wester II, William C. (2007). **Hypnotic Treatment of Anxiety in Children.** In Wester II, William C. (Ed); Sugarman, Laurence I. (Ed). *Therapeutic Hypnosis with Children and Adolescents.* (pp. 199-215). Norwalk, CT: Crown House Publishing Limited.

Discusses the use of hypnosis to treat panic disorder, specific phobia, social phobia, separation anxiety, obsessive-compulsive disorder, generalized anxiety disorder, and posttraumatic stress disorder in children and adolescents.

Kraft, Tom; Kraft, David. (Nov 2006). **The Place of Hypnosis in Psychiatry: Its Applications in Treating Anxiety Disorders and Sleep Disturbances.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 34(2), 187-203.

Hypnotherapy can be used extensively for a wide range of conditions in the field of psychiatry: it is valuable for the treatment of anxiety disorders, sleep disturbances, eating disorders, depression, psychosexual disorders, addictions, and particularly, in the treatment of phobic disorders (Waxman, 1980). Hypnotherapy is advantageous, as it allows patients to face their fears in a relaxed and safe environment; in hypnotherapy, patients are able to explore problem areas together with the therapist (Kraft, 2000). The purpose of this article is to focus on the treatment of anxiety disorders, including obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), and a range of sleep disturbances.

Bryant, Richard A.; Moulds, Michelle L.; Nixon, Reginald D. V.; Mastrodomenico, Julie; Felmingham, Kim; Hopwood, Sally. (Sep 2006). **Hypnotherapy and Cognitive Behaviour Therapy of Acute Stress Disorder: A 3-year Follow-up.** *Behaviour Research and Therapy*, Vol 44(9), 1331-1335.

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. 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.

Lioffi, Christina; White, Paul; Hatira, Popi. (May 2006). **Randomized Clinical Trial of Local Anesthetic versus a Combination of Local Anesthetic with Self-Hypnosis in the Management of Pediatric Procedure-Related Pain.** *Health Psychology*. Vol 25(3), 307-315.

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). 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.

Barabasz, Arreed F. (Win - Spr 2006). **Division 30 Members Serving in Iraq: Hypnosis in Action.** *Psychological Hypnosis* 15(1) [American Psychological Association Division 30 (Society of Psychological Hypnosis)].

My colleague, Dr. Kathy Platoni, and two of my former Ph.D. students in Counseling Psychology, Drs. Rebecca Dyer and Michael Camack, all have seen service in Iraq during the past year. All three have earned the rank of Lieutenant Colonel and provide psychological services to our men and women serving in the armed forces. All report the incredible value hypnosis techniques have been to their clients dealing with trauma and stress related disorders. Becky, who now is assigned to Special Forces, because of her skills in hypnosis, reported that she “used hypnosis regularly in Iraq, predominantly for anxiety reduction and believe it or not, smoking cessation and performance enhancement.”

Golden, William L. (2006). **Hypnotherapy for Anxiety, Phobias and Psychophysiological Disorders.** In Chapman, Robin A. (Ed). *The Clinical Use of Hypnosis in Cognitive Behavior Therapy: A Practitioner's Casebook.* (pp. 101-137). New York, NY: Springer Publishing Co.

This chapter presents the treatment of anxiety, phobias and psychophysiological conditions. The SORC model is described for assessment, which includes stimulus, organism variables, response, and consequences. Also presented are case studies of clients with panic disorder, phobic disorder, and irritable bowel syndrome (IBS). These are frequent diagnoses that are treated successfully with cognitive behavior therapy and hypnosis. This chapter describes the role of negative self-hypnosis, and the use of two-column thought records and systematic desensitization.

Lynn, Steven Jay; Kirsch, Irving. (2006). **Anxiety Disorders.** In Lynn, Steven Jay; Kirsch, Irving. *Essentials of Clinical Hypnosis: An Evidence-Based Approach. Dissociation, Trauma, Memory, and Hypnosis Book Series.* (pp. 135-157). Washington, DC: American Psychological Association.

In this chapter the authors illustrate how hypnotic methods can be integrated in a seamless manner with cognitive-behavioral principles and techniques that have demonstrated efficacy in the treatment of anxiety. The authors describe hypnotic and nonhypnotic self-control training procedures, cognitive therapy, and exposure techniques.

Bryant, Richard A.; Moulds, Michelle L.; Guthrie, Rachel M.; Nixon, Reginald D. V. (Apr 2005). **The Additive Benefit of Hypnosis and Cognitive-Behavioral Therapy in Treating Acute Stress Disorder.** *Journal of Consulting and Clinical Psychology*, Vol 73(2), 334-340.

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.

Zhao, Yan-Hong; Shan, Yi-Hui; Ma, Lian-Hua; et al. (Aug 2005). **Clinical Efficacy of Hypnotherapy in the Treatment of Generalized Anxiety Disorder.** *Chinese Mental Health Journal*, Vol 19(8), 543-544.

Objective: To compare the clinical efficacy of hypnotherapy and Alprazolam in the treatment of generalized anxiety disorder. Conclusion: Hypnotherapy is effective in the treatment of generalized anxiety disorder with good compliance.

Hill, Robert; Bannon-Ryder, Glynn. (2005). **The Use of Hypnosis in the Treatment of Driving Phobia.** *Contemporary Hypnosis*, Vol 22(2), 99-103.

The client was a 37-year-old married woman with two young daughters working as a community psychiatric nurse who requested assistance with driving difficulties following a number of accidents, and maintained by avoidance behaviour. This avoidance was affecting her professional and personal life and she was keen to see whether the use of hypnotic procedures in conjunction with a behavioural driving programme could help her. Four sessions were undertaken and, although she retained some anxiety, sufficient progress was established for her to make a long distance trip that she has been avoiding for a number of years. Reviewing progress a year later, she reported that residual anxiety had diminished and that progress had continued.

Yu, Calvin Kai-ching. (2005). **Application of Cognitive-behavioural Hypnotic Treatment for Anxiety Management in the Chinese.** *Contemporary Hypnosis*, Vol 22(2), 104-114.

This paper reports a treatment group, including four Chinese participants, run for general anxiety management with the aid of hypnosis, principally derived from the three-session stress management programme devised by the Hypnosis Unit of University College London. A total of three sessions spread over three weeks was undertaken, including the use of hypnosis, hypnotic intervention, and counseling, ego-strengthening, stress management, and in facilitating cognitive restructuring. Both formal assessments and subjective reports reflected a significant improvement in management of stress. On the whole, as measured by the Client Satisfaction

Questionnaire, the participants were satisfied and cherished the hypnotherapeutic experience. This paper demonstrates the possible application of hypnosis in the Chinese population as well as the efficacy of hypnosis for anxiety management.

Evans, Barry J.; Coman, Greg J. (May 2003). **Hypnosis with Treatment for the Anxiety Disorders.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 31(1), 1-31.

This paper describes the research and clinical literature relating to the anxiety disorders. It begins with a review of the general nature, classification, and aetiology of anxiety disorders, using DSM-IV criteria. Approaches to the treatment of each anxiety disorder are then discussed, including information-giving, cognitive-behavioural techniques, and pharmacological interventions. The broad range of suggestions for effective management highlight the need for an eclectic approach to client management. The particular relevance of hypnosis as an adjunct to the range of therapeutic approaches suitable for these disorders is then discussed, focusing on the evidence for the higher hypnotisability of at least some types of anxiety disorder sufferers. The clinical material suggests that hypnosis has a range of applications in anxiety disorder management.

Baker, Helen. (Nov 2001). **Hypnosis for Anxiety Reduction and Ego-enhancement.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 29(2), 147-151.

Notes that hypnosis can be a powerful aid to anxiety reduction and ego enhancement either as a therapeutic goal in its own right, or as an adjunct in more complex presentations. The subject in this case is a 16-yr-old adolescent female with whom hypnosis was and still is being used as an adjunct to other treatment modalities.

Ellsmore, Wendy. (Nov 2001). **Hypnosis in the multi-modal treatment of chronic anxiety.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 29(2), 122-130.

Illustrates a multi-disciplinary approach, including the use of hypnosis, in the treatment of a 55-yr-old middle-aged client initially diagnosed with generalized anxiety disorder and panic disorder and later reframed as chronic post-traumatic stress disorder, the legacy of survival being chronic anxiety and a suppressed immune system. The description illustrates how effectively hypnosis may be integrated into the treatment plan, heightening its efficacy.

Schoenberger, Nancy E. (2000). **Hypnosis in the Treatment of Women with Anxiety Disorders.** In Hornyak, Lynne M. (Ed); Green, Joseph P. (Ed). *Healing from Within: The Use of Hypnosis in Women's Health Care. Dissociation, Trauma, Memory, and Hypnosis Book Series*, (pp. 45-64). Washington, DC: American Psychological Association.

Most of the material presented in this chapter reflects the use of hypnosis with cognitive-behavioral therapy, which is the treatment of choice for most anxiety disorders. Examples are presented for the use of hypnosis in the treatment of females with phobic anxiety (specific phobia, social phobia, agoraphobia), panic attacks, and posttraumatic stress disorder (PTSD). Although it is not addressed directly, many of the techniques may also be applied to symptoms of GAD (generalized anxiety disorder).

Brown, Noelene. (Nov 1998). **Hypnosis in the Treatment of Severe Anxiety.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 26(2), 138-145.

This case report demonstrates the use of self-hypnosis for the treatment of severe anxiety in a 50 year-old woman. It highlights the benefits of hypnosis as an adjunct to cognitive behavior therapy, particularly illustrating how much can be achieved at an unconscious level without the therapist knowing the content.

Gearan, Paul; Schoenberg, Nancy E. (1994, August). **Hypnotic Enhancement of Cognitive Behavioral Treatment of Anxiety--Treatment Strategies.** [Paper] Presented at the annual meeting of the American Psychological Association, Los Angeles.

Forbes, E. J., Pekala, R. J. (1993). **Psychophysiological Effects of Severe Stress Management Techniques.** *Psychological Reports*, Vol. 72, 19-27,

The purpose of this study was to assess the psychophysiological stress-reducing properties of progressive relaxation compared with hypnosis, and deep abdominal breathing compared with a baseline condition, while controlling for hypnotizability. 231 nursing students experienced the baseline procedure and progressive relaxation in Session 1 and deep abdominal breathing and hypnosis in Session 2 about a week later. Before and after each technique peripheral skin temperature and pulse rate were assessed. Separate analyses of variance, computed for the first and second sets of techniques, indicated that progressive relaxation and hypnosis both increased skin temperature and reduced pulse rate, suggesting reduced psychophysiological responsivity. Deep abdominal breathing was associated with a significant reduction in physiological responsivity (skin temperature) relative to baseline. Hypnotic susceptibility had no effect on the psychophysiological measures.

Smith, W. H. (1990). **Hypnosis in the Treatment of Anxiety.** *Bulletin of the Menninger Clinic*, Vol 54, 209-16.

Hypnotherapy and training in self-hypnosis can help persons achieve remarkable success in alleviating anxiety, not only in anxiety disorders, but also in any problem involving anxiety. The author describes the role of hypnosis in the treatment of several disorders and provides clinical examples illustrating treatment of generalized anxiety, phobias, and posttraumatic stress disorders. He concludes that because hypnosis exploits the intimate connection between mind and body, it provides relief through improved self-regulation and also beneficially affects cognition and the experience of self-mastery.

Zimmer, E. Z., Peretz, B. A., Eyal, E., Fuchs, K. (1988). **The Influence of Maternal Hypnosis on Fetal Movements in Anxious Pregnant Women.** *European Journal of Obstetrics, Gynecology, and Reproductive Biology*, Vol 27, 133-137.

The influence of maternal hypnotherapy on fetal body movements in anxious parturients was studied in 25 patients at 35-37 weeks of gestation. There were two groups of patients. Group A consisted of 16 parturients who performed self-hypnosis. Group B consisted of 9 parturients in whom hypnosis was induced by a physician. When compared to a control period of 30 min there was a significant

increase in the duration of fetal body movements recorded by ultrasound during 30 min of maternal hypnosis, p less than 0.005 for group A and p less than 0.01 for group B. It is suggested that in anxious parturients fetuses move into a more active state when maternal relaxation is achieved by hypnotherapy.

Deiker, T. E., Pollock, D. H. (1975). **Integration of Hypnotic and Systematic Desensitization Techniques in the Treatment of Phobias: A Case Report.** *American Journal of Clinical Hypnosis*, Vol. 17, 170-4.

Taylor, D. N. (1995). **Effects of a Behavioral Stress-Management Program on Anxiety, Mood, Self-Esteem, and T-Cell Count in HIV Positive Men.** *Psychological Reports*, Vol. 76, 451-7.

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. 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.

Stanton, H. E. (1993). **Using Hypnotherapy to Overcome Examination Anxiety.** *American Journal of Clinical Hypnosis*, Vol. 35, 198-204.

Eleven medical practitioners who had previously failed their fellowship examinations sought assistance in combating the anxiety that they felt had been responsible for their lack of success. They were seen individually for two, 50-minute sessions of hypnotherapeutic training designed to engender an increased confidence in their ability to overcome examination anxiety. Two outcome measures were used: the actual examination result and a face-valid attitude scale, the Examination Anxiety Thermometer. On the first of these, 10 of the 11 practitioners recorded passes, whereas on the second, 9 indicated an attitude change toward lower levels of test anxiety. Attention is drawn to the minimal expenditure of time involved in the treatment and the generalizability of the hypnotherapeutic technique to other areas of the practitioners' lives.

Bodden, J. L. (1991). **Accessing State-Bound Memories in the Treatment of Phobias: Two Case Studies.** *American Journal of Clinical Hypnosis*, Vol. 34, 24-8.

Two cases of simple phobia demonstrate the inadequacies of both behavioral and psychodynamic theories. These cases and their treatment outcomes provide support for the state-dependent memory and learning theory. Hypnosis and ideomotor signaling proved to be not only effective treatments but also useful means of illuminating the role and nature of symptom function. Issues of symptom removal and substitution are also discussed in relation to these cases.

Freedman, A. M. (1986). **Psychopharmacology and Psychotherapy in the Treatment of Anxiety.** *Current Psychiatric Therapies*, Vol. 23, 101-118.

Snow, B. R. (1985). **The Use of Hypnosis in the Management of Preoperative Anxiety and Postoperative Pain in a Patient Undergoing Laminectomy.** *Bulletin of the Hospital for Joint Diseases Orthopaedic Institute*, Vol. 45, 143-9.

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.

Hebert, S. W. (1984). **A Simple Hypnotic Approach to Treat Test Anxiety in Medical Students and Residents.** *Journal of Medical Education*, Vol. 59, 841-2.

Bar-Gil, B., Eli, I., Kleinhauz, M. (1983). **A Multidisciplinary Approach to the Treatment of Dental Phobia.** *Journal of the American Society of Psychosomatic Dentistry and Medicine*, Vol. 30, 137-41.

Boutin, G. E., Tosi, D. J. (1983). **Modification of Irrational Ideas and Test Anxiety through Rational Stage Directed Hypnotherapy [RSDH].** *Journal of Clinical Psychology*, Vol. 39, 382-91.

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.

Frankel, F. H. (1981). **Short-term Psychotherapy and Hypnosis.** *Psychotherapy and Psychosomatics*, Vol. 35, 236-43.

Phobic patients have been shown to be, on average, more hypnotizable than others. The essence of the phobic experience is not unlike that of the event of hypnosis, and the phobic experience might be a spontaneously occurring panic-filled trance-like or dissociative experience. This dissociation is viewed as a maladaptive mechanism of defense against anxiety, sadness or rage. In addition to enabling the patient to develop a psychodynamic understanding of the symptoms, the therapist uses

hypnosis and self-hypnosis to help the patient learn more about his dissociative capacity, to become familiar with the mechanism, and to learn to control it.

Hurley, J. D. (1980). Differential Effects of Hypnosis, Biofeedback Training, and Trophotropic Responses on Anxiety, Ego Strength, and Locus of Control. *Journal of Clinical Psychology*, Vol. 36, 503-7.

Pretested 60 college students on three scales: The IPAT Anxiety Scale, the Barron Ego-strength scale, and the Rotter I-E scale. The Ss then were assigned randomly to one of four treatment groups designated: Hypnotic treatment, biofeedback treatment, trophotropic treatment, and control. Three of these groups met separately for 60 minutes once a week for 8 weeks. The control group did not meet during this time. During the sessions, each group was trained in a different technique for self-regulation. At the end of the 8-week period the scales were readministered to all groups. A series of covariance analyses indicated that hypnosis was a more effective self-regulatory technique for lowering anxiety levels when compared to biofeedback or trophotropic response procedures. With regard to increasing ego strength, both the hypnotic training group and the biofeedback training group proved to be significant. No significant difference was found between the experimental and control groups on the I-E scores.

Bereavement

Ho, Salina. (Nov 2007). Hypnosis in Handling Unfinished Business in Bereavement. *Australian Journal of Clinical & Experimental Hypnosis*, Vol 35(2), 220-233.

Kim suffered from complicated bereavement due to her husband's sudden death in a traffic accident and her mother's suicide within a few months. Hypnosis was used with deep relaxation and grief psychotherapy to achieve imaginative involvement, subjective reality, and constructive memory to help her to complete the unfinished business. After two hypnotic sessions, there was significant improvement in her emotional distress and fixation. On the grief journey, Kim was able to achieve a psychological closure to the multiple losses. She learned to let go of sorrow and to divert energy to other positive life aspects.

Iglesias, Alex; Iglesias, Adam. (Oct-Jan 2005-2006). Hypnotic Treatment of PTSD in Children Who Have Complicated Bereavement. *American Journal of Clinical Hypnosis*, Vol 48(2-3), 183-189.

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. 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.

Hawkins, Peter; Polemikos, Nikitas. (2002). **Hypnosis Treatment of Sleeping Problems in Children Experiencing Loss.** *Contemporary Hypnosis*, Vol 19(1), 18-24.

Research and clinical evidence show that children who experience loss become traumatized. The results of traumatization include sleeping problems, for example difficulties in initiating sleep and sleep terrors. Psychological intervention programmes, including hypnotherapy, have been shown to have some success in helping children to overcome their sleeping problems. In this study, a new paradigm qualitative methodology was used in which a small group of children were taught self-hypnosis to manage their sleep difficulties. The group comprised six children ranging in age from 8-12 yrs. Complementary data were collected through interviews with caregivers and by completion of the Southampton Sleep Management Schedule (L. Bartlet and J. Beaumont, 1998). From the study it was concluded that young children can be taught self-hypnosis in order to manage their sleeping problems effectively.

Savage, George. (Jan 1995). **Bereavement and Hypnosis: A Case Study.** *Journal of Projective Psychology & Mental Health*, Vol 2(1), 29-40.

Reports the case of a female (aged 31 yrs) undergoing hypnosis for pathological bereavement following the murder of her husband. S displayed the symptoms of persistent nightmares, an unwillingness to talk, and flight from group therapy sessions. Four months of conventional treatment provided no symptom relief. Administered tests included the Somatic Inkblot Series—II (W. A. Cassell, 1980). Treatment revealed the previous un mourned losses of a pet and a boyfriend. Symptom relief was dramatic after only 3 sessions.

Savage, George. (1993). **The Use of Hypnosis in the Treatment of Complicated Bereavement: A Case Study.** *Contemporary Hypnosis*, Vol 10(2), 99-104.

Describes a woman with an 11-mo history of depression. Her symptom pattern consisted of depression, an unwillingness to talk in group therapy sessions, and an overwhelming anxiety to the extent that she would run out of the group therapy sessions. She experienced persistent and disturbing nightmares but refused to discuss the content of the dreams. Three hypnotherapy sessions produced dramatic results. It is emphasized that in complicated bereavement it is not the depression but the repressed material that is treated.

Birth Trauma

Hartman, David; Zimberoff, Diane, (2002). **Memory Access to our Earliest Influences.** *Journal of Heart-Centered Therapies*, Vol. 5(2), 3-63.

An adult in hypnotherapy can age regress to a pre-episodic childhood experience, e.g., age one or two or the womb, and can nevertheless 'know' certain information about the experience. Commonly, people experience in such regressions that the environment is toxic, or that they are unwelcome, or that their parents wanted a child of the other gender. They *know* it to be true, without being capable of *remembering* it. We explore how this phenomenon happens, including the role of implicit-procedural memory and factors influencing memory retention or loss. We review the literature on traumatic

memory, and the reliability of hypnotic age regression to pre- and perinatal experience. We assess documentation that the fetus and neonate do have sentient experience, and that they record the experiences in memory which is accessible later. We review current neurobiology research to trace the way in which early deeply encoded memories persevere over time and profoundly influence behavior in later life. And we consider the implications for psychotherapy with children and adults.

Chamberlain, David. (2000). **Prenatal and Perinatal Hypnotherapy.** In Leskowitz, Eric D. (Ed). *Transpersonal Hypnosis: Gateway to Body, Mind, and Spirit*, (pp. 121-130). Boca Raton, FL: CRC Press.

The author discusses how he used hypnotherapy as a tool in his psychology practice in 1974, and how prenatal and perinatal memories were considered impossible for infant brains and were labeled fantasies. Then, as now, a minority of practitioners were fascinated by these early memories, struggled to understand them, and, even, if they couldn't accept them as "real," they put such material to constructive clinical use since it was important to their clients. Others turned to rejection and ridicule, setting aside evidence in favor of the prevailing dogma. The author further goes on to state that he attributes this scientific "failure to progress" to the resilience of an outdated paradigm of human nature which defines persons only as matter—particularly as brain matter. Transpersonal phenomena suggest a larger truth, not fully articulated, of mind and soul as consciousness. The author shows how uncovering the mind/soul of infants through hypnotherapy has been a gateway to understanding the larger issues of human consciousness.

Chamberlain, David B. (Fal-Win 1999). **Transpersonal Adventures in Prenatal and Perinatal Hypnotherapy.** *Journal of Prenatal & Perinatal Psychology & Health*, Vol 14(1-2), 85-95.

This clinical paper, based on twenty years of Dr. Chamberlain's practice of hypnotherapy is published in Eric Lescowitz (Ed.), *Transpersonal Hypnosis*. As we continue to discover babies for who they are, knowledge of infant consciousness will play a strong part in convincing the world to shift to a new paradigm of human consciousness that goes far beyond the artificial and material boundaries we have previously set for it.

Marquez, N. Anne. (Nov 1999). **Healing through the Remembrance of the Pre- and Perinatal: A Phenomenological Investigation.** *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 60(5-B), p. 2352.

This existential-phenomenological study focused on the experience of healing through pre- and perinatal recall. Interviews were conducted with 7 adults attesting to having healed conditions of: syncope, phobias, arthritis, asthma, migraines, depression, suicidality, obsessive-compulsion, side pain, and dysfunctional interpersonal patterns. The general themes, A Range of Intensely Felt, Mostly Negative, Emotional, Physical, or Feeling States, and Transpersonal Experience, capture the structural underpinnings of the phenomenon. Three co-researchers related remembering deleterious effects from obstetric intervention: long-term depression and slowed labor from anesthesia, pain from forceps, and vertigo from inversion at birth. Follow-up questionnaires indicated enhanced quality of life for all participants. Results imply fetal/neonatal consciousness, and the need for research into the long- and short term effects of obstetric procedures. Full resolution of some physical and psychosomatic conditions may necessitate intervention at the pre- or perinatal levels.

Lampman, Carol A. (1998). **Hypnotherapy and Birth.** *Journal of Heart-Centered Therapies*, Vol. 1(1), 60-68.

Hypnotherapy induces an altered or non-ordinary state of consciousness and is a form of non-drug experiential psychotherapy. This powerful technique is like being on the fast track to the healing process. Altered states allow access to suppressed material and one trauma often associates itself with another earlier trauma or series of traumas. It is not uncommon to experience or relive a multilevel experience in which spontaneous regressions take place. This may happen simultaneously or in rapid succession without prompting from the therapist. These experiences are connected or linked through a common emotion or physical sensation. As these experiences link, we are likely to relive and have access to more acute emotions, tactile sensations and intense insights revealing important core belief and life themes.

Children

Accardi, Michelle C.; Milling, Leonard S. (Aug 2009). **The Effectiveness of Hypnosis for Reducing Procedure-Related Pain in Children and Adolescents: A Comprehensive Methodological Review.** *Journal of Behavioral Medicine*, Vol 32(4), 328-339.

A comprehensive, methodologically informed review of studies of the effectiveness of hypnosis for reducing procedure-related pain in children and adolescents is provided. To be included in the review, studies were required to use a between-subjects or mixed model design in which hypnosis was compared with a control condition or an alternative intervention in reducing the procedure-related pain of patients younger than age 19. An exhaustive search identified 13 studies satisfying these criteria. Hypnosis was consistently found to be more effective than control conditions in alleviating discomfort associated with bone marrow aspirations, lumbar punctures, voiding cystourethrograms, the Nuss procedure, and post-surgical pain. Furthermore, hypnosis was as at least as effective as distraction. Three hypnotic interventions met criteria as a possibly efficacious empirically supported therapy for reducing post-surgical or lumbar puncture pain. Several other hypnotic interventions would have achieved the status of a possibly efficacious therapy had studies used a treatment manual.

Kuttner, Leora. (Mar 2009). **CBT and Hypnosis: The Worry-Bug Versus the Cake.** *Contemporary Hypnosis*, Vol 26(1), 60-64.

Sleep and pain negatively impact each other. Children in pain often have difficulty going to sleep and sustaining sleep. Anxiety often develops within this negative cycle. Hypnotherapy has been noted as an effective intervention for pain, sleep and anxiety. The case presented illustrates the use of hypnotherapy in contrast to cognitive behavioral therapy (CBT) to resolve an 11-year-old girl's cycle of persistent anxiety, abdominal pain and sleep interruption. Utilizing the child's favorite activity of baking a cake, a metaphor for successful sleep was developed. The hypnotherapeutic use of surprise and dissonance promoted a rapid resolution of this pre-teen's difficulties. An explication of this process is provided.

Hudson, Lynda. (2009). **Scripts and Strategies in Hypnotherapy with Children: For Young People Aged 5 To 15**. Norwalk, CT: Crown House Publishing Limited.

In addition to providing a collection of hypnotic scripts for children from five to fifteen, this book offers easy to follow, solution-focused ways to structure treatment sessions. It also contains advice and background information, including contraindications and possible pitfalls, on common and not so common childhood problems. Clear and easy to use, it will appeal to all levels of experience. It has a variety of tried and tested inductions and scripts for different ages and thinking styles using up-to-date metaphors such as computer programs and play stations as well as the more traditional balloons, gardens and magic hammocks. Issues include self-esteem, confidence, bedwetting, soiling, the effects of bullying, behaviour problems, school issues such as lack of organisational skills, study skills, exam strategies using accelerated learning skills, overcoming general anxiety, anxiety in relation to exams and school phobia.

Kuttner, Leora. (2009). **Treating Pain, Anxiety, and Sleep Disorders in Children and Adolescents**. In Brown, Donald C. (Ed). *Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/Management*, (pp. 177-193). Norwalk, CT: Crown House Publishing Limited.

Hypnosis is an ideal therapy for children and teens. It utilizes creativity, playfulness, and it relies on imagination. Hypnosis is a child-centered process and requires flexibility to ensure a best fit to each child's individuality. In this chapter, we examine how hypnosis can be applied as a therapeutic intervention across the wide age range of ages from young children to late teens (3-19 years) and the changes in hypnotic process necessitated by the different developmental stages. We will close with therapeutic recommendations of how to use hypnosis for common pediatric problems such as anxiety, sleep problems, acute pain, recurrent pain, and chronic pain.

Huynh, Melanie Ekholdt; Vandvik, Inger Helene; Diseth, Trond H. (Jul 2008). **Hypnotherapy in Child Psychiatry: The State of the Art**. *Clinical Child Psychology and Psychiatry*, Vol 13(3), 377-393.

Children are more easily hypnotized than adults, and hypnotherapy as a method responds to the general developmental needs of children by addressing their ability for fantasy and imagination. Hypnotherapy and self-hypnosis are tools with which to assess and develop protective factors, and enhance positive adjustment. Meta-analyses and overviews have demonstrated the effect of hypnotherapy in paediatric disorders like asthma, chronic and acute pain, and in procedure-related distress in cancer patients. We wanted to examine the use and benefits of hypnotherapy when applied to child psychiatric disorders. Findings indicate that hypnotherapy may be useful for a wide range of disorders and problems, and may be particularly valuable in the treatment of anxiety disorders and trauma-related conditions. In conclusion, knowledge of hypnosis is useful in clinical practice and hypnotherapy may play an important role as an adjunctive therapy in cognitive-behavioural treatment and family therapy.

Kuttner, Leora; Catchpole, Rosalind E. H. (2007). **Developmental Considerations: Hypnosis with Children**. In Wester II, William C. (Ed); Sugarman, Laurence I. (Ed). *Therapeutic Hypnosis with Children*

and Adolescents, (pp. 25-44). Norwalk, CT: Crown House Publishing Limited.

The successful use of hypnosis with youngsters requires careful attention not only to the particular clinical needs of the child, but also to the child's developmental level. This encompasses not only their chronological age, but also their cognitive, emotional, language, and behavioral development. This chapter will illustrate how to use hypnotic processes to engage with babies, toddlers, preschoolers, and school-aged children. We will outline how to address children's developmental needs and use appropriate hypnotic interventions in order to work productively with children and their parents.

Linden, Julie H. (2007). **Hypnosis in Childhood Trauma**. In Wester II, William C. (Ed); Sugarman, Laurence I. (Ed). *Therapeutic Hypnosis with Children and Adolescents*, (pp. 135-159). Norwalk, CT: Crown House Publishing Limited.

This book would be incomplete without attention to the nature, scope, and effects of trauma in childhood and the unique contribution that clinical hypnosis offers for its treatment. Specific techniques are presented in an integrated approach that utilizes the concept of the hypnotic therapeutic relationship. This chapter addresses definitions of trauma, simple vs. complicated trauma, assessment, dissociations, and play.

Sugarman, Laurence I.; Wester II, William C. (2007). **Hypnosis with Children and Adolescents: A Contextual Framework**. In Wester II, William C. (Ed); Sugarman, Laurence I. (Ed). *Therapeutic Hypnosis with Children and Adolescents*, (pp. 3-24). Norwalk, CT: Crown House Publishing Limited.

The authors present a contextual framework for therapeutic hypnosis with children and adolescents. They contend that children live full time in the trance of intense psychophysiological development. Children epitomize the truism that all hypnosis is self-hypnosis. The authors consider hypnosis with children as an opportunity to help them utilize and strengthen their own subconscious resources in pursuit of health and adaptation. They describe ways of conducting therapeutic hypnosis with children and adolescents. The authors address the role of parents and the influence of locus of control in the hypnotherapeutic process. The authors note caveats and contraindications to hypnotherapy with children and adolescents. The authors briefly discuss the psychobiology of hypnosis with children.

Williams, Daniel T. (2004). **Hypnosis**. In Wiener, Jerry M. (Ed); Dulcan, Mina K. (Ed). *The American Psychiatric Publishing Textbook of Child and Adolescent Psychiatry* (3rd ed.), (pp. 1043-1054). Arlington, VA: American Psychiatric Publishing, Inc.

Hypnosis has been understood as a potentially powerful means of actively facilitating therapeutic change by drawing on the patient's trance capacity. This is done in a manner distinctly different from the nonspecific effects of placebo and suggestion, although hypnosis may also draw on those nonspecific influences, as do all psychotherapeutic modalities. Hypnosis as a specific means of augmenting psychotherapeutic intervention is a resource that has broad applicability because the vast majority of children and adolescents are hypnotizable. Once its rationale, range of clinical usefulness, techniques of application, and limitations are understood,

hypnosis can become a valuable addition to the armamentarium of the child and adolescent psychiatrist.

Plassnig, Jennifer Manning. (2004). **Using Hypnotherapy with Children: Tapping into the Imaginative Power of the Young.** *Journal of Heart-Centered Therapies*, Vol. 7(1), 65-73.

In working with children, we have a unique opportunity to tap into their natural state of being, which is their imaginative world, to help heal many issues that can arise in their lives. In this paper I discuss the evolution of using hypnosis with children, and the hypnotic techniques and methods that tap into their imaginations which can heal abreactions to negative situations or habits. Finally, I discuss a case example.

Geniti, Cathy. (2004). **Using Heart-Centered Hypnotherapy with Children.** *Journal of Heart-Centered Therapies*, Vol. 7(1), 75-80.

This article presents the inclusion of parents in hypnotherapy with children. Understanding the process helps parents to better support and reinforce the child's desired changes. Also mentioned is the need to prepare children prior to the session to eliminate anxiety. This knowledge provides a more relaxed and focused experience in session. The examples given of using hypnotherapy with children support the conclusion that hypnotherapy is a valuable technique to implement to have children remain focused, recall memories, identify core issues, change behaviors, and access a deep level of healing.

Zalsman, Gil; Hermesh, Haggai; Sever, Jonathon. (Jul 2001). **Hypnotherapy in Adolescents with Trichotillomania: Three Cases.** *American Journal of Clinical Hypnosis*, Vol 44(1), 63-68.

Presents 3 cases of using hypnotherapy to treat adolescent trichotillomania. A female (aged 12 yrs) and 2 males (aged 17 and 18 yrs) presented with pure trichotillomania and no other observable psychopathology. In all 3 cases, the Ss responded to the imaginative hypnotherapy techniques. In therapy, the Ss were assigned the role of the patron of the hair, thereby giving self-control of the situation. Results show that hair pulling was significantly reduced, and the improvement was sustained at followup. Findings suggest that imaginative techniques may be effective in the successful treatment of adolescents with trichotillomania.

Valente, S. M. (1990). **Clinical Hypnosis with School-Age Children,** *Archives of Psychiatric Nursing*, Vol. 4, 131-6.

Substantial clinical literature demonstrates that hypnosis effectively reduces anxiety, enhances coping, and has been used successfully to treat behavior disorders, school phobias, and sleep disorders. Hypnosis can effectively reduce a child's anxiety and symptoms and has few side effects when used competently. With education and supervision, nurses can effectively use hypnosis to improve a child's mastery and self-esteem and to reduce severe levels of anxiety.

Codependency

Benenson, Alan K. (Sep 1993). **Healing Codependency through Hypnoanalysis.** *Medical Hypnoanalysis Journal*, Vol 8(3), 93-105.

Contends that for patients suffering from codependent relationships, the most important task of therapy is to help them find out how they tend to idealize things, and why they do so. Effective treatment for codependency problems requires that there be extensive exploration of the patient's personality formation and development. This information often is available to patients only on a subconscious level. Psychologically speaking, the spouses of codependent people represent the internalized images of their parents. As such, they can only be understood within the framework of the patients' relationship to their parents during the period of their personality development. By using the technique of hypnotic age regression, the hypnoanalyst may help patients recall and work through traumatic prenatal, birth, and immediate postnatal experiences. The case example of a 41-yr-old woman is provided.

Hammond, D. C. (Ed.). (1990). **Hypnosis with Interpersonal Problems.** In *Handbook of Hypnotic Suggestions and Metaphors*. New York: W. W. Norton & Company.

Depression

“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.” (Alladin & Alibhai, 2007, p. 147)

Alladin, Assen. (2010). **Depression.** In Barabasz, Arreed Franz (Ed); Olness, Karen (Ed); Boland, Robert (Ed); Kahn, Stephen (Ed). *Medical Hypnosis Primer: Clinical and Research Evidence*, (pp. 73-81). New York, NY: Routledge/Taylor & Francis Group.

This chapter will focus on hypnotherapy for major depressive disorder (MDD). MDD is among one of the most common psychiatric disorders treated by physicians and psychologists. Although MDD can be treated successfully with costly antidepressant medication and psychotherapy, a significant number of depressives do not respond to these approaches. It is thus important for clinicians to continue to develop more effective treatments for depression. This chapter describes cognitive hypnotherapy, a multimodal treatment approach to depression that may be applicable to a wide range of people with depression. Cognitive hypnotherapy combined with cognitive behavior therapy (CBT) demonstrates substantial benefits.

Alladin, Assen. (Dec 2009). **Evidence-Based Cognitive Hypnotherapy for Depression.** *Contemporary Hypnosis*, Vol 26(4), 245-262.

Although depression is treated successfully with antidepressant medication and psychotherapy, a significant number of depressives do not respond to either medication or existing psychotherapies. It is thus important for clinicians to continue to develop more effective treatments for depression. This article describes Cognitive Hypnotherapy (CH), an evidence-based multimodal treatment for depression, which can be applied to a wide range of patients with depression. The components of CH are described in sufficient detail to allow for their replication and validation. Moreover, CH for depression provides a template for studying the

additive effect of hypnosis as an adjunctive treatment with other medical and psychological disorders.

Alladin, Assen; Alibhai, Alisha. (Apr 2007). **Cognitive Hypnotherapy for Depression: An Empirical Investigation.** *International Journal of Clinical and Experimental Hypnosis*, Vol 55(2), 147-166.

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.

Kohen, Daniel P.; Murray, Katherine. (2006). **Depression in Children and Youth: Applications of Hypnosis to Help Young People Help Themselves.** In Yapko, Michael D. (Ed), *Hypnosis and Treating Depression: Applications in Clinical Practice*, (pp. 189-216). New York, NY: Routledge/Taylor & Francis Group.

In this chapter, the authors explore the phenomenon of child and adolescent depression primarily from the standpoint of clinical intervention. Specifically, the authors consider ways in which hypnosis may be applied in treatment to teach specific skills, help reduce depressive symptoms, and encourage young people to apply these skills in the service of self-help.

Alladin, Assen. (2006). **Cognitive Hypnotherapy for Treating Depression.** In Chapman, Robin A. (Ed), *The Clinical Use of Hypnosis in Cognitive Behavior Therapy: A Practitioner’s Casebook*, (pp. 139-187). New York, NY: Springer Publishing Co.

This chapter presents the treatment of depression using cognitive behavior therapy and hypnosis and offers a cognitive dissociative model of depression, which is based on the negative self-hypnosis model. A review of other treatment approaches and a description of the disorder are also offered. Cognitive restructuring using hypnosis is described in the case presentation. Additionally, a brief report of a study of this model is included.

Dissociative Identity Disorder

“Individual psychotherapy facilitated by hypnosis was uniformly endorsed as the primary treatment [for DID] by all practitioner groups.” (Putnam, 1993, p. 1048)

Brown, Richard J. (2006). **Different Types of “Dissociation” Have Different Psychological Mechanisms.** *Journal of Trauma & Dissociation*, Vol 7(4), 7-28.

The available evidence is consistent with a model of dissociation that identifies at least two distinct categories of dissociative phenomena--“detachment” and “compartmentalization”--that have different definitions, mechanisms and treatment implications (Holmes, Brown, Mansell, Fearon, Hunter, Frasquilho & Oakley 2005). This paper presents evidence for this bipartite model of dissociation, followed by definitions and descriptions of detachment and compartmentalization. Possible psychological mechanisms underlying these phenomena are then discussed, with particular emphasis on the nature of compartmentalization in conversion disorder, hypnosis, dissociative amnesia and dissociative identity disorder. This Journal article was co-published simultaneously in the book *Exploring Dissociation: Definitions, Development and Cognitive Correlates* (Ed: Anne P. DePrince, and Lisa DeMarni Cromer, The Haworth Medical Press, 2006, pp. 7-28).

Barringer, Kathy. (2006). **A Heart-Centered Approach to Dissociative Identity Disorder.** *Journal of Heart-Centered Therapies*, Vol. 9(2), 3-49.

The history of Dissociative Identity Disorder (DID) has its roots in early spiritualism. DID is one of the oldest and most studied diagnostic entities in our psychological history and it continues to be one of the most controversial diagnosis' for many clinicians. This article will survey some of the issues surrounding the history and controversy of the disorder and how our cultural reluctance to face child abuse contributes to this skepticism. Added to this skepticism is the fact that most clients do not present in the clinical setting as obviously DID. A clinical presentation of some of the signs and symptoms will be offered in an effort to aid the therapist who suspects they may have a client with a dissociative disorder. Finally, this article will explore Heart-Centered Hypnotherapy as a unique treatment option for the DID client. Because Heart-Centered Hypnotherapy integrates and promotes the growth of mind, body, emotion *and soul* it is uniquely qualified to facilitate the process necessary for healthy integrated adult living.

Bob, Petr. (2004). **Dissociative Processes, Multiple Personality, and Dream Functions.** *American Journal of Psychotherapy*, Vol 58(2), 139-149.

From ancient times on, our dream processes were thought to be the uncovering of unknown connections. It may be that there is some basis to this belief, and that dreams truly represent a mirror of our unconscious and not only random processes moving along according to some brain “computation.” These ideas are supported by some findings that involve connections among dissociative processes, hypnosis, and multiple personality disorder (MPD). From this point of view, MPD represents a very interesting theoretical problem, which may be understood as an extreme example of the dissociative nature of the human psyche. This in turn leads to an understanding of the complex structure of the human psyche and corresponds perfectly to our experience, which says that the pathological often sheds new light on the normal and physiological.

Maldonado, Jose R.; Butler, Lisa D.; Spiegel, David. (2002). **Treatments for Dissociative Disorders.** In Nathan, Peter E. (Ed);

Gorman, Jack M. (Ed). *A Guide to Treatments that Work* (2nd ed.), (pp. 463-496). New York, NY: Oxford University Press.

To date, no controlled (Type 1 or Type 2) studies addressing the treatment of dissociative amnesia, dissociative fugue, or dissociative identity disorder have been reported. All the information available reflects the experience and case reports of clinicians and treatment centers. No single treatment modality has been systematically studied in these patients. The dissociated disorders represent a class of psychiatric disorders characterized by loss of control of integration of identity, memory, and consciousness, usually in the aftermath of single or multiple traumatic experiences. Effective treatments include psychotherapies designed to help patients work through traumatic memories, and to access and control access to dissociative states. Techniques such as hypnosis have proven helpful, along with selective use of anti-anxiety and antidepressant medications for comorbid conditions. Identification and modulation of dissociative symptoms, coupled with management of related posttraumatic syndromes, have been shown to be effective treatments.

Putnam, Frank W. (2000). **Dissociative Disorders**. In Sameroff, Arnold J. (Ed); Lewis, Michael (Ed); et-al. *Handbook of Developmental Psychopathology* (2nd ed.), (pp. 739-754). New York, NY: Kluwer Academic/Plenum Publishers.

Dissociative disorders (DDs) are characterized by profound alterations in memory and identity that are not the result of organic brain injury or a toxic or metabolic condition. This chapter discusses the 5 types of DDs recognized by the Mental Disorders-IV (DSM-IV): Dissociative amnesia, dissociative fugue, depersonalization disorder, dissociative identity disorder (also known as multiple personality disorder), and dissociative disorder not otherwise specified. The psychopathology of DDs are discussed in terms of developmental antecedents, patient characteristics (such as hypnotizability, suggestibility, and fantasy-proneness), and features and symptoms of DDs that are shared among functional disturbances of memory and identity.

Kluft, Richard P. (Sum 1999). **An Overview of the Psychotherapy of Dissociative Identity Disorder**. *American Journal of Psychotherapy*, Vol 53(3), 289-319.

Dissociative Identity Disorder (DID) is identified and studied with increasing frequency. However, the controversy that often surrounds DID can make it difficult to approach its treatment in a circumspect manner. This paper provides an overview of DID treatment as it is practiced by those experienced and skilled in the treatment of this group of patients. The treatment of DID resembles the treatment of other traumatized populations in that it is stage-oriented, beginning with supportive and strengthening work. Various stances toward the treatment of DID are reviewed, and specific issues that arise in the psychotherapy of DID are addressed, such as pragmatic arrangements, informed consent, work with alters, and the use of specific techniques, such as hypnosis. The employment of therapeutic modalities and ancillary therapies is discussed. The heterogeneity of DID patients is reviewed, and the characteristics of 3 general groups of DID patients, high, intermediate, and low in both function and prognosis, are explored. Considerations in the matching of DID patients to either exploratory or supportive treatments are discussed, and observations are made about both trauma work and the supportive psychotherapy of DID.

Shanor, Karen Nesbitt (Ed). (1999). *The Emerging Mind*. Los Angeles, CA: Renaissance Books.

Based on the Smithsonian Institution lecture series, this book examines the evolution of the mind and the nature of human consciousness. How everyday thoughts can become 'things' is demonstrated. Information is included regarding the study of multiple personality disorders, states of consciousness, hypnosis, dreaming, and the connection of body and mind. /// Conventional linear thinking is challenged.

Beahrs, John O. (1994). **Why Dissociative Disordered Patients Are Fundamentally Responsible.** *International Journal of Clinical and Experimental Hypnosis*, 42(2), 93-96.

Kluft, Richard P. (1994). **Applications of Hypnotic Interventions to Dissociative Identity Disorders.** *Hypnos*, 21(4), 205-223.

Putnam, Frank W.; Loewenstein, R. J. (1993). **Treatment of Multiple Personality Disorder: A Survey of Current Practices.** *American Journal of Psychiatry*, 150 (7), 1048-1052.

A questionnaire study of 305 clinicians representing a spectrum of mental health professionals was conducted to survey the types and relative efficacy of treatment modalities currently used with cases of multiple personality disorder. RESULTS: Individual psychotherapy facilitated by hypnosis was uniformly endorsed as the primary treatment by all practitioner groups. The average patient was in twice-weekly psychotherapy facilitated by hypnosis for 3.8 years. Antidepressant and anxiolytic medications were reported to be moderately useful adjunctive treatments. CONCLUSIONS: These findings support current impressionistic treatment recommendations for multiple personality disorder regarding the primacy of psychotherapy and the moderate benefits of psychopharmacology with antidepressant and anti-anxiety agents.

Fraser, George A. (1993). **Special Treatment Techniques to Access the Inner Personality System of Multiple Personality Disorder Patients.** *Dissociation: Progress in the Dissociative Disorders*, 6(2-3 Spec Issue), 193-198.

Horevitz, Richard. (1993). **Hypnosis in the Treatment of Multiple Personality Disorder.** In Rhue, Judith W. (Ed); Lynn, Steven Jay (Ed); Kirsch, Irving (Ed), *Handbook of Clinical Hypnosis*, (pp. 395-424). Washington, DC: American Psychological Association.

Argues that patients with multiple personality disorder respond well to hypnotic intervention, often without the formal induction of a trance. Because these patients have strong imaginative and fantasy skills, their capacities for believed-in experiencing are high. The chapter discusses stages of treatment (making the diagnosis, establishing working relationships, contacting alters, contracting, establishing formats for communication, mapping the system, ideomotor signalling, crisis techniques, mechanisms for extended internal communication, care of child alters, identifying internal programming, "protector"- "persecutor" alters, responding to "persecutor" alters, postfusion integration, eating disorders, and

reassurance), and provides a case illustration. Research and appraisal are also explored.

Smith, William H. (1993). **Incorporating Hypnosis into the Psychotherapy of Patients with Multiple Personality Disorder.** *Bulletin of the Menninger Clinic*, 57 (3), 344-354.

Psychotherapeutic treatment of persons with multiple personality disorder frequently includes judicious use of hypnosis. The author outlines widely accepted essential features of this form of treatment: developing self-soothing techniques, mapping the system of alternate personalities, facilitating communication between alters and with the therapist, managing abreaction, and--when possible and appropriate--aiding the process of fusion. The author shows how dissociative processes that originally were used for sheer psychic survival can be drawn on to improve psychological health.

Kluft, R. P. (1992). **The Use of Hypnosis with Dissociative Disorders.** *Psychiatric Medicine*, Vol. 10, 31-46.

The dissociative disorders are characterized by difficulties in the integration of memory and/or identity. Typically this is manifested by amnesia and either the development of alternate identities or an estrangement from one's own identity. Spontaneous and self-generated dissociative states and phenomena sharing much in common with those that can be induced with hypnosis are thought to play a major role in their development, symptomatology, and perpetuation. Medical heterohypnosis offers a powerful tool to reestablish a functional continuity of memory and identity in many such cases. The application of hypnotic interventions in the treatment of such conditions will be discussed, explored, and illustrated with clinical vignettes.

Kluft, R. P. (1992). **Hypnosis with Multiple Personality Disorder.** *American Journal of Preventative Psychiatry & Neurology*, 3, 19-27.

Recommends hypnotically facilitated psychotherapy as the treatment of choice for MPD and to accelerate case-finding. Twenty-one categories of hypnotic interventions with MPD patients are summarized.

Chu, James A.; Dill, Diana L. (1991). **Dissociation, Borderline Personality Disorder, and Childhood Trauma.** *American Journal of Psychiatry*, 148 (6), 812.

Comments on the article by S. N. Ogata et al on the high prevalence of childhood physical and sexual abuse in inpatients with borderline personality disorder. It is suggested that dissociative symptoms in borderline patients may simply be a less severe form of intrapsychic fragmentation than multiple personalities.

Fink, D.; Golinkoff, M. (1990). **Multiple Personality Disorder, Borderline Personality Disorder, and Schizophrenia: A Comparative Study of Clinical Features.** *Dissociation*, 3, 127-134.

Found that MPD was differentiated from schizophrenia on the great majority of test measures. MPD could not be distinguished from borderline personality on the MMPI or MCMI but differed in many clinical features, severity of abuse, and dissociative symptoms.

Loewenstein, R. J.; Putnam, F. W. (1990). **The Clinical Phenomenology of Males with Multiple Personality Disorder: A Report of 21 Cases.** *Dissociation*, 3, 135-143.

There are striking similarities between male and female MPD patients, but males tend to have more alcoholism and antisocial behavior and have more subtle clinical presentations.

Counts, R. M. (1990). **The Concept of Dissociation.** *Journal of the American Academy of Psychoanalysis*, Vol. 18, 460-79.

The concept of dissociation has been reviewed and redefined. It was also compared with other mental mechanisms. In the past, the process of dissociation and the content of the dissociation have often been lumped together although they are separate frames of reference. Moreover, very different psychic elements may be dissociated including memories, affects, and psychic structure. Dissociation is an important mental mechanism that plays a very significant role in people's adaptational efforts. In addition, dissociation is the underlying mechanism in a number of defense mechanisms. Repression, intellectualization, splitting, and other defense mechanisms rely upon dissociation to accomplish their specific tasks. Dissociation is thus believed to be the underlying and basic mechanism of many aspects of mental functioning.

Carlson, Eric T. (1989). **Multiple Personality and Hypnosis: The First One Hundred Years.** *Journal of the History of the Behavioral Sciences*, 25(4), 315-322.

Eating Disorders – Bulimia and Anorexia

“Hypnotherapy has been determined to be an effective approach for treating bulimia nervosa.” (Spinner, 2008, p. 3279)

Walsh, Bart J. (Apr 2008). **Hypnotic Alteration of Body Image in the Eating Disordered.** *American Journal of Clinical Hypnosis*, Vol 50(4), 301-310.

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.

Spinner, Sarah. (2008). **Integrative Hypnotherapeutic Protocols for Treating Bulimia Nervosa: A Treatment Manual.** *Dissertation Abstracts International: Section B: The Sciences and Engineering*. 69(5-B), p. 3279.

Hypnotherapy has been determined to be an effective approach for treating bulimia nervosa. Recent literature indicates that there are significant connections between the hypnotic process and the underlying cognitive and psychological processes of bulimic symptomatology. The purpose of this project is to provide an intensive and comprehensive treatment manual which draws upon the findings of the literature as well as these significant connections. The treatment manual provides interview guidelines, formal induction techniques, and various hypnotherapeutic protocols in sequence, according to a general outline of stages of recovery from bulimia. These protocols can serve as templates, to be modified and adapted according to individual client need as well as treatment modality and time frame. The manual provides instruction on implementing behavior-focused interventions such as how to utilize hypnosis to support relaxation and how to identify and work with triggers for bulimic behaviors. Additionally, the manual provides instruction for facilitating a deeper exploration of core concerns which may be related to the development and maintenance of disordered eating behavior. Thus, the manual can serve clinicians in their endeavor not only to reduce the client's current bulimic symptomatology, but to discover and heal underlying triggers for and original sources of the eating disorder as well.

Colli, Janet E.; Beck, Thomas E. (Fall 2003). **Recovery from Bulimia Nervosa through Near-Death Experience: A Case Study.** *Journal of Near-Death Studies*, Vol 22(1), 33-55.

We present one woman's story as a paradigmatic healing process that illustrates an attempted suicide, her near-death experience (NDE), and subsequent recovery from bulimia nervosa. Complex posttraumatic stress disorder resulting from childhood sexual abuse provides the most cogent framework for understanding her initial shattering loss of "self," and her subsequent attempts to re-invent herself and to regulate feeling states through bulimia. Her recall of her NDE through regressive hypnosis adds another dimension to her recovery process, and highlights the single most important factor that helped her heal. We see her NDE's teaching about the freedom and responsibility of choice as crucial to her recovery, and we make a case for increased awareness and study of NDEs occurring in the context of eating disorders. Finally, we give consideration to problems inherent in retrospective recollections and recovered memories through hypnotic regression.

Degun-Mather, Marcia. (2003). **Ego-state Therapy in the Treatment of a Complex Eating Disorder.** *Contemporary Hypnosis*, Vol 20(3), 165-173.

This report describes the treatment of a woman with a diagnosis of binge eating disorder and a history of bingeing and periods of starvation throughout adolescence and adulthood. She had sought a number of different therapies, but not really benefited from any of them. She felt confused about herself and did not have a sense of her identity. She had recognized there were parts of herself that seemed separate from each other. Ego-state therapy with hypnosis helped her to understand the cause of her compulsive state bingeing. This was followed by the hypnotic affect bridge which enabled her to access another child part of herself concerned with a fear of starvation and abandonment, and wanting to remain 'solid' but not 'fat'. These phases of therapy produced great improvement in her eating behaviors, which she had not experienced before. By accessing the ego-states, she was able to start an inner communication, and make cognitive and emotional changes. This was reinforced later with cognitive therapy, from which she had not gained much benefit previously. The importance of combining these therapeutic approaches is discussed.

Segal, Robert. (May 2001). **Hypnosis in the Treatment of an Eating Disorder.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 29(1), 26-36.

This case history presents the use of hypnosis in the therapeutic management of a 22-yr-old man experiencing both an eating disorder and exercise compulsion. A range of direct and indirect techniques were utilized as an adjunct to therapy and the case clearly demonstrates the effectiveness with which these can be integrated into a range of treatment approaches for eating disorders.

Culbert, T. P., Kajander, R. L., Kohen, D. P., Reaney, J. B. (1996). **Hypnobebehavioral Approaches for School-Age Children with Dysphagia and Food Aversion: A Case Series.** *Journal of Developmental and Behavioral Pediatrics*, Vol. 17, 335-41.

The purpose of this article is to describe hypnobebehavioral treatment of five school-age children with maladaptive eating behaviors, including functional dysphagia, food aversion, globus hystericus, and conditioned fear of eating (phagophobia). The unique treatment approach described emphasizes the successful use of self-management techniques, particularly hypnosis, by all five children. Common etiological factors, treatment strategies, and proposed mechanisms of change are discussed. To the authors' knowledge, this is the first such case series in the mainstream pediatric literature describing the use of a hypnobebehavioral approach for children with these maladaptive eating problems.

Kirsch, Irving (1996). **Hypnosis in Psychotherapy: Efficacy and Mechanisms.** *Contemporary Hypnosis*, 13(2), 109-114.

Meta-analyses have established that different psychotherapies have different outcomes. Cognitive-behavioural therapies are significantly more effective than psychodynamic therapies, and their superiority increases when long-term follow-up is assessed. Hypnosis enhances the efficacy of both psychodynamic and cognitive-behavioural psychotherapy, and this effect is especially strong in long-term outcome of treatment for obesity. The paucity of procedural differences between hypnotic and non-hypnotic treatments in many of the studies demonstrating a substantial advantage for hypnosis suggests that the effect depends on the use of the word 'hypnosis'. Hypnosis can be regarded as an empirically-validated, non-deceptive placebo, the effects of which are mediated by response expectancies.

Griffiths, Rosalyn A.; Hadzi-Pavlovic, Dusan; Channon-Little, Lorna. (Mar 1996). **The Short-term Follow-up Effects of Hypnobebehavioral and Cognitive Behavioural Treatment for Bulimia Nervosa.** *European Eating Disorders Review*, Vol 4(1), 12-31.

Assessed the short-term (9 mo) follow-up effects of 8 wks of hypnobebehavioral and cognitive behavioural treatment (HBT and CBT, respectively) of bulimia nervosa. Of the 78 Ss who entered treatment, 48 completed a closed follow-up of 9 mo duration. Results based on this sample show that there were no differences in abstinence from bingeing and purging between the treatments and that abstinence increased over time for both treatments. Also, there were no differences between treatments on eating pathology, bulimic behaviours, or general psychopathology measures in the short term. Both treatment types were equally acceptable to patients. These results were compared with those of other studies. It is suggested

that the model for HBT is comparable in validity with the model underlying CBT and that HBT could justifiably be recommended as an alternative to CBT.

Griffiths, Rosalyn A. (Nov 1995). **Two-Year Follow-up of Hypnobeavioural Treatment for Bulimia Nervosa.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 23(2), 135-144.

Conducted a 2-yr follow-up of the uncontrolled preliminary investigation (R. A. Griffiths) of the use of an 8-wk hypnobeavioural treatment program for bulimia nervosa. Data from 14 Ss (aged 17-42 yrs) were analyzed. Five Ss had not participated in the original study but had completed the identical treatment and follow-up regime. Measures included the Eating Disorder Inventory, the Self-Rating Depression Scale, the General Health Questionnaire, and the Eysenck Personality Inventory (EPI). Results indicate significant reductions in bingeing and vomiting frequency being maintained at 2-yr follow-up. Improvements on self-report measures of eating pathology were maintained at follow-up, but improvements were not maintained on measures of general health, psychiatric functioning, and depression.

Phillips, Maggie. (Oct 1995). **Our Bodies, Our Selves: Treating the Somatic Expressions of Trauma with Ego-State Therapy.** *American Journal of Clinical Hypnosis*, Vol 38(2), 109-121.

Explored the use of somatically focused techniques of hypnosis in the context of ego-state therapy (EST) for treating somatic manifestations of trauma reported in 2 clinical cases. Case 1 involved a 40-yr-old drug dependent female and case 2 involved a 48-yr-old male with eating disorder. Using hypnotic techniques such as the somatic bridge, ideosensory signalling, and sensory awareness training, EST can be directed to parts of the self which are connected to somatic expressions of traumatic experiences. Specific benefits for patients who complain of psychosomatic symptoms are discussed, as well as for those with compromised body image and perception, and its usefulness as a hypnoanalytic tool for uncovering memories that may be more somatically based. The treatment outcomes show that EST is promising as a unique framework for probing the interrelationship among the cognitive, emotional, and somatic aspects of response to trauma.

Young, Delia. (1995). **The Use of Hypnotherapy in the Treatment of Eating Disorders.** *Contemporary Hypnosis*, Vol 12(2), 148-153.

Explores the application of hypnosis to eating disorders, reviewing the research published over the last decade, and discusses the increasing awareness of the value of hypnosis as an adjunct to therapy, especially in the treatment of bulimia, such as the importance of the ego-dissociation mechanism and the roles of age regression, abreactions, and catharsis. Personal therapy findings are reviewed that used a variety of hypnotic techniques with a number of eating-disorder patients treated individually in private practice. In particular, an eye fixation technique has been found to be an appropriate induction continuing with a few deepening procedures of breathing, descending steps, or arm levitation and concluding with a short, future-oriented fantasy. Choice of words used in the therapy is also very important, especially if the words could be used to describe measures of weight, such as heavy.

Covino, N. A., Jimerson, D. C., Wolfe, B. E., Franko, D. L., Frankel, F. H. (1994). **Hypnotizability, Dissociation, and Bulimia Nervosa.** *Journal of Abnormal Psychology*, Vol. 103, 455-9.

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.

Coman, Greg J. (Nov 1992). **Hypnosis in the Treatment of Bulimia: A Review of the Literature.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 20(2), 89-104.

Discusses the value of hypnotherapeutic interventions for bulimia sufferers. Hypnosis can be a supportive technique for clients as they change cognitions and behaviors related to their eating disorder, and can be integrated with other therapeutic modalities to enhance their effectiveness. Hypnosis can also be used to establish the core reasons for the eating disorder and to help ensure long-term maintenance of changed cognitions and behavior. The therapist should be alert to possible contraindications to the use of hypnosis for bulimia, especially for patients with borderline personality disorder or other conditions in which further arousal of an anxious or emotional state would be undesirable.

Torem, M. S. (1992). **The Use of Hypnosis with Eating Disorders.** *Psychiatric Medicine*, Vol. 10, 105-18.

This paper reviews the literature on the use of hypnosis in the assessment and treatment of eating disorders. It proposes that patients with eating disorders ought to be investigated as to the underlying dynamics behind the eating disorders symptoms. Following a thorough assessment, a number of hypnotherapeutic techniques are explained and discussed, such as: general relaxation and calmness, guided imagery, teaching self-hypnosis, ego-strengthening, direct and indirect suggestions for healing and recovery, cognitive restructuring and reframing, symbolic guided imagery, age progression (back from the future technique), metaphorical prescriptions, age regression and abreactions, and ego state therapy. Verbatim examples of these techniques are given as illustrations of how to use them.

Vanderlinden, J., Vandereycken, W. (1990). **The Use of Hypnosis in the Treatment of Bulimia Nervosa.** *International Journal of Clinical and Experimental Hypnosis*, Vol. 38, 101-11.

Promising research data, relating hypnotizability and the possible presence of a dissociative mechanism in bulimic individuals, stimulated the present authors to incorporate hypnosis in their directive and multidimensional treatment of bulimic patients. Important strategies and how and when they can be applied in the different phases of treatment are described. In many cases, hypnotherapeutic techniques may enhance the effectiveness of cognitive behavioral and interactional strategies in the treatment of bulimic patients. In other instances, the incorporation of hypnosis may help both the therapist and patient to discover new pathways to facilitate the therapeutic process.

Torem, M. S. (1987). **Ego-state Therapy for Eating Disorders.** *American Journal of Clinical Hypnosis*, Vol. 30, 94-103.

Hall, J. R., McGill, J. C. (1986). **Hypnobeavorial Treatment of Self-Destructive Behavior: Trichotillomania and Bulimia in the Same Patient.** *American Journal of Clinical Hypnosis*, Vol. 29, 39-46.

Torem, Moshe S. (Oct 1986). **Dissociative States Presenting as an Eating Disorder.** *American Journal of Clinical Hypnosis*, Vol 29(2), 137-142.

Describes 2 cases of 22- and 27-yr-old women for whom dissociation was the underlying mechanism for anorexic, bulimic, and purging symptomatology. The relationship between dissociation and eating disorders is discussed, and pertinent literature is reviewed. It is suggested that patients with eating disorders, who are hypnotizable and show an underlying dissociation mechanism, are a special subgroup that may respond favorably to hypnotherapeutic interventions. The importance of early detection of dissociative phenomena in patients with eating disorders is stressed.

Pettinati, H. M., Horne, R. L., Staats, J. M. (1985). **Hypnotizability in Patients with Anorexia Nervosa and Bulimia.** *Archives of General Psychiatry*, Vol. 42, 1014-6.

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.

Obesity: Weight Release

“Of the programs currently available [for treating self-defeating eating], cognitive behavioural techniques have the best empirical record and it appears that hypnosis may prove a useful adjunct to the treatment program.” (Hutchinson-Phillips & Gow, 2005, p. 113)

Sapp, Marty; Obiakor, Festus E.; Scholze, Steffanie; Gregas, Amanda J. (Spr 2007). **Confidence Intervals and Hypnosis in the Treatment of Obesity.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 28(2), 25-33.

This study surveys the research on hypnosis and obesity over the past 25 years. Confidence intervals were used to provide upper and lower limits of hypnosis in the treatment of obesity. Previous studies have found mixed results. For example, Levitt (1993) reported an average correlation between weight loss and hypnotic susceptibility of .550, $p > .05$. A 95% confidence interval around the population correlation coefficient was -.060 for the lower limit and .91 for the upper limit. Allison and Faith (1996) found a point estimate for d of .26 for hypnosis and weight loss (small effect size), and Kirsch (1996) found a point estimate for hypnosis and

weight loss of .98 (large effect size). The current study found a 95% confidence interval around the population d of (-.4562, .9549) for the Allison and Faith study, and (-.0440, 1.9449) for the Kirsch study. Point estimates between the two studies did not differ. The current study found that results of Allison and Faith and Kirsch have overlapping confidence intervals. Finally, power values were low for both confidence intervals and more studies are needed to improve statistical power.

Anbar, Ran D.; Savedoff, Aaron D. (Oct-Jan 2005-2006). **Treatment of Binge Eating with Automatic Word Processing and Self-Hypnosis: A Case Report.** *American Journal of Clinical Hypnosis*, Vol 48(2-3), 191-198.

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.

Hutchinson-Phillips, Susan; Gow, Kathryn. (Sep 2005). **Hypnosis as an Adjunct to CBT: Treating Self-defeating Eaters.** *Journal of Cognitive and Behavioral Psychotherapies*, Vol 5(2), 113-138.

Self-defeating eating has negative effects on the lives of a large number of people in the western world. In Australia, obesity and overweight is on the rise, affecting twenty-five percent of children, and between thirty and fifty percent of adults. Both dietary restriction and over-indulgence in high fat, calorie laden foods with little nutrient value have a large negative impact on the health of at least one half of the western world. Treatment options are inadequate, in terms of availability and efficacy. Of the programs currently available, cognitive behavioural techniques have the best empirical record and it appears that hypnosis may prove a useful adjunct to the treatment program.

Theoharis, Dimitra. (2004). **A Comprehensive Program Design Utilizing Hypnosis in the Treatment of Obesity.** *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 64(8-B), p. 4067.

This program is designed to provide a comprehensive treatment approach for obesity, and to those seeking successful long term weight loss. The purpose of this program is to provide a comprehensive array of services, not currently available, rendered at a single facility to deal with weight loss and weight related emotional issues such as anxiety and depression. This program will be conducted over a year's time. The goal of this program will be to facilitate weight change, and develop a healthy and permanent life style change, through an enriching experience of personal growth and a new way of thinking and feeling about oneself. Treatment strategies will incorporate thorough initial screening and assessments, psycho-educational sessions regarding nutrition counseling, exercise physiology/physical fitness and psychotherapy, in individual and group settings. In addition, hypnosis will be utilized as a tool to maximize the effects of treatment and maintenance. All

treatment plans and goals will be individualized and tailored to meet each client's needs.

Kirsch, I. (1996). Hypnotic Enhancement of Cognitive-Behavioral Weight Loss Treatments--Another Meta-Reanalysis. *Journal of Consulting & Clinical Psychology*, Vol. 64, 517-9.

In a 3rd meta-analysis of the effect of adding hypnosis to cognitive-behavioral treatments for weight reduction, additional data were obtained from authors of 2 studies, and computational inaccuracies in both previous meta-analyses were corrected. Averaged across posttreatment and follow-up assessment periods, the mean weight loss was 6.00 lbs. (2.72 kg) without hypnosis and 11.83 lbs. (5.37 kg) with hypnosis. The mean effect size of this difference was 0.66 SD. At the last assessment period, the mean weight loss was 6.03 lbs. (2.74 kg) without hypnosis and 14.88 lbs. (6.75 kg) with hypnosis. The effect size for this difference was 0.98 SD. Correlational analyses indicated that the benefits of hypnosis increased substantially over time ($r = .74$).

Johnson, D. L., Karkut, R. T. (1996). Participation in Multicomponent Hypnosis Treatment Programs for Women's Weight Loss with and without Overt Aversion. *Psychological Reports*, Vol. 79, 659-68.

Studies of hypnotic, covert and overt aversive techniques have yielded equivocal results when each has been examined for a singular effect on weight lost. Some have advocated study of effective combinations of techniques before investing in other applications. Two programs of hypnosis, imagery, diet, tape, behavior management and support but differing in the overt use of aversion (electric shock, disgusting tastes smells) were examined. A total of 172 overweight adult women were treated, 86 in a hypnosis only and 86 in an overt aversion and hypnosis program. Both programs achieved significant weight losses. Although subjects who received overt aversion attained somewhat more desired goals and lost more weight than subjects recovering only hypnosis, the differences were not significant.

Vanderlinden, J., Vandereycken, W. (1994). The (Limited) Possibilities of Hypnotherapy in the Treatment of Obesity. *American Journal of Clinical Hypnosis*, Vol. 36, 248-57.

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.

Cochrane, G. (1992). Hypnosis and Weight Reduction: Which Is the Cart and Which Is the Horse? *American Journal of Clinical Hypnosis*, Vol. 35, 109-18.

Hypnosis has often been described as a useful adjunctive treatment for excess weight. However, the literature shows that very few controlled studies have been conducted in this realm, and none have incorporated the key variables of either the hypnosis components or the weight-reduction components. In this paper I offer a

brief review of the literature on hypnosis for weight reduction, present weight-reduction outcome data, outline variables common to people with chronic weight problems, and I offer suggestions for future uses of hypnosis within a comprehensive approach to weight reduction rather than as the primary treatment. Suggestions are also made concerning the multiple opportunities for future research using hypnosis in the substance-abuse field.

Stanton, H. E. (1989). **Ego-enhancement: A Five-step Approach.** *American Journal of Clinical Hypnosis*, Vol. 31, 192-8.

The present article describes an ego-enhancement procedure which combines hypnotic induction, trance deepening, positive suggestion, and imagery in a five-step package. This procedure may be used in a generalized form with no reference to the patient's presenting symptoms or it may be tailored to address specific problems. The elements comprising the package are: (1) physical relaxation, (2) mental calming, (3) disposal of mental rubbish, (4) removal of a barrier representing everything that is negative in the life of the subject, and (5) enjoyment of a special place where the subject feels content. Opportunities to tailor the approach to handle specific problems occur within each of these five steps, particularly when patients are in their special place. Three case studies are provided to indicate how such tailoring is done.

Cochrane, G., Friesen, J. (1986). **Hypnotherapy in Weight Loss Treatment.** *Journal of Consulting and Clinical Psychology*, Vol. 54, 489-92.

Bolocofsky, D. N., Spinler, D., Coulthard-Morris, L. (1985). **Effectiveness of Hypnosis as an Adjunct to Behavioral Weight Management.** *Journal of Clinical Psychology*, Vol. 41, 35-41.

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.

Morris, D. M., Nathan, R. G., Goebel, R. A., Blass, N. H. (1985). **Hypnoanesthesia in the Morbidly Obese.** *Journal of the American Medical Association*, Vol. 253, 3292-4.

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.

Bolocofsky, D. N., Coulthard-Morris, L., Spinler, D. (1984). **Prediction of Successful Weight Management from Personality and Demographic Data.** *Psychological Reports*, Vol. 55, 795-802.

Cancellario, M. (1983). [**Considerations on the Use of Special Diets in Association with Hypnosis Therapy of Psychosomatic Disorders**]. *Minerva Medica*, Vol. 74, 2995-8.

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.

Gross, M. (1983). **Correcting Perceptual Abnormalities, Anorexia Nervosa and Obesity by Use of Hypnosis.** *Journal of the American Society of Psychosomatic Dentistry & Medicine*, Vol. 30, 142-50.

Buckingham, C. W. (1980). **Hypnotherapy and the Behavioral Aspects of Obesity.** *Occupational Health Nursing*, Vol. 28, 20-2.

Davis, S., Dawson, J. G. (1980). **Hypnotherapy for Weight Control.** *Psychological Reports*, Vol. 46, 311-4.

Obsessive-Compulsive Disorder

Robiner, William N.; Edwards, Peggy E.; Christenson, Gary A. (1999). **Hypnosis in the Treatment of Trichotillomania.** In Stein, Dan J. (Ed); Christenson, Gary A. (Ed); Hollander, Eric (Ed), *Trichotillomania*, (pp. 167-199). Washington, DC: American Psychiatric Association.

This chapter discusses the use of hypnosis in the treatment of trichotillomania.

Christenson, G. A., Crow, S. J. (1996). **The Characterization and Treatment of Trichotillomania.** *Journal of Clinical Psychiatry*, Vol. 57 Suppl 8, pp. 42-7; discussion 48-9.

Trichotillomania is an impulse control disorder characterized by chronic self-directed hair pulling. Trichotillomania has additionally been viewed as one of the obsessive-compulsive spectrum disorders. Any body hair may be targeted, and most patients pull from more than one site. In clinical settings the disorder predominantly affects females. Onset is generally in childhood or adolescence, and a chronic course is typical. Depression and anxiety frequently accompany the disorder. An increased incidence of comorbid obsessive-compulsive disorder (OCD) has been noted. Neurobiological investigations have paralleled etiologic studies of OCD and have demonstrated both similarities and differences between these two disorders. Current treatment options include a variety of medications, particularly the

serotonin selective reuptake inhibitors, the behavioral technique of habit reversal, and hypnosis.

Kohen, D. P. (1996). **Hypnotherapeutic Management of Pediatric and Adolescent Trichotillomania.** *Journal of Developmental & Behavioral Pediatrics*, Vol. 17, 328-34.

Trichotillomania in children is regularly described as analogous to a habit disorder. As such, it is thought at times to be benign in a manner analogous to habits such as thumb sucking and nail biting. It is also considered by some to be an obsessive-compulsive disorder, to be more recalcitrant to intervention, and to be more socially disabling than simple habits, particularly when persistence and intensity eventuate in obvious alopecia. This report presents five cases of trichotillomania in which self-monitoring, dissociative hypnotic techniques, and self-hypnosis (relaxation/mental imagery) practice were used in teaching children successful management of this vexing problem. Specific emphasis is placed on the nature and importance of modifying the described techniques for the personal and specific developmental needs of individual patients.

Performance Enhancement

Vernon, David. (2009). ***Human Potential: Exploring Techniques Used to Enhance Human Performance.*** New York, NY: Routledge/Taylor & Francis Group.

This book examines a range of techniques that are intended to help improve some aspect of performance, and examines how well they are able to achieve this. The various performance-enhancing techniques available can be divided into those where the individual remains passive (receiving a message, suggestion or stimulus) and those where the individual needs to take a more active approach. The book looks at a range of techniques within each of these categories to provide the reader with a sense of the traditional as well as the more contemporary approaches used to enhance human performance. The techniques covered include hypnosis, sleep learning, subliminal training and audio and visual cortical entrainment, as well as meditation, mnemonics, speed reading, biofeedback, neurofeedback and mental imagery practice. This is the first time such a broad range of techniques has been brought together to be assessed in terms of effectiveness.

Morgan, William P.; Stegner, Aaron J. (2008). **Hypnosis in Sport: Cases, Techniques and Issues.** In Nash, Michael R. (Ed); Barnier, Amanda J. (Ed), *The Oxford Handbook of Hypnosis: Theory, Research, and Practice*, (pp. 681-696). New York, NY: Oxford University Press.

This chapter focuses on professional consultation with emphasis on key points derived from selected cases, along with techniques and issues involving the use of hypnosis in exercise and sport settings. Athletes, coaches and sports medicine physicians sometimes request hypnosis for performance enhancement, as well as for the restoration of previous levels of performance following compromise. The guidelines to be advanced will go beyond the speculative level to include actual empirical data gathered in case studies, as well as results from other case studies reported in the literature.

Grindstaff, Jason S.; Fisher, Leslee A. (Sep 2006). **Sport Psychology Consultants' Experience of Using Hypnosis in Their Practice: An Exploratory Investigation.** *The Sport Psychologist*, Vol 20(3), 368-386.

The purpose of this study was to explore sport psychology consultants' experiences of using hypnosis in their practice. Specifically a better understanding of hypnosis utilization as a performance enhancement technique in applied sport psychology was sought. Semi-structured, in-depth interviews were conducted with six sport psychology consultants (all PhDs) who each possessed training and experience related to hypnosis. Analysis of the interview data revealed a variety of major themes and subthemes related to the guiding interview questions: (a) hypnosis training and experience, (b) stereotypes and misconceptions related to hypnosis, (c) utilizing hypnosis as a performance enhancement technique, (d) advantages and disadvantages of using hypnosis with athletes, and (e) cultural considerations related to using hypnosis.

Morton, Priscilla A. (Jul 2003). **The Hypnotic Belay in Alpine Mountaineering: The Use of Self-Hypnosis for the Resolution of Sports Injuries and for Performance Enhancement.** *American Journal of Clinical Hypnosis*, Vol 46(1), 45-51.

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. 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.

Wooten, H. Ray; St. Germain, Noelle R. (2001). **Heart-Centered Hypnotherapy in Sports Counseling.** *Journal of Heart-Centered Therapies*, Vol. 4(1), 57-65.

The use of hypnosis with athletes is well-represented in the literature. However, much of the existing functionality of hypnotherapy in sports is geared toward performance enhancement or aspects of performance. The use of hypnosis in dealing with developmental and identity issues of athletes has been minimally represented in the existing literature. Heart-Centered Hypnotherapy (HCH) is a model which utilizes the hypnotic process while expanding the focus to address the growth, healing, and transformation of mind, body, emotion, and spirit. This article demonstrates the effectiveness of utilizing the Heart-Centered Hypnotherapy (HCH) modality when counseling athletes.

Druckman, Daniel (Ed); Bjork, Robert A. (Ed). (1994). **Learning, Remembering, Believing: Enhancing Human Performance.** In *National Research Council, Commission on Behavioral & Social Sciences & Education, Committee on Techniques for the Enhancement of Human Performance.* Washington, DC: National Academy Press.

[This book builds] upon the latest psychological research, it considers how learning and performance can be enhanced and through what means. Specific issues are examined, such as how people confuse familiarity with mastery; what are the most

effective ways of developing team performance; and how self-esteem affects performance. Of particular interest is the section on the impact of mental and emotional states upon learning, remembering and believing, in which the techniques of sleep learning, hypnosis, and restricted environmental stimulation are analyzed.

Taylor, Jim; Horevitz, Richard; Balague, Gloria. (Mar 1993). **The Use of Hypnosis in Applied Sport Psychology.** *The Sport Psychologist*, Vol 7(1), 58-78.

Examines the value of hypnosis in applied sport psychology. The following topics are addressed: (1) the nature of hypnosis, (2) theoretical perspectives on hypnosis, (3) hypnotizability, (4) factors influencing the effectiveness of hypnosis, (5) misconceptions and concerns about hypnosis, (6) the hypnotic process, (7) research on hypnosis and athletic performance, (8) uses in applied sport psychology, and (9) training in hypnosis.

PTSD

“There are compelling theoretical reasons and clinical observations to recommend the use of hypnosis as an adjunct treatment for PTSD. Hypnosis is a procedure that may accelerate the therapeutic relationship and positive treatment outcome. Hypnotic techniques may also facilitate the important task of working through traumatic memories, increase coping skills, and promote a sense of competency. They may also be valuable for patients who exhibit symptoms such as anxiety, dissociation, pain, and sleep and other problems for which hypnosis has been effective. There is consistent clinical evidence that hypnosis can facilitate, intensify, and shorten treatment.” (Cardeña, Maldonado, Hart, Spiegel, 2009, p. 427)

Vermetten, Eric; Christensen, Ciara. (2010). **Posttraumatic Stress Disorder (PTSD).** In Barabasz, Arreed Franz (Ed); Olness, Karen (Ed); Boland, Robert (Ed); Kahn, Stephen (Ed), *Medical Hypnosis Primer: Clinical and Research Evidence*, (pp. 41-51). New York, NY: Routledge/Taylor & Francis Group.

Posttraumatic stress disorder (PTSD) is defined as a mental disorder characterized by a preoccupation with traumatic events beyond normal human experience. This chapter discusses diagnostic categories; assessment; treatment; PTSD and hypnosis; psychological treatment of PTSD using hypnosis; and hypnosis for release of unbound affect.

Cardeña, Etzel; Maldonado, José R.; Hart, Onno van der; Spiegel, David. (2009). **Hypnosis.** In Foa, Edna B. (Ed); Keane, Terence M. (Ed); Friedman, Matthew J. (Ed); Cohen, Judith A. (Ed), *Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies* (2nd ed.), (pp. 427-457). New York, NY: Guilford Press.

There are compelling theoretical reasons and clinical observations to recommend the use of hypnosis as an adjunct treatment for PTSD. Hypnosis is a procedure that may accelerate the therapeutic relationship and positive treatment outcome. Hypnotic techniques may also facilitate the important task of working through traumatic memories, increase coping skills, and promote a sense of competency. They may also be valuable for patients who exhibit symptoms such as anxiety, dissociation, pain, and sleep and other problems for which hypnosis has been effective. There is consistent clinical evidence that hypnosis can facilitate, intensify, and shorten treatment (Level B). The consistency of clinical reports and observations going back for almost two centuries, coupled with some controlled studies, suggest that hypnosis is an effective and safe adjunctive procedure in the treatment of PTSD and other posttraumatic conditions (Level A).

Straub, James H.; Straub, Vicki W. (2009). **Resolving Traumatic Memories Related to Persistent and Recurring Pain.** In Brown, Donald C. (Ed), *Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/Management*, (pp. 153-175). Norwalk, CT: Crown House Publishing Limited.

Traumatic memories and post-traumatic stress disorder (PTSD) are often related to persistent pain, anxiety and other difficulties seen in medical, surgical and dental procedures and treatment. In addition to physical injuries resulting from trauma, a variety of pain-related syndromes are significantly correlated with a history of PTSD. The trauma and traumatic memories can be the basis of the pain or serve to exacerbate the pain related to injuries or disease. In this chapter, we focus primarily on dealing with specific traumatic memories that may be related to the experience of persistent pain or triggered during procedures. However, underlying traumatic memories that are not specifically related to the expression of pain can also be resolved by these techniques.

Abramowitz, Eitan G.; Barak, Yoram; Ben-Avi, Irit; Knobler, Haim Y. (Jul-Sep 2008). **Hypnotherapy in the Treatment of Chronic Combat-Related PTSD Patients Suffering from Insomnia: A Randomized, Zolpidem-Controlled Clinical Trial.** *International Journal of Clinical and Experimental Hypnosis*, Vol 56(3), 270-280.

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. 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.

Yarvis, Jeffrey Scott. (2008). **Hypnotherapy under Fire: Efficacy of Heart-Centered Hypnotherapy in the Treatment of Iraq War Veterans with Posttraumatic Stress.** *Journal of Heart-Centered Therapies*, Vol. 11(1), 3-18.

A growing literature addressing the issue of posttraumatic stress disorder (PTSD) has appeared in the decades following the Vietnam War. However, only a small

portion of this literature represents empirical investigations of hypnotherapy as a form of efficacious therapy for PTSD and its implications. This investigation seeks to define the extent of treatment success of Heart-Centered Hypnotherapy (HCH) versus traditional cognitive behavioral therapy, which has been considered the most efficacious treatment for PTSD without the use of medication, and critical incidence stress debriefings which have been widely used by military combat stress control teams when soldiers present with trauma reactions. This study showed Heart-Centered Hypnotherapy is a most effective means of treating PTSD.

Peebles, Mary Jo. (2008). **Trauma-related Disorders and Dissociation.** In Nash, Michael R. (Ed); Barnier, Amanda J. (Ed), *The Oxford Handbook of Hypnosis: Theory, Research, and Practice*, (pp. 647-679). New York, NY: Oxford University Press.

The term trauma-related disorders, instead of simply trauma, is used in the title of this chapter because people who need a trauma-focused psychotherapy can present in hidden ways. Posttraumatic stress disorder (PTSD) is the clearest and most familiar presentation; however, people who have been traumatized alternatively can suffer no lasting symptomatology, can present with symptoms of dysregulation (of emotions, of self, of impulse control or of physiology) or can even develop severe psychiatric disturbances such as borderline personality disorder, schizoaffective illness with psychosis or dissociative identity disorder. What this chapter addresses is the application of hypnosis when a careful evaluation of the patient's symptoms, history and functioning determines that a trauma model of psychotherapy is called for. Dissociation is also addressed in this chapter because dissociation is a coping mechanism commonly called into play when there has been trauma. Being able to recognize both blatant and subtle forms of dissociation helps us locate traumatic triggers for the patient. Helping the patient learn to use dissociation adaptively, and repairing the splits in self-integration caused by chronic overuse of dissociation, are also part of any trauma-focused work.

Kwan, Priscilla S. K. (Jun 2007). **Hypnosis in Complex Trauma and Breast Cancer Pain: A Single Case Study.** *Contemporary Hypnosis*, Vol 24(2), 86-96.

This case study addresses the effect of hypnosis on a range of problems associated with complex trauma (i.e. spouse abuse). It begins by exploring the specific symptoms that were generated in complex trauma and identifying that hypnosis is an appropriate treatment for these problems. A four-phase framework of treatment, taking into consideration the specific features of complex trauma which are distinct from single-episode or non-interpersonal trauma, was adopted. Breast cancer pain, another source of distress to the client, was also discussed. The therapeutic outcomes are described with reference to data collected from pre-, during and post-treatment, as well as from verbal feedback regarding Ms S's feelings about the therapy. The results indicate that hypnosis incorporated in the four-phase treatment framework could effectively eliminate the symptoms of complex trauma.

Poon, Maggie Wai-Ling. (May 2007). **Using Hypnosis with a Battered Woman with Post-Traumatic Stress Disorder.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 35(1), 63-74.

This report describes the successful hypnotic intervention with a battered woman who has post-traumatic stress disorder (PTSD). The treatment basically consists of three phases: The first is stabilisation by reducing stress and building up personal resources, the second is re-exposing the client to the trauma by graded

approximation, and the last is consolidation of the therapeutic gains. Data obtained by the client's verbal reports, the therapist's observations, and objective measures at one month and three month posttreatment follow-ups provides evidence of maintenance and continued improvement in symptoms. This suggests that hypnosis may be an effective adjunct to therapy for battered women with PTSD.

Wester II, William C. (2007). **Hypnotic Treatment of Anxiety in Children**. In Wester II, William C. (Ed); Sugarman, Laurence I. (Ed), *Therapeutic Hypnosis with Children and Adolescents*, (pp. 199-215). Norwalk, CT: Crown House Publishing Limited.

Discusses the use of hypnosis to treat panic disorder, specific phobia, social phobia, separation anxiety, obsessive-compulsive disorder, generalized anxiety disorder, and posttraumatic stress disorder in children and adolescents.

Kwan, Priscilla S. K. (Nov 2006). **The Application of Hypnosis in the Treatment of a Woman with Complex Trauma**. *Australian Journal of Clinical & Experimental Hypnosis*, Vol 34(2), 204-215.

This case study describes the application of hypnosis in the treatment of a Chinese-born Indonesian woman, Mrs B, who had post-traumatic stress disorder (PTSD) resulting from her long history of being maltreated by her father and witnessing his acts of violence when she was in Indonesia. Through the use of hypnosis, her symptoms of PTSD were eliminated, her self-efficacy was enhanced, and her relationship with her husband and children improved as well. Six months after the last treatment session, she was contacted for follow-up, and no relapse had occurred.

Lynn, Steven Jay; Kirsch, Irving. (2006). **Posttraumatic Stress Disorder**. In Lynn, Steven Jay; Kirsch, Irving (Eds.), *Essentials of Clinical Hypnosis: An Evidence-Based Approach. Dissociation, Trauma, Memory, and Hypnosis Book Series*, (pp. 159-173). Washington, DC: American Psychological Association.

In this chapter the authors illustrate how exposure-based techniques can be combined with hypnosis and cognitive interventions to ameliorate PTSD symptoms. The symptoms of PTSD include stress and hyperarousal (e.g., sleep difficulties, exaggerated and distressing startle response), emotional numbing of responsiveness (e.g., restricted range of emotional experiences, feelings of detachment and alienation from others), and persistent avoidance of situations or reminders of trauma (e.g., efforts to avoid activities, places, or people associated with the event).

Phillips, Maggie. (2006). **Hypnosis with Depression, Posttraumatic Stress Disorder and Chronic Pain**. In Yapko, Michael D. (Ed), *Hypnosis and Treating Depression: Applications in Clinical Practice*, (pp. 217-241). New York, NY: Routledge/Taylor & Francis Group.

This chapter examines how direct and indirect hypnotic suggestions can be used specifically to treat symptoms of depression and chronic pain that often coexist as two of the sequelae of posttraumatic stress disorder (PTSD). A complex case of PTSD, pain, and depression treated with hypnosis is presented in detail.

Carter, Christine. (May 2005). **The Use of Hypnosis in the Treatment of PTSD.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 33(1), 82-92.

This study describes the application of hypnosis in the treatment of a woman, Jackie, with post-traumatic stress disorder resulting from accidents at work. She was referred by her general practitioner and through the use of hypnosis achieved her goals of returning to work and abolishing distressing flashbacks, feelings of not being safe, inability to leave her home, loss of appetite, panic attacks, and sleep disturbance which she had been experiencing. The implications of using hypnosis, should Julie wish to seek legal action in the future, were discussed.

Bryant, Richard A.; Moulds, Michelle L.; Guthrie, Rachel M.; Nixon, Reginald D. V. (Apr 2005). **The Additive Benefit of Hypnosis and Cognitive-Behavioral Therapy in Treating Acute Stress Disorder.** *Journal of Consulting and Clinical Psychology*, Vol 73(2), 334-340.

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.

Evans, Barry J. (May 2003). **Hypnosis for Post-traumatic Stress Disorders.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 31(1), 54-73.

This paper describes the research and clinical literature relating to post-traumatic stress disorders (PTSD) and acute stress disorders (ASD). It begins with a review of the general nature, classification and aetiology of the disorder, using DSM-IV criteria. The particular relevance of hypnosis as an adjunct to the range of therapeutic approaches suitable for the disorder is then discussed, focusing on the evidence for the higher hypnotisability of many PTSD sufferers. The paper concludes with detailed suggestions for the use of hypnosis as an adjunct in the treatment of post-traumatic stress reactions.

Spiegel, David. (2003). **Hypnosis and Traumatic Dissociation: Therapeutic Opportunities.** *Journal of Trauma & Dissociation*, Vol 4(3), 73-90.

Hypnosis and the related phenomenon of dissociation have long been linked to trauma. Evidence is reviewed regarding the relationship between trauma and dissociation, the prevalence of these dissociative symptoms in the acute aftermath of trauma, and their salience in predicting the development of later PTSD symptoms. Dissociative amnesia is described as the key commonality between formally induced hypnosis and dissociative symptomatology, and controversy regarding traumatic amnesia is discussed. Finally principles of psychotherapy

involving hypnosis and related techniques for dissociative and other post-traumatic symptoms are reviewed.

Moore, Monica. (Nov 2001). **Hypnosis and Post-Traumatic Stress Disorder.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 29(2), 93-106.

Describes the application of hypnosis in the treatment of a 24-yr-old woman with acute post-traumatic stress disorder resulting from the client's exposure to an armed hold-up at work. She was self-referred, and through the use of hypnosis achieved her aims of abolishing the distressing flashbacks, feelings of not being safe, and sleep disturbance which she had been experiencing. She was also able to reframe her experience from a negative to a more positive one, and to resume work.

French, Christine. (Nov 2000). **The Meaning of Trauma: Hypnosis and PTSD.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 28(2), 188-199.

Presents the case of the use of hypnosis therapy for a male (aged 27 yrs) who had been the victim of an armed robbery and subsequently developed posttraumatic stress disorder (PTSD). A combination of hypnosis and cognitive-behavioral therapy was employed over 8 sessions for 3 mo. Under hypnosis, the idiosyncratic nature of the S's reaction became apparent and he was able to reintegrate the experience of the trauma into his life and alleviate the fragmentation of self which prevented him from functioning adaptively. The case illustrates the importance of understanding the personal meaning of the trauma to the individual with PTSD and the efficacy of hypnosis in dealing with it.

Cardeña, Etzel; Maldonado, Jose; van der Hart, Onno; Spiegel, David. (2000). **Hypnosis.** In Foa, Edna B. (Ed); Keane, Terence M. (Ed); Friedman, Matthew J. (Ed), *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*, (pp. 350-353). New York, NY: Guilford Press.

Discusses treatment guidelines concerning the use of hypnosis in treating patients with posttraumatic stress disorder (PTSD). Hypnosis is a procedure generally established by an induction, during which suggestions for alterations in behavior and mental processes including sensations, perceptions, emotions, and thoughts are provided. A 3-stage model of hypnotic treatment is described involving stabilizing the patient, working through and resolving traumatic memories, and maintaining more adaptive coping responses and furthering personal development. The benefits and uses of hypnosis for PTSD patients is discussed, and indications and contraindications are described.

Zimberoff, Diane; Hartman, David. (Fal 1998). **Insidious Trauma Caused by Prenatal Gender Prejudice.** *Journal of Prenatal & Perinatal Psychology & Health*, Vol 13(1), 45-51.

When the inherent value of females is marginalized by society, the resulting trauma may result in depression, anxiety, dissociation, decreased self-esteem, victimization, displaced anger, somatic ailments, and despair. Ultimately, trauma from gender bias (or racial bias) is insidious trauma, an assault on every level of security a person has: physical, psychological, interpersonal, and spiritual. The damage is devastating when the trauma occurs during the pre- and perinatal period. Effective treatment must incorporate a way of accessing memories held subconsciously due to the

degree of trauma and/or their early incidence, cathartic expression of emotions, and reaching compassion for the traumatized core self. A case study is presented in which the author used the Heart-Centered Hypnotherapy model in working with two young women who were sisters from Taiwan. The first woman, in her third trimester of pregnancy, had experienced pain in her solar plexus area following amniocentesis, which indicated that the fetus was female.

Spiegel, D. (1993). **Hypnosis in the Treatment of Posttraumatic Stress Disorders.** In J. W. Rhue, S. J. Lynn & I. Kirsch (Eds.), *Handbook of Clinical Hypnosis*, (pp. 493-508). Washington, DC: American Psychological Association.

Spiegel, D., Cardena, E., (1990). **New Uses of Hypnosis in the Treatment of Posttraumatic Stress Disorder.** *Journal of Clinical Psychiatry*, Vol. 51 Suppl, 39-43; discussion 44-6.

Hypnosis is associated with the treatment of posttraumatic stress disorder (PTSD) for two reasons: (1) the similarity between hypnotic phenomena and the symptoms of PTSD, and (2) the utility of hypnosis as a tool in treatment. Hypnosis provides controlled access to memories that may otherwise be kept out of consciousness. New uses of hypnosis in the psychotherapy of PTSD victims involve coupling access to the dissociated traumatic memories with positive restructuring of those memories. Hypnosis can be used to help patients face and bear a traumatic experience by embedding it in a new context, acknowledging helplessness during the event, and yet linking that experience with remoralizing memories such as efforts at self-protection, shared affection with friends who were killed, or the ability to control the environment at other times. In this way, hypnosis can be used to provide controlled access to memories that are then placed into a broader perspective.

Smoking Cessation

“Viswesvaran and Schmidt (1992) performed a metaanalysis on 633 studies of smoking cessation and examined 48 studies in the hypnosis category that encompassed a total sample of 6,020 participants. Hypnosis fared better than virtually any other comparison treatment (e.g., nicotine chewing gum, smoke aversion, 5-day plans), achieving a success rate of 36%.” (Viswesvaran & Schmidt, 1992, p. 554)

Lang, Tracey. (Nov 2008). **Short Script: Stop Smoking.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 36(2), 195-196.

This script is one of several utilized in quit-smoking sessions with clients. This is one of the shorter scripts which can be used with cognitive behavioral therapy in the first session. The quit-smoking program is conducted over a minimum of three sessions and a maximum of six sessions.

Carmody, Timothy P.; Duncan, Carol; Simon, Joel A .; Solkowitz, Sharon; Huggins, Joy; Lee, Sharon; Delucchi, Kevin. (May 2008).

Hypnosis for Smoking Cessation: A Randomized Trial. *Nicotine & Tobacco Research*, Vol 10(5), 811-818.

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 abstinence compared with 23% of the behavioral counseling group. 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. 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.

Botsford, David. (2007). *Hypnosis for Smoking Cessation: An NLP and Hypnotherapy Practitioner's Manual*. Norwalk, CT: Crown House Publishing Limited.

This book examines the use of hypnosis for smoking cessation. The book provides the reader with an extensive overview of the whole process of helping someone to stop smoking. Not only is there great detail on how to approach the client during the actual therapeutic session but there is also excellent material which shows the therapist how s/he needs to prepare individually for every single client.

Elkins, Gary; Marcus, Joel; Bates, Jeff; Rajab, M. Hasan; Cook, Teresa. (Jul 2006). **Intensive Hypnotherapy for Smoking Cessation: A Prospective Study.** *International Journal of Clinical and Experimental Hypnosis*, Vol 54(3), 303-315.

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. The rates of 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 ($p < .05$).

Banyan, Calvin D. (Spr 2006). **Two Treatment Groups Hypnosis Smoking Cessation Program.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 27(2), 5-16.

In this article the author discusses an approach to utilizing hypnosis for smoking cessation in which clients are screened and placed into one of two treatment groups. The screener asks a series of questions in order to determine whether or not the client is using cigarette smoking to manage emotions such as fear, anger and guilt. Those who are determined as not having significant emotional motivation to smoke are placed into a two-session program, and those who appear to have a significant emotional component in their smoking behaviour are placed into a five-phase

hypnotherapeutic program. This article is based on anecdotal evidence intended for heuristic value and consideration.

Emmerson, Gordon J. (Spr 2006). **Smoking Cessation: Getting the Ego States to Work Together.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 27(2), 23-29.

Helping a client to stop smoking is one of the most difficult challenges for a hypnotherapist. This paper offers an ego state therapeutic structured method to assist in smoking cessation. Every time a client comes to a hypnotherapist to stop smoking there is at least one ego state wanting to quit, and one ego state wanting to smoke, otherwise the client would be happy either smoking or not smoking. An internal dissent exists among the states. The goal of the hypnotherapist is to empower the states that can assist the client in not smoking, while at the same time give new roles and meaning to the states that had previously smoked. In this manner the client can achieve an internal peace in relation to being a non-smoker.

Lutzker, Daniel R. (Spr 2006). **Smoking Cessation.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 27(2), 30-34.

Smoking cessation is probably the most frequent reason for consulting a hypnotherapist. Many approaches exist and research has identified some of the factors pertinent to success. This paper discusses the author's techniques evolved over a period of more than 45 years and the reasons underlying the changes that occurred. It is suggested that the most effective approach tends to be permissive, to involve the patient's own concepts and words, and to be tailored to the individual's needs. Case studies are cited to illustrate major points.

Shirley, Barry. (Spr 2006). **Hypnosis for Smoking Cessation.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 27(2), 17-22.

Many hypnotherapists in private practice deal with clients trying to overcome their addiction to smoking tobacco products. Methods vary considerably, ranging from the use of direct suggestion hypnotherapy by repetition through to hypnotherapy combined with cognitive behaviour therapy. This article presents a method used with success in my private practice where the emphasis is on repetitious direct suggestions and the use of a no pain, no gain philosophy.

Lynn, Steven Jay; Kirsch, Irving. (2006). **Smoking Cessation.** In Lynn, Steven Jay; Kirsch, Irving (Eds.), *Essentials of Clinical Hypnosis: An Evidence-Based Approach. Dissociation, Trauma, Memory, and Hypnosis Book Series*, (pp. 79-98). Washington, DC: American Psychological Association.

In this chapter, the authors summarize a sizable literature indicating that hypnosis can play a useful role in smoking cessation. They then describe a two-session cognitive-behavioral program to achieve smoking cessation as an example of the way that hypnosis can be used to master long-standing habitual patterns of self-destructive behaviors.

Bonshtein, Udi; Shaar, Izhar; Golan, Gabi. (2005). **Who Wants to Control the Habit? A Multi-Dimensional Hypnotic Model of Smoking Cessation.** *Contemporary Hypnosis*, Vol 22(4), 193-201.

The article describes and demonstrates a short-term psychotherapeutic intervention model for smoking cessations, which integrates behaviour and cognitive apparatus with hypnotic techniques. This model puts exclusive emphasis on examination, creation and intensification of the patient's motivation to eradicate the habit, by strengthening self-control, integrating suggestions that are tuned to the patient's needs, and using aversion techniques in the hypnotic state. This model has been found efficient in our clinical work, can be used to treat other habit disorders and creates an opportunity for empirical research that examines the efficacy of this integrative model as compared to other methods.

Rosewarne, Pamela. (May 2004). **Hypnosis and Smoking**. *Australian Journal of Clinical & Experimental Hypnosis*, Vol 32(1), 86-102.

This study reports the use of hypnosis with a young woman who was seeking to resolve her smoking addiction. Early in treatment it became clear that she had unresolved grief, loss, and anger concerning her sexual abuse as a young child by her father who had died many years previously. This experience had hindered her emotional development, current emotions and lifestyle, and contributed to her low self-esteem, negative feelings of self-worth, and subsequent smoking addiction. Hypnosis was incorporated into an extensive period of counselling, and was effectively used to enable this client to cease her smoking addiction, to conclude her unresolved grief and anger, and to use her newly found peace as a means of ego-strengthening, confidence building, and promoting positive future expectations.

Elkins, Gary R.; Rajab, M. Hasan. (Jan 2004). **Clinical Hypnosis for Smoking Cessation: Preliminary Results of a Three-Session Intervention**. *International Journal of Clinical and Experimental Hypnosis*, Vol 52(1), 73-81.

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.

Barber, Joseph. (Jul 2001). **Freedom from Smoking: Integrating Hypnotic Methods and Rapid Smoking to Facilitate Smoking Cessation**. *International Journal of Clinical and Experimental Hypnosis*, Vol 49(3), 257-266.

Notes that 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 (aged 27-66 yrs) undergoing this treatment protocol, 39 reported remaining abstinent at follow-up (6 mo to 3 yrs posttreatment).

Ahijevych, Karen; Yerardi, Ruth; Nedilsky, Nancy. (Oct 2000). **Descriptive Outcomes of the American Lung Association of Ohio Hypnotherapy Smoking Cessation Program**. *International Journal of Clinical and Experimental Hypnosis*, Vol 48(4), 374-387.

Examined smoking cessation and factors associated with success in smokers completing a single-session hypnosis smoking cessation program. 452 smokers (aged 18–77 yrs) completed the session, then completed follow-up phone interviews 5–15 mo subsequently. Results show that 65% reported 1 or more smoke-free periods (average 40 days) following program completion. 22% of Ss reported not smoking the month previous to interview. Successful quitting was significantly associated with higher income, no other smokers present in the home, and perceived ease of hypnotizability. Gender, marital status, age, years of education, employment classification, and number of cigarettes smoked per day exerted no influence.

Green, Joseph P. (2000). **Treating Women who Smoke: The Benefits of Using Hypnosis.** In Hornyak, Lynne M. (Ed); Green, Joseph P. (Ed), *Healing from Within: The Use of Hypnosis in Women's Health Care. Dissociation, Trauma, Memory, and Hypnosis Book Series*, (pp. 91-117). Washington, DC: American Psychological Association.

The author briefly outlines several health risks facing women who smoke. The author summarizes the general effectiveness of smoking cessation therapy and discusses the merit of adding hypnotic suggestions to cognitive-behavioral treatments for smoking. After briefly reviewing the risks and benefits of nicotine replacement therapy, the author points out 4 special considerations for clinicians working with women who are trying to quit smoking. Finally, the author illustrates how hypnotic suggestions can be incorporated into a multimodal, cognitive-behavioral treatment plan for smoking.

Douglas, Donald. (1999). **Stopping Smoking: A Study on the Nature of Resistance and the Use of Hypnosis.** In Seidman, Daniel F. (Ed); Covey, Lirio S. (Ed), *Helping the Hard-Core Smoker: A Clinician's Guide*, (pp. 213-223). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Discusses the nature of addiction and resistance to treatment with special reference to the uses of hypnosis in smoking cessation programs. The chapter describes the smoking addiction as acting at once like a tenacious regression to the earliest life function of respiration and as a sinister retrovirus advocating the heathen demon weed tobacco and taking over the life of the host: regressive and preemptive addictive processes that derive from comfort-seeking, locked in by the stop–smoke cycle and defended by the complexities of the borderline syndrome.

Hatsukami, Dorothy K.; Lando, Harry. (1999). **Smoking Cessation.** In Ott, Peggy J. (Ed); Tarter, Ralph E. (Ed); Ammerman, Robert T. (Ed), *Sourcebook on Substance Abuse: Etiology, Epidemiology, Assessment, and Treatment*, (pp. 399-415). Needham Heights, MA: Allyn & Bacon.

This chapter describes the types of treatments that have been developed for smoking cessation, the effectiveness of these treatments, and future directions for this area. Topics include: behavioral treatments (provider advice, self-help, formal programs, multicomponent treatment strategies, hypnosis and acupuncture, commercial programs and products, evaluation standards); and pharmacological treatments (nicotine replacement, nicotine replacement combinations, nonspecific medications, symptom-targeted medications, other smoking cessation products).

Bayot, Agustín; Capafons, Antonio; Cardeña, Etzel. (Oct 1997). **Emotional Self-regulation Therapy: A New and Efficacious**

Treatment for Smoking. *American Journal of Clinical Hypnosis*, Vol 40(2), 146-156.

Describes emotional self-regulation therapy, a recently-developed suggestion technique for the treatment of smoking, and presents data attesting to its efficacy. Of the 38 individuals who completed treatment, 82% (47% of the initial sample) stopped smoking altogether and 13 % (8% of the initial sample) reduced their smoking. A follow-up at 6 mo showed that 66% (38% of the initial sample) of those who had completed the treatment remained abstinent and reported minimal withdrawal symptoms or weight gain. In a no-treatment comparison group, only 8% reduced their smoking or became abstinent.

Brown, Donald C. (Sep 1997). A Hypnosis Smoking Cessation Programme. *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 18(2), 91-102.

The author presented a smoking cessation programme that was developed during 28 years of hypnosis use in his teaching family practice at Dalhousie University. A brief patient assessment was presented together with a number of efficient and practical scripts. The approach was to teach patients autohypnosis to replace outdated smoking habits, with at least three daily trances. Subjects were instructed to use audiotapes made of their trances. They were given smoking cessation and hypnosis literature to facilitate autohypnosis. Twelve hypnosis books are recommended for further reading. Handout contents to the attendees at the Assembly are listed in the Appendix.

McMaster, Norman L. (Sep 1997). Quit Smoking: From a Hypo-Behavioural-Cognitive Approach. *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 18(2), 83-90.

This paper examines smoking from the viewpoint that it is learned behaviour. A learned behaviour which when learned very well drops out of consciousness and becomes an ingrained habit pattern. Furthermore, a habit pattern that is largely carried out below the level of conscious awareness. The strategy used to learn to smoke can be used with a different content to quit the habit.

Green, Joseph. (Sum, 1997). Smoking Cessation: Hypnotic Strategies Complement Behavioral Treatments. *Psychological Hypnosis* 6(2) [American Psychological Association Division 30 (Society of Psychological Hypnosis)].

Several studies have shown that hypnosis can be an effective method of achieving smoking cessation. Since hypnotic protocols vary widely from one clinician or researcher to the next, it is not surprising that studies employing hypnotic techniques report a wide range of success. Chances of achieving long term abstinence increase when hypnotic suggestions are incorporated into a treatment program that is grounded in well-established cognitive-behavioral strategies. Additional techniques that should be used to create effective smoking cessation treatment programs are provided.

Green, Joseph P. (1996). Cognitive-Behavioral Hypnotherapy for Smoking Cessation: A Case Study in a Group Setting. In Lynn, Steven Jay (Ed); Kirsch, Irving (Ed); Rhue, Judith W. (Ed), *Casebook*

of *Clinical Hypnosis*, (pp. 223-248). Washington, DC: American Psychological Association.

Presents a case study of a 37-yr-old female who underwent hypnotherapy for smoking cessation. The study demonstrates an application of S. J. Lynn's smoking cessation program within a group format. Learning, practicing, and employing self-hypnotic skills are centerpieces of the approach. In addition to illustrating the various cognitive, behavioral and hypnotic skills germane to Lynn's smoking cessation program, the author highlights relevant historical and interpersonal variables associated with the case.

Capafons, A., Amigo, S. (1995). **Emotional Self-regulation Therapy for Smoking Reduction: Description and Initial Empirical Data.** *International Journal of Clinical and Experimental Hypnosis*, Vol. 43, 7-19.

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.

Sorensen, G., Beder, B., Prible, C. R., Pinney, J. (1995). **Reducing Smoking at the Workplace: Implementing a Smoking Ban and Hypnotherapy.** *Journal of Occupational and Environmental Medicine*, Vol. 37, 453-60.

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. 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.

Johnson, D. L., Karkut, R. T. (1994). **Performance by Gender in a Stop-Smoking Program Combining Hypnosis and Aversion.** *Psychological Reports*, Vol. 75, 851-7.

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.

Carlson, Jon. (1994). **Multimodal Treatment for Smoking Cessation.** In Lewis, Judith A. (Ed), *Addictions: Concepts and Strategies for Treatment*, (pp. 113-122). Gaithersburg, MD: Aspen Publishers.

[argues that] effective clinical practice [for smoking cessation] requires the utilization of a multimodal approach rather than traditional unimodal ones / in the approach that is presented [in this chapter], generic hypnotherapeutic suggestions are coupled with behavior modification strategies, as well as adjunctive treatment such as exercise, relaxation, and diet modification / provides an overview of intervention approaches / presents the author's 3-step multimodal procedure: (a) assessment, (b) intervention, and (c) treatment adherence/follow-up

Spiegel, D., Frischholz, E. J., Fleiss, J. L., Spiegel, H. (1993). **Predictors of Smoking Abstinence Following a Single-Session Restructuring Intervention with Self-Hypnosis.** *Journal of the American Psychiatric Association*, Vol. 150, 1090-7.

OBJECTIVE: This study examined the relation of smoking and medical history, social support, and hypnotizability to outcome of a smoking cessation program. METHOD: A consecutive series of 226 smokers referred for the smoking cessation program were treated with a single-session habit restructuring intervention involving self-hypnosis. They were then followed up for 2 years. RESULTS: Fifty-two percent of the study group achieved complete smoking abstinence 1 week after the intervention; 23% maintained their abstinence for 2 years. Hypnotizability and having been previously able to quit smoking for at least a month significantly predicted the initiation of abstinence. Hypnotizability and living with a significant other person predicted 2-year maintenance of treatment response. CONCLUSIONS: These results suggest that it is possible to predict which patients are most likely and which are least likely to respond to such brief smoking cessation interventions.

Viswesvaran, C.; Schmidt, F. (1992). **A Meta-Analytic Comparison of the Effectiveness of Smoking Cessation Methods.** *Journal of Applied Psychology*, 77, 554-561.

Viswesvaran and Schmidt (1992) performed a metaanalysis on 633 studies of smoking cessation and examined 48 studies in the hypnosis category that encompassed a total sample of 6,020 participants. Hypnosis fared better than virtually any other comparison treatment (e.g., nicotine chewing gum, smoke aversion, 5-day plans), achieving a success rate of 36%.

Somatization

Moene, Franny C.; Roelofs, Karin. (2008). **Hypnosis in the Treatment of Conversion and Somatization Disorders.** In Nash, Michael R. (Ed); Barnier, Amanda J. (Ed), *The Oxford Handbook of Hypnosis: Theory, Research, and Practice*, (pp. 625-645). New York, NY: Oxford University Press.

Conversion disorder (CD) refers to the presence of deficits affecting the voluntary motor or sensory functions. These symptoms suggest neurological or other organic causes, but are believed to be associated with psychological stressors (American Psychiatric Association, 1994).

Hartman, David; Zimberoff, Diane, (2006). **Healing the Body-Mind in Heart-Centered Therapies.** *Journal of Heart-Centered Therapies*, Vol. 9(2), 75-137.

We assess the damaging effects of traumatic response in the womb and in childhood. If a person tends toward hyperarousal (fight/flight) response that is not effectively discharged, his/her body will tend to utilize *parasympathetic dissociation* as a defensive effort to achieve the semblance of homeostasis. If a person tends toward hyporarousal (freeze) response that is not effectively discharged, his/her body will tend to utilize *sympathetic dissociation* to achieve the semblance of homeostasis. The area of the body that is *not* feeling (*parasympathetic dissociation*) can be equally as important an indicator of stored trauma as body parts that *do* feel (*sympathetic dissociation*). We review the Theory of Structural Dissociation proposed by Nijenhuis as a way to understand the common alternation between re-experiencing trauma and detachment from or unawareness of the trauma.

Moene, Franny C.; Spinhoven, Philip; Hoogduin, Kees A. L.; Dyck, Richard Van. (Jan 2003). **A Randomized Controlled Clinical Trial of a Hypnosis-Based Treatment for Patients with Conversion Disorder, Motor Type.** *International Journal of Clinical and Experimental Hypnosis*, Vol 51(1), 29-50.

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. At 6-month follow-up, improvement was maintained across the behavioral and interview measures.

Emerson, William R. (2002). **Somatotropic Therapy.** *Journal of Heart-Centered Therapies*, Vol. 5(2), 65-90.

Somatotropic therapy is, at its core, a somatic approach to uncovering and resolving the major topological schemas representing unresolved traumas in infants, children, and adults. Somatotropic, according to Webster, is “the principle of organization according to which matter moves to form an object during the various stages of its existence.” During trauma, the somatic (i.e., body) system objectifies trauma in both energetic and physical forms, and the somatotropic process is a broad organization of somatic traumas that manifest in both energetic and physical form. Somatotropic therapy could claim ancestry in ancient shamanic healing practices found in many primitive cultures. In modern times its evolution describes an oblique trajectory from the Freudian launch pad of psychoanalysis, through the work of Jung, Reich, Rank, Assagioli, Fodor, Mott, Lake, Winnicott, Janov, and Laing to the present approach.

Kubota, Shuji. (Sep 2002). **Hypnotherapy and an Alter Personality: A Case of Somatization Disorder.** *Japanese Journal of Hypnosis*, Vol 46(2), 8-14.

A case of somatization disorder is reported, which produced an alter personality during progress of treatment with hypnotherapy. The patient was treated with hypnotherapy, because she had various symptoms and her condition remained unstable after other forms of treatment. An alter personality appeared after the first session of ego state therapy. The alter introduced herself as a 4-year-old girl. Although turmoil was brought by the appearance of the alter, the patient's condition became stable, and a good therapeutic effect was obtained, through the successful treatment of the alter, in a relatively short period of time.

Hammond, D. Corydon. (2001). **Treatment of Chronic Fatigue with Neurofeedback and Self-hypnosis.** *NeuroRehabilitation*, Vol 16(4), 295-300.

A 21-year-old patient reported a relatively rapid onset of serious chronic fatigue syndrome (CFS), with her worst symptoms being cognitive impairments. 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 single photon emission computerized tomography (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.

Roberts, Thomas B. (Mar-Apr 2001). **Symptom Release: Integrating Mind-body and Hypnotherapeutic Approaches.** *Annals of the American Psychotherapy Association*, Vol 4(2), 12-14.

Theorizes that symptoms represent a person's having somatically stored experiences and memories which have not been allowed to discharge, tell their story, and complete their release. It is stated that stored experiences must be acknowledged and allowed to communicate their functional purpose if the client is to be free of the symptom. An introduction to the approach of integrating hypnotherapy with understanding of mind-body healing is presented and the author discusses how it is related to the theory of symptom release. This approach is referred to as Somatosensory-Hypnotherapy; it allows clients, through hypnotic language, to communicate directly with the symptom and learn its value and purpose in their lives. The client can then give expression to his/her unexpressed life narrative and allow the symptom to release, no longer needing to manifest as a symptom in the client's life.

Lipsitt, Don R. (Spr 1998). **Commerce between the Mind and the Body.** *Advances in Mind-Body Medicine*, Vol 14(2), 107-112.

Comments on an article by I. Wickramasekera in which he identifies 3 measurable risk factors that are empirically associated with somatoform and psychophysiological disorders. The author discusses somatization as "the contemporary heir to the endless controversy arising from efforts to comprehend how (and if) mind and body interact." He addresses the challenge of understanding and classifying somatization, and new treatment.

Wickramasekera, Ian; Davies, Terence E.; Davies, S. Margaret. (Jun 1996). **Applied Psychophysiology: A Bridge between the**

Biomedical Model and the Biopsychosocial Model in Family Medicine. *Professional Psychology: Research and Practice*, Vol 27(3), 221-233.

Over half of all patient visits to primary care physicians are related to psychosocial problems that are presented as common somatic complaints. It appears that psychophysiological diagnostic and therapeutic methods can directly, objectively, and quantitatively reveal this missing mind-body connection. Psychophysiological methods, including biofeedback, hypnosis, and cognitive behavior therapy have been shown to be empirically effective with several somatic conditions even though the specific mechanisms of efficacy of these therapies have not been identified. Directions for somatizing patients, such as biofeedback and hypnosis.

Sheikh, Anees A.; Kunzendorf, Robert G.; Sheikh, Katharina S. (1996). **Somatic Consequences of Consciousness.** In Velmans, Max (Ed), *The Science of Consciousness: Psychological, Neuropsychological and Clinical Reviews*, (pp. 140-161). Florence, KY: Taylor & Frances/Routledge.

/ traces the history of thought in the field of psychosomatics / outlines research dealing with physiological or somatic consequences of meditation, imagery, biofeedback and hypnosis, which obviously involve conscious mental processes / emphasizes the role that consciousness plays in bringing about extensive physiological changes

Phillips, Maggie. (Oct 1995). **Our Bodies, Our Selves: Treating the Somatic Expressions of Trauma with Ego-state Therapy.** *American Journal of Clinical Hypnosis*, Vol 38(2), 109-121.

Explored the use of somatically focused techniques of hypnosis in the context of ego-state therapy (EST) for treating somatic manifestations of trauma reported in 2 clinical cases. Case 1 involved a 40-yr-old drug dependent female and case 2 involved a 48-yr-old male with eating disorder. Using hypnotic techniques such as the somatic bridge, ideosensory signalling, and sensory awareness training, EST can be directed to parts of the self which are connected to somatic expressions of traumatic experiences. Specific benefits for patients who complain of psychosomatic symptoms are discussed, as well as for those with compromised body image and perception, and its usefulness as a hypnoanalytic tool for uncovering memories that may be more somatically based. The treatment outcomes show that EST is promising as a unique framework for probing the interrelationship among the cognitive, emotional, and somatic aspects of response to trauma.

Wickramasekera, I. (1993). **Assessment and Treatment of Somatization Disorders: The High Risk Model of Threat Perception.** In J. W. Rhue, S. J. Lynn & I. Kirsch (Eds.), *Handbook of Clinical Hypnosis*, (pp. 587-621). Washington, DC: American Psychological Association.

Transpersonal Treatment

Zahi, Arnon. (Dec 2009). **Spiritual-transpersonal Hypnosis.** *Contemporary Hypnosis*, Vol 26(4), 263-268.

The field of spiritual and transpersonal psychotherapy and hypnotherapy can be divided into three major categories: research of near-death and out-of-body experiences; past life experiences; and spiritual interpretations in accordance with the patient's beliefs. The present article suggests a fourth category, spiritual interpretations not in accordance with the patient's beliefs. Three cases are reported, and the curative force of the interpretations is discussed.

Halsband, Ulrike; Mueller, Susanne; Hinterberger, Thilo; Strickner, Simon. (Dec 2009). **Plasticity Changes in the Brain in Hypnosis and Meditation.** *Contemporary Hypnosis*, Vol 26(4), 194-215.

Neuroscientific evidence interprets both hypnotic trance induction and different meditation traditions as modified states of consciousness that emphasize attention, concentration and the letting go of thoughts, but they differ in terms of sensory input, processing, memory, and the sense of time. Furthermore, hypnosis is based on the suggestibility of a person and meditation on mindfulness; therefore it is not surprising to find differential brain plasticity changes. Taken together, the findings advance understanding of the neural mechanisms that underlie hypnosis and meditation.

Hartman, David; Zimberoff, Diane, (2006). **Soul Migrations: Traumatic and Spiritual.** *Journal of Heart-Centered Therapies*, Vol. 9(1), 3-96.

Just as the human being comes apart at death, with the body dying and decaying while "the breath of life" persists, we suggest that a person comes apart in a similar way at other crucial junctures of life, such as moments of excruciating shame and delirious orgasmic experience, insurmountable trauma and ecstatic spiritual experience. The abused child, like shipwreck survivors in an overcrowded lifeboat, must sacrifice some aspects of the self in order to preserve others. The more overwhelming the assault, the more essential and closer to the core is that aspect that must be sacrificed. Inner resources such as innocence, trust, spontaneity, courage, and self-esteem were lost, stolen, or abandoned in those early traumatic moments, leaving an immense empty space. The psychic energy cast off through dissociation and splitting, the sacrificed aspects of self, do not simply disappear into thin air, but rather continues in split off form as a primitively organized alternative self. Retrieving these inner resources in age regression to those traumatic events reunites the sacrificial alternative self with the immanent embodied person, strengthening the fabric of the soul's energetic field.

What we are proposing here is a profound level of splitting in that what is split is neither consciousness nor ego nor self, but rather one's essential spiritual identity, what we are calling one's soul. A further distinction is drawn in relation to the concept of where that separate aspect of oneself is kept; that is, it is neither repressed into unconsciousness (vertical split), nor allowed to alternately come into conscious awareness (horizontal split). It is sent into hiding *from itself*, in the "witness protection program" for the soul.

Strength of character, resilience, determination, deep trust all come from *repair* of disruption in intimate relationship, *not* through eliminating any disruption. Likewise, the growth of the human being spiritually is achieved through the *repair* of the bond with his/her soul following disconnection.

Lewis, Sheldon. (Sum 2005). **Broken Heart Syndrome: Perspectives from East and West.** *Advances in Mind-Body Medicine*, Vol 21(2), 3-5.

Perhaps the most puzzling events are those in which people die during happy occasions or after hearing good news, such as the reunion of the elderly father and his middle-aged son, a 63-year old opera singer while she received an ovation, and a 56-year-old man after getting his first hole in- one while playing golf. These incidents suggest that intense emotions (even long-anticipated, positive ones) may be too much for some of us to bear. The challenge for clinicians treating a patient with a condition such as stress cardiomyopathy is to address their spiritual and emotional needs, as well as their physical concerns. The spiritual dimension is also fundamental to a commonly used mind-body medicine approach, mindfulness-based stress-reduction (MBSR), which is based on a classical Buddhist meditation practice.

Vega, Selene. (2005). **Breathing into Fear: Psychospiritual Approaches for Treating Anxiety.** In Mijares, Sharon G. (Ed); Khalsa, Gurucharan Singh (Ed), *The Psychospiritual Clinician's Handbook: Alternative Methods for Understanding and Treating Mental Disorders* (pp. 51-73). New York, NY: Haworth Press.

This chapter discusses approaches to the treatment of anxiety from a psychospiritual perspective. It includes a review of the traditional cognitive-behavioral and pharmacological techniques for treating anxiety, with attention to the latest trends in treatment, including acceptance-based and mindfulness approaches. A client example illustrates the use of Stephen Gilligan's self-relations psychotherapy, spiritually oriented cognitive therapy, transpersonal bibliotherapy, hypnosis, and breath awareness.

Dowd, E. Thomas. (Win 2004). **Expanding the Cognitive Therapy Model: Imagery, Meditation, and Hypnosis.** *Journal of Cognitive Psychotherapy*, Vol 18(4), 351-359.

This article describes various types of imagery-based interventions, including meditation, variations of imagery, and hypnosis. Comparisons and contrasts are made among the different techniques developed over the years and examples of each are given. The techniques are conceptually based on a model of individual differences in hypnotic ability or susceptibility.

Zimberoff, Diane; Hartman, David. (2003). **Transpersonal Psychology in Heart-Centered Therapies.** *Journal of Heart-Centered Therapies*, Vol. 6(1), 123-144.

We look at areas of potential conflict in spiritual involvement in psychotherapy: the degree of the therapist's personal openness, dogmatic rigidity or unresolved spiritual conflicts that may influence the client through countertransference. We review areas of intersection between spiritual realms and Heart-Centered therapies, particularly ways of directly accessing the client's soul or, conversely, healing *loss of soul* through soul retrieval. We note similarities between the shamanic state of consciousness (SSC) and that of clients in Heart-Centered therapeutic states, as well as the experience of young children. Other traditions that provide "technologies of consciousness" for incorporating spiritual with psychological growth include Jungian psychology and Kundalini meditation.

Sthalekar, Haren. (Mar 2000). **Existentialism and Hypnotherapy.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 21(1), 47-60.

This article describes existentialism, existential therapy, and its historical development, and gives a description of the core existential anxieties and an outline of the therapeutic approaches using hypnosis.

Wicker, Joseph. (2000). **Spirit Releasement Therapy**. In Leskowitz, Eric D. (Ed), *Transpersonal Hypnosis: Gateway to Body, Mind, and Spirit*, (pp. 131-139). Boca Raton, FL: CRC Press.

Discusses Spirit Releasement Therapy (SRT) is an advanced therapeutic technique utilized with patients who have been diagnosed with a spirit attachment. Hypnosis is usually necessary to have the patient enter an altered state of consciousness to do this work. Thus, this technique can be classified as a type of transpersonal hypnotherapy.

Phillips, M., Frederick, C. (1992). **The Use of Hypnotic Age Progressions as Prognostic, Ego-Strengthening, and Integrating Techniques**. *American Journal of Clinical Hypnosis*, Vol. 35, 99-108.

Age progression as a hypnotherapeutic technique is mentioned infrequently in the literature when compared with its counterpart, age regression. In this paper we explore the use of progressions, or views of the future, as prognostic indicators of therapeutic progress and as valuable tools for ego strengthening and for the integration of clinical material. We present six cases in which we used different types of age progressions, and we discuss the significance of the progressions used in each case, within the context of relevant clinical material.

Jue, Ronald W. (1988). **Regression Therapy as a Transpersonal Modality**. *Journal of Transpersonal Psychology*, Vol 20(1), 4-9.

Presents a case study of a 32-yr-old with a hermaphroditic condition (Stein-Levanthal syndrome) who was raised as a female but at age 28 yrs assumed a male identity. Regression therapy utilizing hypnosis was used to explore the developmental patterning and to understand the parental introjections that supported the S's internal conflicts.

General medical use

“In 2008, 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 . . . 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.” (Weisberg, 2008, p. 13)

Mende, Matthias. (Sep 2009). **Hypnosis: State of the Art and Perspectives for the Twenty-First Century.** *Contemporary Hypnosis*, Vol 26(3), 179-184.

In this presidential lecture research evidence is addressed for the effectiveness of clinical hypnosis as a psychotherapeutic and medical healing method. The state of the art is characterized by meta-analyses indicating the usefulness and effectiveness of clinical hypnosis and by neuroimaging data indicating hypnotic trance exists as a separate state of consciousness. Hypnosis research can profit from mainstream psychological research as well as inspire it by putting the research focus on the underlying processes of communication, rapport, attention and perception. In future developments, hypnosis is also seen as the home-base for research and the therapeutic usage of suggestions. A new paradigm for pharmaceutical research is envisioned in which efforts to maximize substance- effects by proper suggestive communication are to be enhanced, once the effectiveness of the medical drug has been demonstrated.

Brown, Donald C. (Ed). (2009). ***Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/Management.*** Norwalk, CT: Crown House Publishing Limited.

This book explores the biology of hypnosis and its applications in medicine, dentistry, pain prevention and management. Drawing from presentations at the 6th Annual Frontiers of Hypnosis Assembly held in Halifax, Nova Scotia, Dr. Brown has edited a volume that will be of interest to a broad swathe of clinicians. The chapters will inform and stimulate the thinking and practice of clinicians who already use hypnosis and those who are interested in knowing more about its efficacy and potential.

Spiegel, David; Maldonado, Jose. (2009). **Hypnosis in Medicine.** In Brown, Donald C. (Ed). ***Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/Management,*** (pp. 3-15). Norwalk, CT: Crown House Publishing Limited.

The growing emphasis in medicine on pharmacological treatments, minimally invasive surgery, and advanced imaging techniques has created more need for techniques that help people through medical procedures without general anesthesia. By and large doctors have concentrated on developing and administering the treatments, rather than on helping patients through them. Almost half of North Americans utilize some form of complementary or integrative medical technique (Eisenberg, Davis et al., 1998). This growing and seemingly paradoxical interest in integrative medicine can be understood as a response to this problem—the human need behind the biotechnological direction of medicine. Hypnosis can help medicine address some of these challenges, utilizing a patient’s ability to focus attention to help with many medically related problems—*anxiety, pain, habit control, and psychosomatic disorders.*

Benham, Grant; Younger, Jarred. (2008). **Hypnosis and Mind-body Interactions.** In Nash, Michael R. (Ed); Barnier, Amanda J. (Ed). *The Oxford Handbook of Hypnosis: Theory, Research, and Practice,* (pp. 393-435). New York, NY: Oxford University Press.

The history of hypnosis is rich in its examination of mind-body interactions. Early reports of mesmeric cures extolled its ability to heal physical illness, psychosomatic disorders were analyzed and treated through hypnotic sessions, and subsequent

papers provided numerous examples of its promise for reducing surgical and other forms of pain. As technology evolved, researchers also became increasingly well equipped to study the physiological concomitants of both the hypnotic state and hypnotic suggestions. The nature of the physiological basis of hypnosis has mutated over time, arguably as a result of the particular Zeitgeist surrounding medical disease (animal magnetism, organ theories such as hysteria, nerves and electrical impulses). Today, researchers are increasingly aware of the complexity and interconnectedness of systems of the human body and have targeted the brain as the central player in understanding hypnotic phenomena. Throughout these changes, the notion that hypnosis is a powerful healing force has stood the test of time. In attempting to address the issue of hypnosis and mind-body interactions, we present a summary of research on the potential for hypnosis to alter physiological processes in response to hypnotic suggestions. Such research has been increasingly embraced by clinicians and researchers as ongoing investigations demonstrate the impact of psychological states on health. Even as psychodynamic interpretations were succeeded by biomedical models and psychoneuroimmunological or psychoneuroendocrinological explanations of these mind-body interactions, the notion of the inseparability of 'mind' and 'body' remained strong.

Weisberg, Mark B. (Jul 2008). **50 Years of Hypnosis in Medicine and Clinical Health Psychology: A Synthesis of Cultural Crosscurrents.** *American Journal of Clinical Hypnosis*, Vol 51(1), 13-27.

Covino, Nicholas A. (2008). **Medical Illnesses, Conditions and Procedures.** In Nash, Michael R. (Ed); Barnier, Amanda J. (Ed). *The Oxford Handbook of Hypnosis: Theory, Research, and Practice*, (pp. 611-624). New York, NY: Oxford University Press.

Psychological interventions that include hypnosis can be useful to patients and providers at each of these points. This chapter will review the figured dimensions of health and illness, present several hypnosis techniques to assist with the care of the medically ill and offer a few illustrative case reports.

Pinnell, Cornelia Maré; Covino, Nicholas A. (Apr 2000). **Empirical Findings on the Use of Hypnosis in Medicine: A Critical Review.** *International Journal of Clinical and Experimental Hypnosis*, Vol 48(2), 170-194.

Recent changes in health care have been characterized by an increased demand for empirically supported treatments in medicine. Presently, there is moderate support for the integration of hypnotic techniques in the treatment of a number of medical problems. This critical review of the research literature focuses on the empirical research on the effectiveness of hypnotic treatments as adjuncts to medical care for anxiety related to medical and dental procedures, asthma, dermatological diseases, gastrointestinal diseases, hemorrhagic disorders, nausea and emesis in oncology, and obstetrics/gynecology. Wider acceptance of hypnosis as an intervention to assist with medical care will require further research.

Elkins, G. R., Wall, V. J. (1996). **Medical Referrals for Hypnotherapy: Opinions of Physicians, Residents, Family Practice Outpatients, and Psychiatry Outpatients.** *American Journal of Clinical Hypnosis*, Vol. 38, 254-62.

Previous studies surveying attitudes and education regarding the clinical use of hypnosis have been conducted with patient populations only. The current study was undertaken to assess the attitudes, experiences, training levels, and interest in future education regarding the use of hypnosis by staff physicians, medical resident physicians, family practice outpatients, and psychiatry outpatients. All subjects were drawn from a 400-physician group practice in Central Texas affiliated with a large university health science center. Results indicate that the majority of physicians (79%) and residents (67%) had received no prior training and even fewer had experienced hypnosis. The percentages for personal experience with hypnosis were similar for psychiatric outpatients, physicians, and residents. The need for patient and practitioner education was elucidated by the high rate of endorsement of misconceptions regarding hypnosis by patients (over half) and by some medical practitioners as well. Limited awareness of the appropriate applications of hypnosis was reported. However, 85% of practitioners expressed an interest in hypnosis education. Further research in medical setting demographics is recommended to validate generalizability of results and facilitate construction of medical education programs in hypnosis.

Shinkarovsky, L. (1996). **Hypnotherapy, Not Just Hocus-pocus.** *RN Journal*, Vol. 59, 55-7.

Covino, N. A., Frankel, F. H. (1993). **Hypnosis and Relaxation in the Medically Ill.** *Psychotherapy and Psychosomatics*, Vol. 60, 75-90.

Interest in the application of hypnotic techniques for patients with medical disorders seems to rise and fall over the years. Enthusiasm for this work comes both from patients and clinicians. Often, however, these techniques are offered without regard to the psychological theories that should inform their operation and the limits that clinical and experimental research suggest. This article offers a brief description of the elements of hypnosis and a review of the history of the use of hypnotic techniques with a variety of medical problems including asthma, habits such as cigarette smoking and medical symptoms such as persistent nausea and vomiting. Special attention is placed on the psychological and physiological principles that help to establish the valid use of this technique.

Hunter, M. E. (1992). **The Use of Hypnosis in a Family Practice Setting.** *Journal of Psychiatry*, Vol. 10, 87-99.

For the Family Physician/General Practitioner, there are many locales in which hypnosis is a valuable adjunct to treatment. In this chapter the author describes some of the opportunities for using hypnosis according to the site of practice, rather than in the usual pattern of describing its use in each physiological system (e.g. digestive system, reproductive system) or division of medicine (pediatrics, gynecology etc.) The areas chosen are: the office examining room, the counselling or consulting room, the emergency room, the Intensive Care and Coronary Care Units, the case room, the operating room, the home visit, at the scene of an accident, and in the palliative care unit.

Madrid, A. D., Barnes, S. H. (1991). **A Hypnotic Protocol for Eliciting Physical Changes through Suggestions of Biochemical Responses.** *American Journal of Clinical Hypnosis*, Vol. 34, 122-8.

We employed brief hypnotherapy to effect physical changes in patients suffering from medical disorders including allergies, rectal bleeding, systemic lupus, hyperemesis, headache, asthma, and chronic pain. We present, in language appropriate to the individual patient, considerations and suggestions to effect the

release of healing biochemicals. Ideomotor signals indicated the patient's awareness of the healing. We hypothesize that the technique triggered novel state-dependent memory, learning and behavior.

Simpson, I. (1991). **Hypnotherapy and the GP.** *Canadian Medical Association Journal*, Vol. 144, 908-9.

Kaye, J. M., Schindler, B. A. (1990). **Hypnosis on a Consultation-liaison Service.** *General Hospital Psychiatry*, Vol. 12, 379-83.

The use of hypnosis was demonstrated on a psychiatric consultation-liaison service (CLS) in a broad spectrum of medically hospitalized patients. Hypnosis was employed as an adjuvant measure to traditional medical and psychologic treatment modalities. Tapes for autohypnosis were used for reinforcement. Twenty-nine women and eight men from 24 to 75 years of age were hypnotized for relief of depression, pain, anxiety, or side-effects from chemotherapy. Results were excellent (total to almost total relief of symptoms) in 68% of the patients, fair in 22%, and poor in 11% with no differences among the results with the various conditions. This report demonstrates that hypnotherapy can be an extremely useful tool in the medical management of patients on a CLS.

Manusov, E. G. (1990). **Clinical Applications of Hypnotherapy [see comments].** *Journal of Family Practice*, Vol. 31, 180-4.

Hypnosis has been used as a therapeutic tool for centuries, but only in the past 50 years have the clinical applications been delineated. As evident in the medical literature, the use of hypnosis by the medical community has increased, partly as a result of a growing awareness of hypnotherapy as an available treatment modality, and also as a result of major improvements in research methodology through strict standardization. Hypnotherapy, once considered to be limited to entertainment, has now proven useful in the treatment of a wide variety of medical illness. Two cases of the use of hypnosis are presented. In the first case, hypnosis is used to alleviate pain in a gravid patient in sickle cell crisis. In the second case, hypnosis is used for desensitization of dental phobia in a 27-year-old woman. The historical, theoretical, and clinical applications of hypnosis are reviewed.

Mutter, C. B., Coates, M. L. (1990). **Hypnosis in Family Medicine.** *American Family Physician*, Vol. 42, 70S-73S.

Hypnosis can be a useful adjunct to other treatment modalities. For example, hypnosis may induce a level of relaxation that allows patients to cooperate more easily with conventional treatment. The often dramatic historical background of hypnosis has led to misconceptions about hypnotic technique and its clinical applications in modern medicine. Hypnosis is useful in the treatment of acute and chronic pain, somatoform and habit disorders, anxiety and depression. Persons who are attempting to stop smoking, patients with bulimia and those with psychogenic impotence may respond to hypnosis.

Stone, P. (1983). **Relaxation Techniques in General Practice.** *Australian Family Physician*, Vol. 12, 729-30.

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.

Conn, J. H. (1981). **The Principles and Practices of Medical Hypnosis.** *Maryland State Medical Journal*, Vol. 30, 86-9.

Allergies

Madrid, Antonio; Rostel, George; Pennington, Dale; Murphy, David. (Oct 1995). **Subjective Assessment of Allergy Relief Following Group Hypnosis and Self-Hypnosis: A Preliminary Study.** *American Journal of Clinical Hypnosis*, Vol 38(2), 80-86.

50 10–63 yr old patients volunteered for a study on the perceived effect of group hypnosis and self-hypnosis on symptoms associated with seasonal allergies. Ss were told to practice hypnosis on their own as often as possible. A questionnaire was mailed 2 mo after. Of the 37 who responded, 34 (23 allergics and 11 asthmatics) were considered for analysis. 76% said they felt an improvement. Hypnotic suggestions reportedly were more effective in the relief of allergy than of asthma symptoms. Allergy patients also reported decreased use of medications by a factor of more than 5 to 1 over asthmatics. Meanwhile, the positive effect of practice was dramatic, but “feeling hypnotized” was not found to be significant.

Anesthesia

Chaumette, A. Max. (2009). **Hypnosis, Anesthesiology, and Pain.** In Brown, Donald C. (Ed), *Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/Management*, (pp. 131-151). Norwalk, CT: Crown House Publishing Limited.

This chapter covers hypnosis and anesthesiology in the perioperative period and in the management of chronic pain. Throughout this article, the management of hypnosis during anesthesia administration is described.

Hammond, D. Corydon. (Oct 2008). **Hypnosis as Sole Anesthesia for Major Surgeries: Historical & Contemporary Perspectives.** *American Journal of Clinical Hypnosis*, Vol 51(2), 101-121.

Hypnosis is a well validated treatment for acute and chronic pain (Montgomery, DuHamel, & Redd, 2000). It has been found capable of reducing inflammation, altering blood flow, and producing beneficial effects when hypnotic suggestions are provided during and prior to surgery (Frederick, 2001) and other painful medical procedures. This paper quotes extensively from historical examples of the use of hypnosis (mesmerism) as the sole anesthesia for major surgeries in the 1800's. These historic examples by themselves provide powerful documentation of the ability of the mind to influence the body, but they are then followed by a review of contemporary literature and controlled research on the use in hypnosis in relation to surgery and prior to medical procedures.

Lang, E. V.; Rosen, M. P. (2002). **Cost Analysis of Adjunct Hypnosis with Sedation during Outpatient Interventional Radiologic Procedures.** *Radiology*, 222(2), 375-382.

Dyas, R. (2001). **Augmenting Intravenous Sedation with Hypnosis, A Controlled Retrospective Study.** *Contemporary Hypnosis*, 18(3), 128-134.

Fredericks, Lillian E. (2001). *The Use of Hypnosis in Surgery and Anesthesiology: Psychological Preparation of the Surgical Patient.* Springfield, IL: Charles C. Thomas Publisher.

The purpose of this book is to stimulate physicians to explore the capabilities of the human mind, when it is working together with the body, and with the help of the unconscious, to accept hypnotic suggestions. The chapters written by Fredericks are a combination of her own experience of using hypnosis as an adjunct to her practice of anesthesiology, and the practice of other anesthesiologists, as well as many bibliographic references, using hypnosis not only for the control of pain, anxiety, stress, and apprehension but for many other problems.

Kessler, Rodger; Whalen, Thomas. (1999). **Hypnotic Preparation in Anesthesia and Surgery.** In Temes, Roberta (Ed), *Medical Hypnosis: An Introduction and Clinical Guide. Medical Guides to Complementary and Alternative Medicine*, (pp. 43-57). New York, NY: Churchill Livingstone.

This chapter discusses physiologic and psychologic dimensions that influence each other, the course of surgery, and postsurgical recovery. Specific hypnotic and psychological interventions are presented to counter neuroendocrine responses to anxiety, pain, and stress. Two case studies are presented to outline specific hypnotic techniques, including presurgical intervention, self regulation, imagery, and postoperative healing. The authors conclude by directing future research toward studying coping style, prior medical/surgical experiences, and hypnotic ability.

Eberhart, L. H., Doring, H. J., Holtzrichter, P., Roscher, R., & Seeling, W. (1998). **Therapeutic Suggestions Given During Neurolept-Anaesthesia Decrease Post-Operative Nausea and Vomiting.** *European Journal of Anesthesiology*, 75, 446-452.

Bejenke, Christel J. (1996). **Painful Medical Procedures.** In Barber, Joseph (Ed), *Hypnosis and Suggestion in the Treatment of Pain: A Clinical Guide*, (pp. 209-266). New York, NY: W W Norton & Co.

describes observations and conclusions from [the author's] own anesthesiology practice, as well as widely applicable clinical approaches that can make a medical procedure less traumatic than is usually expected / these approaches, including hypnosis and suggestion, can ameliorate or even prevent pain and suffering either directly or indirectly / [describe] ways by which clinicians of varying disciplines can achieve significant benefits for their patients with rather simple interventions, which are more easily accessible than is commonly assumed / preprocedure preparation with formal hypnotic induction [suggestions on the day of surgery, suggestions to prepare children, suggestions during induction of anesthesia, suggestions during the operation, suggestions during emergence from anesthesia, suggestions in the recovery room, special considerations] / hypnoanesthesia / use of hypnotic techniques for other interventions [endoscopies, cancer patients, obstetrics]

Kessler, Rodger; Dane, Joseph R. (Jul 1996). **Psychological and Hypnotic Preparation for Anesthesia and Surgery: An Individual Differences Perspective.** *International Journal of Clinical and Experimental Hypnosis*, Vol 44(3), 189-207.

Multiple reviews indicate that psychological preparation for surgery can provide psychological, physiological, and economic benefit to the patient. A model is presented regarding pertinent individual differences that include patient coping styles, prior medical experiences, and hypnotic susceptibility, as well as differences in types of coping demanded by different surgical procedures. This model offers a theoretical focus for patient assessment and for development and selection of preparation strategies and clarifies future research goals.

Evans, Barry J.; Stanley, R. O. (May 1991). **Hypnoanaesthesia and Hypnotic Techniques with Surgical Patients.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 19(1), 31-39.

One potent source of assistance for patients experiencing surgery and its consequent anxieties, pain, and physical outcomes is the use of hypnosis. A rationale is outlined for the use of hypnotic interventions appropriate for patients with high or low hypnotizability and medical situations that may warrant the use of hypnosis over chemical anesthetics. A range of hypnotic techniques that are appropriate presurgically, during surgery, and postsurgically are described, together with suggestions for their effective use.

Tinterow, M. M. (1960). **The Use of Hypnotic Anesthesia for a Major Surgical Procedure.** *American Surgery*, 26, 732-737.

Minalyka, E. E; Whanger, A. D. (1959). **Tonsillectomies under Hypnosis: Report of Cases.** *American Journal of Clinical Hypnosis*, 2, 87-89.

Kroger, W. S.; DeLee, S. T. (1957). **Hypnoanesthesia for Cesarean Section and Hysterectomy.** *Journal of the American Medical Association*, 163, 442-444.

Anxiety

Chaves, John F. (2000). *Hypnosis in the Management of Anxiety Associated with Medical Conditions and Their Treatment.* In Mostofsky, David I. (Ed); Barlow, David H. (Ed), *The Management of Stress and Anxiety in Medical Disorders*, (pp. 119-142). Needham Heights, MA: Allyn & Bacon.

Describes and evaluates the ways in which clinical hypnosis has been used to manage anxiety associated with medical and dental conditions and their treatment. The chapter describes the nature of the hypnotic interventions that have been used, and reviews the most recent evidence-based literature concerning these applications. The emphasis is on medical conditions and treatments that characteristically evoke significant anxiety, including dental treatment,

interventional radiology, surgical and postsurgical situations, lumbar punctures and bone marrow aspiration, chronic musculoskeletal pain, headache and vaso-occlusive pain, cancer, burn pain, gastrointestinal disorders, and respiratory disorders and tinnitus.

Gilbertson, A. D.; Kemp, K. (1992). Uses of Hypnosis in Treating Anxiety States. *Psychological Medicine*, Vol. 10, 13-20.

Hypnosis has come to be recognized as a potent antianxiety intervention which can be incorporated into a wide variety of psychotherapeutic models. It can play an important role in facilitating treatment of anxiety states, whether the treating clinician's orientation is biological, dynamic, interpersonal, cognitive or behavioral. The primary focus of this article is on the use of hypnosis in treating generalized anxiety disorder. An emphasis is placed on a behavioral or learning perspective. A specific treatment approach using this orientation is outlined and a case example is presented.

Friday, P. J., Kubal, W. S. (1990). Magnetic Resonance Imaging: Improved Patient Tolerance Utilizing Medical Hypnosis. *American Journal of Clinical Hypnosis*, Vol. 33, 80-4.

Magnetic Resonance Imaging (MRI) is a medical diagnostic procedure which requires a patient to be placed supine into the cylindrical bore of a powerful magnet for approximately one hour. This enclosure induces panic and claustrophobic responses in 1% to 10% of the patients undergoing the MRI procedure. We describe the hypnotic procedure utilized to reduce anxiety and panic for successful completion of MRI scans. Medical hypnosis has been an effective intervention in ten patients, permitting completion of their diagnostic procedure.

Smith, W. H. (1990). Hypnosis in the Treatment of Anxiety. *Bulletin of the Menninger Clinic*, Vol. 54, 209-16.

Hypnotherapy and training in self-hypnosis can help persons achieve remarkable success in alleviating anxiety, not only in anxiety disorders, but also in any problem involving anxiety. The author describes the role of hypnosis in the treatment of several disorders and provides clinical examples illustrating treatment of generalized anxiety, phobias, and posttraumatic stress disorders. He concludes that because hypnosis exploits the intimate connection between mind and body, it provides relief through improved self-regulation and also beneficially affects cognition and the experience of self-mastery.

Asthma

Madrid, Antonio. (Oct-Jan 2005-06). Helping Children with Asthma by Repairing Maternal-Infant Bonding Problems. *American Journal of Clinical Hypnosis*, Vol 48(2-3), 199-211.

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.

Hackman R. M., Stern J. S., Gershwin M. E. (Feb 2000). **Hypnosis and Asthma: A Critical Review.** *Journal of Asthma*, 37(1), 1-15.

Hypnosis has been used clinically to treat a variety of disorders that are refractive to pharmaceutical-based therapies, including asthma. Significant data suggest that hypnosis may be an effective treatment for asthma, but it is premature to conclude that hypnosis is unequivocally effective. Studies conducted to date have consistently demonstrated an effect of hypnosis with asthma. Existing data suggest that hypnosis efficacy is enhanced in subjects who are susceptible to the treatment modality, with experienced investigators, when administered over several sessions, and when reinforced by patient autohypnosis. Children in particular appear to respond well to hypnosis as a tool for improving asthma symptoms.

Kohen, D. P., Wynne, E. (1997). **Applying Hypnosis in a Preschool Family Asthma Education Program: Uses of Storytelling, Imagery, and Relaxation.** *American Journal of Clinical Hypnosis*, Vol. 39, 169-81.

A Preschool Asthma Program was conducted 4 times for children 2 to 5 years of age and their parent(s). Twenty-five (25) child-parent(s) participated in the 7-session program. Data were collected prior to participation and again one year after completion of classes. Following participation, physician visits for asthma were reduced ($p = 0.0013$) and parents reported increased confidence in self-management skills. Symptom severity scores improved significantly after participation ($p < 0.001$). No changes were observed in the frequency of asthma episodes or in pulmonary function tests before and after the program. With the hypnotherapeutic approach of imagery, preschoolers developed new cooperation in asthma-care skills, including cooperative and consistent performance of peakflow measurements.

Kohen, D. P. (1995). **Applications of Relaxation/Mental Imagery (Self-Hypnosis) to the Management of Childhood Asthma: Behavioral Outcomes of a Controlled Study.** *Journal of the European Society of Hypnosis in Psychotherapy and Psychosomatic Medicine*, 22, 132-144.

Lane, D. J., Lane, T. V. (1991). **Alternative and Complementary Medicine for Asthma [Editorial].** *Thorax*, Vol. 46, 787-97.

Lask, B. (1991). **Psychological Treatments of Asthma.** *Clinical & Experimental Allergy*, Vol. 21, 625-6.

Bone Fractures

Ginandes, Carol; Brooks, Patricia; Sando, William; Jones, Christopher; Aker, John. (2003). **Can Medical Hypnosis Accelerate Post-Surgical**

Wound Healing? Results of a Clinical Trial. *American Journal of Clinical Hypnosis*, Vol 45(4), 333-351.

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. 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'.

Giandes, C. S.; Rosenthal, D. I. (1999). **Using Hypnosis to Accelerate the Healing of Bone Fractures: A Randomized Controlled Pilot Study.** *Alternative Therapy, Health & Medicine*, 5(2), 67-75.

Holden-Lund, C. (1988). **Effects of Relaxation with Guided Imagery on Surgical Stress and Wound Healing.** *Research in Nursing and Health*, 11, 235-44.

Burn injury

“Hypnosis is recommended as a complementary method in burns physiotherapy.” (Harandi, Esfandani, Shakibaei, 2004, p. 28)

Shakibaei, Fereshteh; Harandi, Ali Amini; Gholamrezaei, Ali; Sameci, Raheleh; Salehi, Pejman. (Apr-Jun 2008). **Hypnotherapy in Management of Pain and Reexperiencing of Trauma in Burn Patients.** *International Journal of Clinical and Experimental Hypnosis*, Vol 56(2), 185-197.

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.

Nash, Michael R.; Levy, Jacob J.; Tasso, Anthony; Perez, Nicole. (Oct-Dec 2008). **Neurophysiological Attributes of the Hypnotic State and the Utility of Hypnosis in Pediatric Medicine and Burn Care.** *International Journal of Clinical and Experimental Hypnosis*, Vol 56(4), 463-469.

Three articles of special interest to the hypnosis community recently appeared in the general scientific and medical literatures. The first paper is a thoughtful review of the clinical applications of hypnosis in pediatric settings. The second article reports the findings of a randomized, controlled trial of hypnosis for burn-wound care, carried out at the University of Washington Medical School. The third article describes an innovative EEG laboratory case study tracking the cortex functional connectivity of a highly hypnotizable subject across various baseline and experimental conditions. These three articles are sturdy examples of how hypnosis illuminates (and is illuminated by) medical and psychological science.

Askay, Shelley Wiechman; Patterson, David R.; Jensen, Mark P.; Sharar, Samuel R. (Aug 2007). **A Randomized Controlled Trial of Hypnosis for Burn Wound Care.** *Rehabilitation Psychology*, Vol 52(3), 247-253.

This study used a randomized controlled design in which the nurses and data collectors were unaware of treatment condition to compare hypnotic analgesia with an attention-only placebo for burn pain during wound debridements. Data were analyzed on a total of 46 adult participants. Results: The authors found that the group receiving hypnosis had a significant drop in pain compared with the control group when measured by the McGill Pain Questionnaire but not when measured by other pain rating scales. Conclusion: The McGill Pain Questionnaire total score reflects multiple pain components, such as its affective component and various qualitative components, and is not merely a measure of pain intensity. Thus, the findings suggest that hypnosis affects multiple pain domains and that measures that assess these multiple domains may be more sensitive to the effects of hypnotic analgesia treatments.

Patterson, David R.; Wiechman, Shelley A.; Jensen, Mark; Sharar, Sam R. (Apr 2006). **Hypnosis Delivered through Immersive Virtual Reality for Burn Pain: A Clinical Case Series.** *International Journal of Clinical and Experimental Hypnosis*, Vol 54(2), 130-142.

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.

Harandi, Ali Amini; Esfandani, Akram; Shakibaei, Fereshteh. (2004). **The Effect of Hypnotherapy on Procedural Pain and State Anxiety Related to Physiotherapy in Women Hospitalized in a Burn Unit.** *Contemporary Hypnosis*, Vol 21(1), 28-34.

This study evaluated the efficacy of hypnotherapy in reducing pain and anxiety in burn patients through a randomized clinical trial. From amongst women hospitalized in a burn unit, 44 patients were selected and divided into intervention and control groups. The intervention group underwent four hypnotherapy sessions and the control group remained without any hypnotherapy intervention. Procedural pain and anxiety related to physiotherapy were evaluated with Visual Analogue Scale (VAS) contemporaneously in both groups. The degree of pain and anxiety caused by physiotherapy decreased significantly in the intervention group, as compared to the control group ($P < 0.001$). Hypnosis is recommended as a complementary method in burns physiotherapy.

Ohrbach R, Patterson DR, Carrougher G, Gibran N. (Jun 1998). **Hypnosis after an Adverse Response to Opioids in an ICU Burn Patient.** *Clinical Journal of Pain*, 14(2), 167-75.

OBJECTIVE: Burn injuries produce severe wound care pain that is ideally controlled on intensive burn care units with high-dosage intravenous opioid medications. We report a case illustrating the use of hypnosis for pain management when one opioid medication was ineffective. SETTING: Intensive burn care unit at a regional trauma center. PATIENT: A 55-year-old man with an extensive burn suffered from significant respiratory depression from a low dosage of opioid during wound care and also experienced uncontrolled pain. INTERVENTION: Rapid induction hypnotic analgesia. RESULTS: The introduction of hypnosis, supplemented by little or no opioids, resulted in excellent pain control, absence of need for supplemental anxiolytic medication, shortened length of wound care, and a positive staff response over a 14-day period. CONCLUSIONS: This case illustrates that hypnosis can not only be used easily and quite appropriately in a busy medical intensive care unit environment, but that sometimes this treatment may be a very useful alternative when opioid pain medication proves to be dangerous and ineffective.

Patterson, David R. (1996). **Burn Pain.** In Barber, Joseph (Ed), *Hypnosis and Suggestion in the Treatment of Pain: A Clinical Guide*, (pp. 267-302). New York, NY: W W Norton & Co.

discusses [innovations in] hypnotic treatment of the pain associated with burns and their care / the nature of burn pain / cognitions and suggestions / general considerations for the use of hypnosis with burn pain [review of the literature on hypnosis in burn treatment, response to hypnotic suggestions, burn wound healing, contraindications for hypnotic treatment] / applications of hypnosis to burn care [preparing the patient, the emergency room, the intensive care unit, acute care, long-term rehabilitation]

Patterson DR, Goldberg ML, Ehde DM. (Jan 1996). **Hypnosis in the Treatment of Patients with Severe Burns.** *American Journal of Clinical Hypnosis*, 38(3), 200-212, discussion 213.

Burn injuries are a frequent form of trauma, the care for which typically involves repeated, intrusive procedures and acute, excruciating levels of pain. Although research in the use of hypnosis with burn patients is largely anecdotal there is

emerging evidence that the burn unit may be one of the most useful arenas for the clinical application of this technique. The acute, identifiable nature of burn care procedures and the emotional state of patients in trauma care both provide an often receptive setting for the use of this intervention.

Manusov, E. G., Murray, G. (1992). **Acute Trauma and Hypnosis.** *Military Medicine*, Vol. 157, 504-5.

Hypnosis is a valuable adjunct to the management of acute trauma. This is a case presentation of the management of severe burn injuries after fire and explosion on a United States Navy vessel. Hypnosis was used to calm one patient and facilitate intubation. Further suggestions of rapid healing and anxiety control were given. Hypnosis is not only helpful for management, but can be used to decrease the perceived severity of the incident. Patient well-being may also prevent sequelae of stress.

Patterson, D. R. (1992). **Practical Applications of Psychological Techniques in Controlling Burn Pain.** *Journal of Burn Care & Rehabilitation*, Vol. 13, 13-8.

Psychological techniques can serve as useful adjuncts to opioid drugs in the control of pain from severe burns. The lack of research on the use of such interventions may reflect our failure to realize how often we apply psychological principles in everyday management of burn pain. Psychological techniques with burn pain can be divided into cognitive (avoidant and reappraisal), preparatory (sensory and procedural), behavioral (respondent and operant), and hypnotherapy categories. The manner in which each of these types of interventions can be applied to patients in the burn unit is discussed.

Cancer

“Relaxation therapy, guided imagery and hypnotherapy can be very beneficial in helping patients cope with the [cancer] diagnosis and treatment. Intriguingly, there is some evidence that they may prolong life.” (Walker, 2004, p. 35)

Montgomery, Guy H.; Hallquist, Michael N.; Schnur, Julie B.; David, Daniel; Silverstein, Jeffrey H.; Bovbjerg, Dana H. (Feb 2010).

Mediators of a Brief Hypnosis Intervention to Control Side Effects in Breast Surgery Patients: Response Expectancies and Emotional Distress. *Journal of Consulting and Clinical Psychology*, Vol 78(1), 80-88.

Objective: The present study was designed to test the hypotheses that response expectancies and emotional distress mediate the effects of an empirically validated presurgical hypnosis intervention on postsurgical side effects (i.e., pain, nausea, and fatigue). Method: Women (n = 200) undergoing breast-conserving surgery (mean age = 48.50 years; 63% White, 15% Hispanic, 13% African American, and 9% other) were randomized to a hypnosis or to an attention control group. Conclusions: The results demonstrate the mediational roles of response expectancies and emotional distress in clinical benefits associated with a hypnotic intervention for

breast cancer surgical patients. More broadly, the results improve understanding of the underlying mechanisms responsible for hypnotic phenomena and suggest that future hypnotic interventions target patient expectancies and distress to improve postsurgical recovery.

Lioffi, Christina; White, Paul; Hatira, Popi. (Apr 2009). **A Randomized Clinical Trial of a Brief Hypnosis Intervention to Control Venepuncture-related Pain of Paediatric Cancer Patients.** *Pain*, Vol 142(3), 255-263.

Venepuncture for blood sampling can be a distressing experience for a considerable number of children. A prospective controlled trial was conducted to compare the efficacy of a local anesthetic (EMLA) with a combination of EMLA with self-hypnosis in the relief of venepuncture-induced pain and anxiety in 45 pediatric cancer outpatients (age 6–16 years). A secondary aim of the trial was to test whether the intervention will have a beneficial effect on parents' anxiety levels during their child's procedure. Patients were randomized to one of three groups: local anaesthetic, local anaesthetic plus hypnosis, and local anaesthetic plus attention. Results confirmed that patients in the local anaesthetic plus hypnosis group reported less anticipatory anxiety, and less procedure-related pain and anxiety, and were rated as demonstrating less behavioral distress during the procedure than patients in the other two groups. Parents whose children were randomized to the local anaesthetic plus hypnosis condition experienced less anxiety during their child's procedure than parents whose children had been randomized to the other two conditions. The therapeutic benefit of the brief hypnotic intervention was maintained in the follow-up.

Schnur, Julie B.; David, Daniel; Kangas, Maria; Green, Sheryl; Bovbjerg, Dana H.; Montgomery, Guy H. (Apr 2009). **A Randomized Trial of a Cognitive-Behavioral Therapy and Hypnosis Intervention on Positive and Negative Affect during Breast Cancer Radiotherapy.** *Journal of Clinical Psychology*, Vol 65(4), 443-455.

Breast cancer radiotherapy can be an emotionally difficult experience. The present study examined the effectiveness of a multimodal psychotherapeutic approach, combining cognitive-behavioral therapy and hypnosis (CBTH), to reduce negative affect and increase positive affect in 40 women undergoing breast cancer radiotherapy. Participants were randomly assigned to receive either CBTH or standard care. Participants completed weekly self-report measures of positive and negative affect. Repeated and univariate analyses of variance revealed that the CBTH approach reduced levels of negative affect [$F(1, 38) = 13.49; p = .0007, \eta^2 = .56$], and increased levels of positive affect [$F(1, 38) = 9.67; p = .0035, \eta^2 = .48$], during the course of radiotherapy. Additionally, relative to the control group, the CBTH group demonstrated significantly more intense positive affect [$F(1, 38) = 7.09; p = .0113, d = .71$] and significantly less intense negative affect [$F(1, 38) = 10.30; p = .0027, d = .90$] during radiotherapy. The CBTH group also had a significantly higher frequency of days where positive affect was greater than negative affect (85% of days assessed for the CBTH group versus 43% of the Control group) [$F(1, 38) = 18.16; p = .0001, d = 1.16$]. Therefore, the CBTH intervention has the potential to improve the affective experience of women undergoing breast cancer radiotherapy.

Ebell, Hansjörg. (Mar 2008). **The Therapist as a Travelling Companion to the Chronically Ill: Hypnosis and Cancer Related Symptoms.** *Contemporary Hypnosis*, Vol 25(1), 46-56.

The complex interaction of pain, other symptoms and suffering in cancer patients requires a treatment approach that integrates psychological as well as pharmacological interventions. The supplementation of a pharmacological pain treatment concept based on WHO-guidelines by the use of self hypnosis was examined in a controlled clinical follow up study: 61 of 342 patients with cancer related pain referred to the Interdisciplinary Pain Unit of Munich University Clinic were included. Using a parallel design we found a statistically significant reduction of pain and suffering after the first four weeks for treatment A (with self-hypnosis) in comparison to treatment B (without self-hypnosis). The utilization of hypnosis requires an intensive subjective exchange over a period of time between the patient and the therapist, who embark as travelling companions on a journey through uncharted territory. Three case reports serve as an example for three different 'time windows' of this travelling companionship of therapists and patients: short term/crisis intervention, cooperation for several weeks/coping enhancement, and long term/psychotherapy.

Néron, Sylvain; Stephenson, Randolph. (Jul 2007). **Effectiveness of Hypnotherapy with Cancer Patients' Trajectory: Emesis, Acute Pain, and Analgesia and Anxiolysis in Procedures.** *International Journal of Clinical and Experimental Hypnosis*, Vol 55(3), 336-354.

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.

Peynovska, Rumi; Fisher, Jackie; Oliver, David; Mathew, V. M. (2005). **Efficacy of Hypnotherapy as a Supplement Therapy in Cancer Intervention.** *European Journal of Clinical Hypnosis*, Vol 6(1), 2-7.

Aim of the Study: To study the benefits of Hypnotherapy, as a supplement therapy in the management of terminally ill patients. Method: All the patients who took part in the trial were day hospice patients of Ann Delhom Centre, Wisdom Hospice, Rochester, UK. Patients were offered three hypnotherapy sessions and were assessed before the first session and after the third one together with a follow up after 3/4 months after the last session. Particular attention was paid to: 1. management of anxiety, depression, anger, frustration 2. management of pain, fatigue, insomnia 3. management of side-effects of chemotherapy and radiotherapy 4. visualization to promote health improvement. All hypnotherapy sessions were individually tailored to cover the specific individual needs. Results: At the end of the study data was analyzed to evaluate the effect of Hypnotherapy on the individual quality of life, life expectancy, cost savings to the hospital in terms of reduced medication and need for medical care.

Walker, Leslie G. (2004). **Hypnotherapeutic Insights and Interventions: A Cancer Odyssey.** *Contemporary Hypnosis*, Vol 21(1), 35-45.

Despite advances in molecular biology and therapeutics, cancer continues to be a major source of morbidity and mortality. The diagnosis and treatment are often stressful, and high levels of psychological and psychiatric disorders have been reported consistently over the last 20 years. However, there is evidence that much of this distress is preventable by providing a support service that is open-access and fully integrated functionally and geographically with other parts of cancer services. This paper reviews the findings of some of the interventional research carried out by the author and his colleagues over the past 20 years. These studies have provided evidence that relaxation therapy, guided imagery and hypnotherapy can be very beneficial in helping patients cope with the diagnosis and treatment. Intriguingly, there is some evidence that they may prolong life, although further studies are required to clarify this. In the meantime, however, it is clear that much can be done to prevent, as well as to treat, cancer-related problems.

Handel, DL. (Feb 2001). **Complementary Therapies for Cancer Patients: What Works, What Doesn't, and How to Know the Difference.** *Texas Medical Association*, 97(2), 68-73.

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.

Hall, Michael; Lynn, Steven Jay. (2000). **Hypnotic Treatment of Women with Breast or Gynecological Cancer.** In Hornyak, Lynne M. (Ed); Green, Joseph P. (Ed), *Healing From Within: The Use of Hypnosis in Women's Health Care. Dissociation, Trauma, Memory, and Hypnosis Book Series*, (pp. 139-160). Washington, DC: American Psychological Association.

In this chapter, the authors review the incidence and emotional impact of breast and gynecological cancer (e.g., cervical, ovarian, endometrial) and discuss the usefulness of hypnosis as an adjunctive treatment for women with these cancers.

Spiegel, D; Moore, R. (Aug 1997). **Imagery and Hypnosis in the Treatment of Cancer Patients.** *Oncology*, 11(8), 1179-89, discussion 1189-95.

Hypnosis has been shown to be an effective method for controlling cancer pain. The techniques most often employed involve physical relaxation coupled with imagery that provides a substitute focus of attention for the painful sensation. 10-year follow-up of a randomized trial involving 86 women with cancer showed that a year of weekly "supportive/expressive" group therapy significantly increased survival duration and time from recurrence to death. This intervention encourages patients to express and deal with strong emotions and also focuses on clarifying doctor-patient communication. Numerous other studies suggest that suppression of negative affect,

excessive conformity, severe stress, and lack of social support predict a poorer medical outcome from cancer.

Steggles, S., Damore-Petingola, S., Maxwell, J., Lightfoot, N. (1997). **Hypnosis for Children and Adolescents with Cancer: An Annotated Bibliography, 1985-1995.** *Journal of Pediatric Oncology Nursing*, Vol. 14, 27-32.

This annotated bibliography reviews the professional literature published in English, from 1985 to 1995 inclusive, on the subject of the use of hypnosis with pediatric cancer patients. Books, chapters, and journal articles are included. This bibliography contains 37 items organized into three categories: (1) General Discussions; (2) Case Reports or Case Studies; and (3) Experimental and Nonexperimental Group Designs. This is an update of a previously published annotated bibliography, also presented in this Journal, which explored the relationship between hypnosis and pediatric cancer in journal articles published from 1960 to 1985.

Jacknow, D. S., Tschann, J. M., Link, M. P., Boyce, W. T. (1994). **Hypnosis in the Prevention of Chemotherapy-Related Nausea and Vomiting in Children: A Prospective Study.** *Journal of Developmental and Behavioral Pediatrics*, Vol. 15, 258-64.

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. 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.

Sutters, K. A., Miaskowski, C. (1992). **The Problem of Pain in Children with Cancer: A Research Review.** *Oncology Nursing Forum*, Vol. 19, 465-71.

The purpose of this paper is to present a review of the research studies conducted on pediatric cancer pain over 13-1/2 years. The review of the cancer pain research studies is organized around several concepts that include approaches to cancer pain assessment and management as well as the presentation, incidence, and etiology of pain associated with childhood malignancy. Relevant clinical findings from the review of the literature are highlighted. Emphasis is on the major nursing implications from these studies, and suggestions are made for future nursing research.

Leviton, A. A. (1992). **The Use of Hypnosis with Cancer Patients.** *Psychological Medicine*, Vol. 10, 119-31.

Hypnosis has proven to be extremely valuable in the treatment of cancer patients. Specific applications include: establishing rapport between the patient and members of the medical health team; control of pain with self-regulation of pain perception through the use of glove anesthesia, time distortion, amnesia, transference of pain to a different body part, or dissociation of the painful part from the rest of the body; controlling symptoms, such as, nausea, anticipatory emesis, learned food aversions, etc.; psychotherapy for anxiety, depression, guilt, anger, hostility, frustration, isolation, and a diminished sense of self-esteem; visualization for health improvement; and, dealing with death anxiety and other related issues. Hypnosis has unique advantages for patients including improvement of self-esteem, involvement in self-care, return of locus of control, lack of unpleasant side effects, and continued efficacy despite continued use.

Rapkin, D. A., Straubing, M., Holroyd, J. C. (1991). **Guided Imagery, Hypnosis and Recovery from Head and Neck Cancer Surgery: An Exploratory Study.** *International Journal of Clinical and Experimental Hypnosis*, Vol. 39, 215-26.

The value of a brief, preoperative hypnosis experience was explored with a sample of 36 head and neck cancer surgery patients. 15 patients volunteered for the experimental hypnosis intervention. 21 patients who received usual care (no hypnosis) were followed through their hospital charts and were used as a comparison group. Hypnotic intervention and usual care groups were comparable in terms of relevant demographic variables. Postoperative hospitalizations for the hypnotic intervention group were significantly shorter than for the usual care group. Findings suggest that imagery-hypnosis may be prophylactic, benefitting patients by reducing the probability of postoperative complications and thereby keeping hospital stay within the expected range.

Zeltzer, L. K., Dolgin, M. J., LeBaron, S., LeBaron, C. (1991). **A Randomized, Controlled Study of Behavioral Intervention for Chemotherapy Distress in Children with Cancer.** *Pediatrics*, Vol. 88, 34-42.

Fifty-four pediatric cancer patients were studied to determine the relative efficacy of two forms of behavioral intervention for reducing chemotherapy-related distress. Following baseline assessment, subjects were randomly assigned to receive either hypnosis, non-hypnotic distraction/relaxation, or attention placebo (control) during the subsequent identical chemotherapy course. Observational and interview measures of anticipatory and postchemotherapy nausea, vomiting, distress, and functional disruption served as outcome data. Results indicated that treatment condition was the single best predictor of change from baseline to intervention, with children in the hypnosis group reporting the greatest reduction of both anticipatory and postchemotherapy symptoms. The cognitive distraction/relaxation intervention appeared to have a maintenance effect in which symptoms did not get much worse or much better, while children in the control group had symptoms that consistently became worse over time. Emetic potential of the chemotherapy and the prophylactic use of antiemetics each appeared to contribute to the overall severity of symptoms. While the efficacy of hypnosis in the management of chemotherapy distress is supported, the complexities of interacting biologic and psychologic factors are highlighted.

Kellerman, J., Zeltzer, L., Ellenberg, L., Dash, J. (1983). **Adolescents with Cancer. Hypnosis for the Reduction of the Acute Pain and**

Anxiety Associated with Medical Procedures. *Journal of Adolescent Health Care*, Vol. 4, 85-90.

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.

Zeltzer, L., LeBaron, S. (1982). **Hypnosis and Nonhypnotic Techniques for Reduction of Pain and Anxiety During Painful Procedures in Children and Adolescents with Cancer.** *Journal of Pediatrics*, Vol. 101, 1032-5.

Hypnosis was compared with nonhypnotic behavioral techniques for efficacy in reducing pain and anxiety in 27 children and adolescents during bone marrow aspiration and in 22 children and adolescents during lumbar puncture. During bone marrow aspiration pain was reduced to a large extent by hypnosis (P less than 0.001) and to a smaller but significant extent by nonhypnotic techniques (P less than 0.01), and anxiety was significantly reduced by hypnosis alone (P less than 0.001). During lumbar puncture only hypnosis significantly reduced pain (P less than 0.001); anxiety was reduced to a large degree by hypnosis (P less than 0.001) and to a smaller degree by nonhypnotic techniques (P less than 0.05). Thus hypnosis was shown to be more effective than nonhypnotic techniques for reducing procedural distress in children and adolescents with cancer.

Ellenberg, L., Kellerman, J., Dash, J., Higgins, G., Zeltzer, L. (1980). **Use of Hypnosis for Multiple Symptoms in an Adolescent Girl with Leukemia.** *Journal of Adolescent Health Care*, Vol. 1, 132-6.

An adolescent girl with chronic myelogenous leukemia was treated with hypnosis for several disease- and treatment-related problems during the last 4 months of her life. Data were collected before and after hypnosis on the nature and intensity of the patient's acute pain and anxiety during bone marrow aspirations, chronic headache and backache, nausea and vomiting during chemotherapy, anorexia, and the discomfort associated with spiking temperatures. Comparisons of baseline and posthypnosis reports suggest that hypnosis was successfully used for acute and chronic pain, anxiety, unpleasant body sensations and, possibly, nausea and vomiting.

Childbirth

“Prenatal hypnosis preparation resulted in significantly less use of sedatives, analgesia, and regional anesthesia during labor and in higher 1-minute neonatal Apgar scores.” (VandeVusse et al, 2007, p. 109)

Irland, Jacqueline M. (2010). **Childbirth**. In Barabasz, Arreed Franz (Ed); Olness, Karen (Ed); Boland, Robert (Ed); Kahn, Stephen (Ed), *Medical Hypnosis Primer: Clinical and Research Evidence*, (pp. 59-64). New York, NY: Routledge/Taylor & Francis Group.

Childbirth is one of the most profound events a woman and couple will experience. Unfortunately, the experience can be fraught with anxiety, as well as fear of pain and loss of control. Often during childbirth, a woman engages a fight-or-flight response, which increases her perception of pain intensity and decreases internal blood flow. Armed with the ability to use self-hypnotic techniques, women and their partners can effectively enter the childbirth experience with calm and focus. Following an introduction to self-hypnosis for childbirth, this chapter discusses childbirth as an adventure; the childbirth partner; pain management; variations in sensory preferences; hypnosis for operative childbirth; and working with varying cultures and religious beliefs.

Reinhard, Joscha; Huesken-Janßen, Helga; Hatzmann, Hendrike; Schiermeier, Sven. (Dec 2009). **Preterm Labour and Clinical Hypnosis**. *Contemporary Hypnosis*, Vol 26(4), 187-193.

Hypnosis may play an important role in reducing preterm labour for patients who have higher levels of psychosocial stress. This study examines the rate of late-preterm birth in a hypnosis group (directed to all women) and a historical control group. From July 2007 all women (n = 64), who were in their 28th to 34th weeks' gestation, were offered self-hypnosis training using the hypnoreflexogenous protocol after Hüsken-Janßen and Schauble. Expectant mothers with uncertain anticipated days of delivery were excluded. All women who delivered after 31 weeks' gestation served as a control group (n = 2135) from January 2006 till June 2007. In the hypnosis group there were three preterm deliveries (4.7%) (before 37 + 0 weeks' gestation) whereas in the control group there were 220 preterm deliveries (10.3%) (p = 0.01). Average cigarette usage during the current pregnancy was lower in the hypnosis group (p = 0.02). Higher work-educated employments (p = 0.01), higher age of the mother (p < 0.001) and fewer previous pregnancies (p < 0.03) were found in the hypnosis group. Preterm birth correlated with the number of previous pregnancies (-0.38; p < 0.001) but not with smoking. Hypnosis was shown to be effective therapy without side-effects, which can reduce preterm delivery. This clinical study showed a significant prevention of preterm delivery. Prospective randomized controlled studies are required to evaluate fully the preventive value of clinical hypnosis.

Abbasi, Marzieh; Ghazi, Fery; Barlow-Harrison, Ann; Sheikhvatan, Mehrdad; Mohammadyari, Fatemeh. (Apr 2009). **The Effect of Hypnosis on Pain Relief during Labor and Childbirth in Iranian Pregnant Women**. *International Journal of Clinical and Experimental Hypnosis*, Vol 57(2), 174-183.

This study describes the effect of hypnosis on pain relief during labor and childbirth. Using a qualitative approach, 6 pregnant women were trained to use self-hypnosis for labor. Outcomes were analyzed using Colaizzi's procedure. Women described their feelings about hypnosis during labor as: a sense of relief and consolation, self-confidence, satisfaction, lack of suffering labor pain, changing the feeling of pain into one of pressure, a decrease in fear of natural childbirth, lack of tiredness, and lack of anxiety. They expressed increased concentration on the uterus and cervical muscle, awareness of all the stages of labor, and having "positive

thoughts.” Births were perceived as being very satisfactory compared to their previous experiences.

Brown, Donald C. (2009). **Evidence-Based Efficacious Hypnosis for Obstetrics, Labor and Delivery, and Preterm Labor.** In Brown, Donald C. (Ed). *Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/Management*, (pp. 195-226). Norwalk, CT: Crown House Publishing Limited.

The most important five minutes of our lives is the first five minutes after birth. How quickly we adapt to extrauterine life often determines how quick we are the rest of our lives. We are missing a tremendous opportunity by not making hypnosis available to all our obstetric patients. They and their newborn infants have so much to gain, so little to lose (Bobart & Brown, 2002). The use of hypnotic techniques in obstetrics to control pain goes back more than a century (Werner, Schauble, & Knudson, 1982). The key aspect of the use of hypnotherapy in the birth process is the involvement of the patient before the labor process begins, so that she can assist the physician in the labor and delivery (Oster, 1994).

VandeVusse, Leona; Irland, Jacqueline; Berner, Margaret A.; Fuller, Shauna; Adams, Debra. (Oct 2007). **Hypnosis for Childbirth: A Retrospective Comparative Analysis of Outcomes in One Obstetrician’s Practice.** *American Journal of Clinical Hypnosis*, Vol 50(2), 109-119.

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. 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. Additional information provided includes pragmatic, clinical, and cost information about incorporating hypnosis into a physician’s practice.

Brown, Donald Corey; Hammond, D. Corydon. (Jul 2007). **Evidence-Based Clinical Hypnosis for Obstetrics, Labor and Delivery, and Preterm Labor.** *International Journal of Clinical and Experimental Hypnosis*, Vol 55(3), 355-371.

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.

German, Ester. (Nov 2004). **Hypnotic Preparation of a Mother-to-Be.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 32(2), 157-169.

This paper outlines the hypnotic preparation of a mother-to-be, Poppy, who presented for anxiety management of panic attacks of moderate severity. These panic attacks predated the pregnancy and related to a fear of no escape and lack of mobility. A recent panic attack when the client was having fetal monitoring initiated the referral from her obstetrician. Initially, Poppy requested assistance to deal with the panic attacks in general. Later on, the focus of treatment changed when she and her husband in consultation with the obstetrician decided to change delivery plans and attempted a natural delivery instead of an elective caesarian. Poppy requested assistance to have a "panic-free delivery." The therapeutic interventions combined general psycho-education about anxiety, learning about hypnosis, and self-hypnosis on agreed cues and environmental manipulation to ensure an optimum delivery environment.

Mehl-Madrona, Lewis E. (Apr 2004). **Hypnosis to Facilitate Uncomplicated Birth.** *American Journal of Clinical Hypnosis*, Vol 46(4), 299-312.

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 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. 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 a complicated birth outcome. The routine prenatal use of hypnosis could improve obstetric outcome.

Kandyba, Kristina; Binik, Yitzchak M. (May-Jun 2003). **Hypnotherapy as a Treatment for Vulvar Vestibulitis Syndrome: A Case Report.** *Journal of Sex & Marital Therapy*, Vol 29(3), 237-242.

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.

Jackson, Peter. (Mar 2003). **Hypnosis for Birthing -- A Natural Option: Part 1.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 24(1), 45-52.

The author explores a contemporary view of hypnosis as communication using first hand experiences with hypnosis clients as examples. The author argues that

hypnosis for childbirth is a natural way to assist mothers and couples as they prepare for the birth of their child. This natural tool has the potential to allay fear and anxiety while building confidence in the mother's belief that birth is a natural process.

Ketterhagen, Debra; VandeVusse, Leona; Berner, Margaret Ann. (Nov-Dec 2002). **Self-Hypnosis: Alternative Anesthesia for Childbirth.** *MCN: The American Journal of Maternal/Child Nursing*, Vol 27(6), 335-341.

The purpose of this article is to inform nurses about the use of self-hypnosis in childbirth. When used for childbirth pain, the primary aim of self-hypnosis is to help the woman maintain control by managing anxiety and discomfort though 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.

Wainer, N. (Autumn 2000). **HypnoBirthing. A Radical Change on Our Perspective of Pain in Childbirth.** *Midwifery Today with International Midwife*, (55), 36-8.

Howe M. (Summer 1999). **Every Birth Is Sacred: Helping Each Other through the Pain of Cesarean Section.** *Birth Gazette*, 15(3), 9-11.

McCarthy, Patrick. (May 1998). **Hypnosis in Obstetrics.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 26(1), 35-42.

Clinicians trained in hypnosis often state that hypnosis is beneficial in childbirth, but few have actual personal experience of teaching hypnotic methods to pregnant women. This paper reviews some recent literature confirming the value of hypnosis in childbirth and also outlines a simple structured hypnotic approach for clinicians to utilize which can be taught in just two and a half hours during the third trimester. Labour length, analgesic requirement, and anxiety are decreased; satisfaction with labour and spontaneous deliveries are increased; and there may be a reduction in the incidence of post-natal depression.

Schauble, Paul G.; Werner, William E. F.; Rai, Surekha H.; Martin, Alice (1998). **Childbirth Preparation through Hypnosis: The Hypnoreflexogenous Protocol.** *American Journal of Clinical Hypnosis*, 40 (4), 273-283.

A verbatim protocol for the "hypnoreflexogenous" method of preparation for childbirth is presented wherein the patient is taught to enter a hypnotic state and then prepared for labor and delivery. The method provides a "conditioned reflex" effect conducive to a positive outcome for labor and delivery by enhancing the patient's sense of readiness and control. Previous applications of the method demonstrate patients have fewer complications, higher frequency of normal and

full-term deliveries, and more positive postpartum adjustment. The benefit and ultimate cost effectiveness of the method are discussed.

Dreher, H. (Sum 1996). Can Hypnosis Rotate a Breech Baby Before Birth? *Advances*, Vol 12(3), 46-50.

Discusses a study by L. E. Mehl (1994) on the use of hypnotherapy to convert breech birth presentations to the normal vertex position. Mehl hypothesized that muscular contractions of the lower uterus, perhaps caused by stress and/or emotional conflicts, could prevent the natural downward movement of the baby's head and thus, if the lower uterus could be relaxed by hypnosis, the baby's position would spontaneously shift to headfirst. 100 women with breech presentation at 37 to 40 weeks received hypnotherapy from Mehl. A spontaneous movement into the vertex position or a successful external cephalic version were considered successful conversions. 81% of Ss receiving hypnotherapy successfully converted as compared to 48% of matched controls. Possible mechanisms governing the effect and implications for the use of hypnosis in the prevention of other birth complications are discussed.

Mehl, L. E. (1994). Hypnosis and Conversion of the Breech to the Vertex Presentation. *Archives of Family Medicine*, Vol. 3, 881-7.

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.

Oster, M. I. (1994). Psychological Preparation for Labor and Delivery Using Hypnosis. *American Journal of Clinical Hypnosis*, Vol. 37, 12-21.

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.

Chiasson, S. W. (1992). **The Use of Hypnosis in Gynecology.** *Psychological Medicine*, Vol. 10, 69-77.

Smith, Barbara J. (1990). **Hypnosis in Obstetrics and Gynecology.** In Zahourek, Rothlyn P. (Ed). *Clinical Hypnosis and Therapeutic Suggestion in Patient Care*, (pp. 115-126). Philadelphia, PA: Brunner/Mazel.

explores the use of hypnotic techniques with gynecological and obstetrical patients the primary techniques and theoretical frameworks are explained, followed by case examples with a problematic obstetrical patient, and antenatal group, two cases of hyperemesis, gravidarium, and a patient fearful of inserting a vaginal applicator Kroger's method, which is primarily used, and the process, problems, and issues are explored while the case examples focus on pathological situations, these techniques are also useful in normal obstetrical and gynecological situations

Harmon, T. M, Hynan, M. T., Tyre, T. E. (Oct 1990). **Improved Obstetric Outcomes Using Hypnotic Analgesia and Skill Mastery Combined with Childbirth Education.** *Journal of Consulting & Clinical Psychology*, Vol 58(5), 525-530.

The benefits of hypnotic analgesia as an adjunct to childbirth education were studied in 60 nulliparous women. Subjects were divided into high and low hypnotic susceptibility groups before receiving 6 sessions of childbirth education and skill mastery using an ischemic pain task. Half of the Ss in each group received a hypnotic induction at the beginning of each session; the remaining control Ss received relaxation and breathing exercises typically used in childbirth education. Both hypnotic Ss and highly susceptible Ss reported reduced pain. Hypnotically prepared births had shorter Stage 1 labors, less medication, higher Apgar scores, and more frequent spontaneous deliveries than control Ss' births. Highly susceptible, hypnotically treated women had lower depression scores after birth than women in the other 3 groups. We propose that repeated skill mastery facilitated the effectiveness of hypnosis in our study.

Mehl, Lewis E. (Fal 1988). **Psychobiosocial Intervention in Threatened Premature Labor.** *Journal of Prenatal & Perinatal Psychology & Health*, Vol 3(1), 41-52.

Investigated whether psychobiosocial intervention could be a useful adjunct to medical management of 44 women threatening premature delivery (20-34 wks gestation). Interventions included hypnosis and body awareness techniques designed to decrease autonomic reactivity and muscle tension. Findings indicate

that 40 of 44 Ss progressed to term. Three Ss went into premature labor and 1 S who did not progress to term had received only 1 session of hypnosis. Common concerns expressed by Ss during hypnosis included (1) lack of social support; (2) high levels of internal stress (fear and anxiety); (3) high external stress, low body awareness, and high neuromuscular reactivity; and (4) negative beliefs about birth.

Omer, H., Friedlander, D., Palti, Z. (May-Jun 1986). **Hypnotic Relaxation in the Treatment of Premature Labor.** *Psychosomatic Medicine*, Vol 48(5), 351-361.

Evaluated the potential utility of hypnotic relaxation (HR) as an adjunct to pharmacologic treatment with 39 women (mean age 27.48 yrs) hospitalized for premature contractions in pregnancy. The control group received medication alone and consisted of 70 women (mean age 27.62 yrs). Treatment was started at the time of hospitalization and lasted for 3 hrs on the average. Experimental Ss were also given cassettes with an HR exercise for daily practice. The rate of pregnancy prolongation was significantly higher for the HR than for the medication-alone group. Infant weight also showed the advantage of the HR treatment. Background variables of the 2 groups were compared, and it was shown that they could not have explained the treatment effect obtained.

Critical care

Fontaine, D. K. (1994). **Nonpharmacologic Management of Patient Distress during Mechanical Ventilation.** *Critical Care Clinics*, Vol. 10, 695-708.

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.

Cystic Fibrosis

Anbar, R. D. (Dec 2000). **Self-hypnosis for Patients with Cystic Fibrosis.** *Pediatric Pulmonology*, 30(6), 461-5.

This report documents the utility of self-hypnosis in patients with cystic fibrosis (CF). Sixty-three patients 7 years of age or older were offered the opportunity to be taught self-hypnosis by their pulmonologist. Forty-nine agreed to learn it. Patients generally were taught hypnosis in one or two sessions. The average age of the 49 patients who were taught and used self-hypnosis was 18.1 years (range, 7-49 years). Many of the patients used hypnosis for more than one purpose, including relaxation (61% of patients), relief of pain associated with medical procedures (31%), headache relief (16%), changing the taste of medications to make the flavor more palatable (10%), and control of other symptoms associated with CF (18%). The patients successfully utilized self-hypnosis 86% of the time. No symptoms worsened following hypnotherapy. Sixteen patients chose to practice hypnosis on their own for a half year or longer. In conclusion, with the use of self-hypnosis, patients with CF can quickly learn to enhance their control over discomforts

associated with therapy and their disease. Consideration should be given to making instruction in self-hypnosis available to patients with CF.

Belsky, J., Khanna, P. (1994). **The Effects of Self-hypnosis for Children with Cystic Fibrosis: A Pilot Study.** *American Journal of Clinical Hypnosis*, Vol. 36, 282-92.

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.

Dental uses

Goodman, Ashley A.; Brown, Donald C. (2009). **Pain, Anxiety, and Dental Gagging in Adults and Children.** In Brown, Donald C. (Ed), *Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/Management*, (pp. 99-128). Norwalk, CT: Crown House Publishing Limited.

Hypnosis is an altered state of awareness in which individuals withdraw their peripheral awareness and concentrate on a focal goal. It is a deep state of concentration rather than relaxation. Communication is maintained and is direct to the subconscious. Suggestion is the process of accepting a proposition for belief in the absence of intervening and critical thought that would normally occur. In this chapter the authors begin with a brief discussion of hypnosis and then go on to describe the different forms of hypnosis. The chapter concludes with various examples of how hypnosis can be used as a therapeutic tool to ease dental fear, phobias, and pain in adults and children.

Eitner, Stephan; Wichmann, Manfred; Schultze-Mosgau, Stefan; Schlegel, Andreas; Leher, Anna; Heckmann, Josef; Heckmann, Siegfried; Holst, Stefan. (Oct 2006). **Neurophysiologic and Long-term Effects of Clinical Hypnosis in Oral and Maxillofacial Treatment -- A Comparative Interdisciplinary Clinical Study.** *International Journal of Clinical and Experimental Hypnosis*, Vol 54(4), 457-479.

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 (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.

Gow, Michael A. (2006). Hypnosis with a 31-Year-Old Female with Dental Phobia Requiring an Emergency Extraction. *Contemporary Hypnosis*, Vol 23(2), 83-91.

Presenting problem: Female, 31, attended emergency appointment at dental surgery with pain, dental phobia prevented extraction. Aim: Manage dental phobia using hypnosis integrated into anxiety management treatment plan to facilitate extraction. Anxiety management techniques: needle desensitization and hypnosis. Results: Pre-treatment questionnaire revealed high level anxiety (16/20 Corah score, and 25/30 modified Corah score) and anticipation of pain during future dental treatment (5/10 on a Visual Analogue Scale). Following the successful extraction of the tooth, a posttreatment questionnaire revealed low level anxiety (7/20 Corah and 11/30 modified Corah) and low anticipation of future pain (1/10). Conclusion: Patient attended second emergency appointment and hypnotic intervention facilitated the removal of the troublesome tooth. Successful outcome of this treatment and new learned self-hypnosis techniques allowed patient to feel more confident about accepting future dental treatment without need for pharmacological intervention.

Fábián, T. K.; Fábián, G. (1998). Stress of Life, Stress of Death: Anxiety in Dentistry from the Viewpoint of Hypnotherapy. In Csermely, Peter (Ed), *Stress of Life: From Molecules to Man. Annals of the New York Academy of Sciences*, Vol. 851, (pp. 495-500). New York, NY: New York Academy of Sciences.

This chapter studied the effectiveness of hypnosis in reducing dental anxiety. In the first experiment, 23 adults with moderate anxiety related to dental treatment were divided into 2 groups. The 15 Ss in the experimental group underwent a hypnotic treatment to reduce anxiety, while the 8 Ss in the control group received no special treatment. In the hypnotically calmed Ss, the occurrence of spontaneous analgesia was significantly more frequent. In the second experiment, the effectiveness of hypnosis combined with local anesthesia was investigated in the dental treatment of 12 dental needle-phobic patients (aged 30–56 yrs) with needle-related collapse in the anamnesis. After hypnosis, a reduction of anxiety from the dental needle occurred. In 8 cases, no indisposition appeared; in 3 cases moderate indisposition appeared; and in only 1 case a collapse occurred. Even in this case, however, hypnosis had the significant advantage that the patient did not remember the indisposition or collapse.

Enqvist, Björn; Fischer, Kerstin. (Apr 1997). Preoperative Hypnotic Techniques Reduce Consumption of Analgesics after Surgical Removal of Third Mandibular Molars: A Brief Communication. *International Journal of Clinical and Experimental Hypnosis*, Vol 45(2), 102-108.

Evaluated the effects of preoperative hypnotic techniques (HTs) used by patients planned for surgical removal of third mandibular molars. The aim of the study was to examine whether preoperative HTs can reduce preoperative stress and improve healing and rehabilitation. Ss were randomly assigned to an HT (n = 33) or a no-HT (n = 36) group. During the week before the surgery, the HT group listened to an audiotape containing a hypnotic relaxation induction. Posthypnotic suggestions of healing and recovery were given on the tape together with advice regarding ways to achieve control over stress and pain. Only 1 surgeon who was not aware of S group

assignments performed all the operations. Anxiety before the operation increased significantly in the no-HT group but remained at baseline level in the HT group. Postoperative consumption of analgesics was significantly reduced in the HT group compared with the no-HT group.

Shaw, A. J., & Welbury, R. R. (1996). **The Use of Hypnosis in a Sedation Clinic for Dental Extractions in Children: Report of 20 Cases.** *Journal of Dentistry for Children*, 61(6), 418-420.

Dubin, L. L. (1992). **The Use of Hypnosis for Temporomandibular Joint (TMJ).** *Psychological Medicine*, Vol. 10, 99-103.

Chaves, J. F., Whilden, D., & Roller, N. (1979). **Hypnosis in the Dental Behavior Sciences: Control of Surgical and Post-Surgical Bleeding.** In B.D. Ingersoll, & W.R. McCutcheon (Eds.), *Clinical Research in Behavioral Dentistry: Proceedings of the Second National Conference on Behavioral Dentistry*. Morgantown, WV: West Virginia University.

Diabetes

Xu, Yuan; Cardeña, Etzel. (Jan-Mar 2008). **Hypnosis as an Adjunct Therapy in the Management of Diabetes.** *International Journal of Clinical and Experimental Hypnosis*, Vol 56(1), 63-72.

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. 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.

Kihlslinger, Daun; Sapp, Marty. (Fal 2006). **Hypnosis and Diabetes: Applications for Children, Adolescents, and Adults.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 27(1), 19-27.

This article describes applications of hypnosis in the treatment of diabetes for children, adolescents, and adults. For children, adolescents, and adults with diabetes, hypnosis can be used to reduce stress which affects glucose levels.

Dysphagia

Kopel, K. F., Quinn, M. (1996). **Hypnotherapy Treatment for Dysphagia.** *International Journal of Clinical and Experimental Hypnosis*, Vol. 44, 101-5.

A case history is reported to illustrate the successful use of hypnotherapy in the treatment of dysphagia. A 60-year-old cancer patient was aided in swallowing and preparation for dilatation of esophageal strictures. The use of more than one therapist is discussed as an effective strategy in treatment.

Culbert, T. P., Kajander, R. L., Kohen, D. P., Reaney, J. B. (1996). **Hypnobeavorial Approaches for School-age Children with Dysphagia and Food Aversion: A Case Series.** *Journal of Developmental & Behavioral Pediatrics*, Vol. 17, 335-41.

The purpose of this article is to describe hypnobeavorial treatment of five school-age children with maladaptive eating behaviors, including functional dysphagia, food aversion, globus hystericus, and conditioned fear of eating (phagophobia). The unique treatment approach described emphasizes the successful use of self-management techniques, particularly hypnosis, by all five children. Common etiological factors, treatment strategies, and proposed mechanisms of change are discussed. To the authors' knowledge, this is the first such case series in the mainstream pediatric literature describing the use of a hypnobeavorial approach for children with these maladaptive eating problems.

Fibromyalgia

Derbyshire, Stuart W. G.; Whalley, Matthew G.; Oakley, David A. (May 2009). **Fibromyalgia Pain and Its Modulation by Hypnotic and Non-hypnotic Suggestion: An fMRI Analysis.** *European Journal of Pain*, Vol 13(5), 542-550.

The neuropsychological status of pain conditions such as fibromyalgia, commonly categorized as 'psychosomatic' or 'functional' disorders, remains controversial. 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.

Martínez-Valero, Consuelo; Castel, Antonio; Capafons, Antonio; Sala, José; Espejo, Begoña; Cardeña, Etzel. (Apr 2008). **Hypnotic**

Treatment Synergizes the Psychological Treatment of Fibromyalgia: A Pilot Study. *American Journal of Clinical Hypnosis*, Vol 50(4), 311-321.

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.

Wik, G., Fischer, H., Bragee, B., Finer, B., Fredrikson, M. (Mar 1999). **Functional Anatomy of Hypnotic Analgesia: A PET Study of Patients with Fibromyalgia.** *European Journal of Pain*, 3(1), 7-12.

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.

Berman, B. M., Swyers, J.P. (Sep 1999). **Complementary Medicine Treatments for Fibromyalgia Syndrome.** *Baillieres Best Practice & Research Clinical Rheumatology*, 13(3), 487-92.

Fibromyalgia is a chronic-pain-related syndrome associated with high rates of complementary and alternative medicine (CAM) use. Among the many CAM therapies frequently used by fibromyalgia patients, empirical research data exist to support the use of only three: (1) mind-body, (2) acupuncture, and (3) manipulative therapies for treating fibromyalgia. The strongest data exist for the use of mind-body techniques (e.g. biofeedback, hypnosis, cognitive behavioural therapy), particularly when utilized as part of a multidisciplinary approach to treatment.

Haanen, H. C., Hoenderdos, H. T., Romunde, van, L. K., Hop, W. C., Mallee, C., Terwiel, J. P., Hekster, G. B. (1991). **Controlled Trial of Hypnotherapy in the Treatment of Refractory Fibromyalgia.** *Journal of Rheumatology*, Vol. 18, 72-5.

In a controlled study, 40 patients with refractory fibromyalgia were randomly allocated to treatment with either hypnotherapy or physical therapy for 12 weeks with followup at 24 weeks. Compared with the patients in the physical therapy group, the patients in the hypnotherapy group showed a significantly better outcome with respect to their pain experience, fatigue on awakening, sleep pattern and global assessment at 12 and 24 weeks, but this was not reflected in an improvement of the total myalgic score measured by a dolorimeter. At baseline most patients in both groups had strong feelings of somatic and psychic discomfort as measured by the Hopkins Symptom Checklist. These feelings showed a significant decrease in patients treated by hypnotherapy compared with physical therapy, but they

remained abnormally strong in many cases. We conclude hypnotherapy may be useful in relieving symptoms in patients with refractory fibromyalgia.

Gastrointestinal disorders

“This study has shown that in addition to relieving the symptoms of irritable bowel syndrome, hypnotherapy profoundly improves the patients’ quality of life and reduces absenteeism from work.”
(Houghton, Heyman, & Whorwell, 1996, p. 91)

Francis, C. Y., Houghton, L. A. (1996). **Use of Hypnotherapy in Gastrointestinal Disorders.** *European Journal of Gastroenterology & Hepatology*, Vol. 8, 525-9.

Controlled trials have shown that patients with severe refractory irritable bowel syndrome or relapsing duodenal ulcer disease respond well to hypnotherapy. This article aims to give an overview of the areas in gastroenterology where hypnotherapy has been applied, discussing in particular what progress has been made in the area of irritable bowel syndrome.

Houghton, L. A., Heyman, D. J., Whorwell, P. J. (1996). **Symptomatology, Quality of Life and Economic Features of Irritable Bowel Syndrome -- The Effect of Hypnotherapy.** *Alimentary Pharmacology and Therapeutics*, Vol. 10, 91-5.

The purposes of this study were to quantify the effects of severe irritable bowel syndrome on quality of life and economic functioning, and to assess the impact of hypnotherapy on these features. Subjects included 25 patients treated with hypnotherapy (aged 25-55 years; four male) and 25 control irritable bowel syndrome patients of comparable severity (aged 21-58 years; two male). RESULTS: Patients treated with hypnotherapy reported less severe abdominal pain ($P < 0.0001$), bloating ($P < 0.02$), bowel habit ($P < 0.0001$), nausea ($P < 0.05$), flatulence ($P < 0.05$), urinary symptoms ($P < 0.01$), lethargy ($P < 0.01$), backache ($P = 0.05$) and dyspareunia ($P = 0.05$) compared with control patients. Quality of life, such as psychic well being ($P < 0.0001$), mood ($P < 0.001$), locus of control ($P < 0.05$), physical well being ($P < 0.001$) and work attitude ($P < 0.001$) were also favourably influenced by hypnotherapy. For those patients in employment, more of the controls were likely to take time off work (79% vs. 32%; $p = 0.02$) and visit their general practitioner (58% vs. 21%; $P = 0.056$) than those treated with hypnotherapy. Three of four hypnotherapy patients out of work prior to treatment resumed employment compared with none of the six in the control group. CONCLUSION: This study has shown that in addition to relieving the symptoms of irritable bowel syndrome, hypnotherapy profoundly improves the patients’ quality of life and reduces absenteeism from work. It therefore appears that, despite being relatively expensive to provide, it could well be a good long-term investment.

Heap, M. (1996). **The Nature of Hypnosis.** *European Journal of Gastroenterology & Hepatology*, Vol. 8, 515-9.

This paper presents an overview of the essential nature of hypnosis as it is studied and practised today. Some theoretical controversies are mentioned and historical antecedents are briefly summarized. An overview is then presented of the ways in

which hypnosis is applied therapeutically. It is concluded that although clinical hypnosis has yet to be informed by a strong academic base, progress is being made to that end and its potential scope and value in clinical practice have probably yet to be realized.

Cadranel, J. F., Benhamou, Y., Zylberberg, P., Novello, P., Luciani, F., Valla, D., Opolon, P. (1994). **Hypnotic Relaxation: A New Sedative Tool for Colonoscopy?** *Journal of Clinical Gastroenterology*, Vol. 18, 127-9.

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.

Whorwell, P. J., Houghton, L. A., Taylor, E. E., Maxton, D. G. (1992). **Physiological Effects of Emotion: Assessment via Hypnosis [See Comments]**. *Lancet*, Vol. 340, 69-72.

We studied the effect on distal colonic motility of three hypnotically induced emotions (excitement, anger, and happiness) in 18 patients aged 20-48 years with irritable bowel syndrome. Colonic motility index was reduced by hypnosis on its own (mean change 19.1; 95% CI 0.8, 37.3; p less than 0.05) and this change was accompanied by decreases in both pulse (12; 8, 15) and respiration (6; 4, 8) rates (p less than 0.001 for both). Anger and excitement increased the colonic motility index (50.8; 29.4, 72.2; and 30.4; 8.9, 51.9, respectively; p less than 0.01 for both), pulse rate (26; 22, 30; and 28; 24, 32; p less than 0.001 for both), and respiration rate (14; 12, 16; and 12; 10, 14; p less than 0.001 for both). Happiness further reduced colonic motility although not significantly from that observed during hypnosis alone. Changes in motility were mainly due to alterations in rate than in amplitude of contractions. Our results indicate that hypnosis may help in the investigation of the effects of emotion on physiological functions; this approach could be useful outside the gastrointestinal system. Our observation that hypnosis strikingly reduces fasting colonic motility may partly explain the beneficial effects of this form of therapy in functional bowel disorders.

Whorwell, P. J. (1991). **Use of Hypnotherapy in Gastrointestinal Disease**. *British Journal of Hospital Medicine*, Vol. 45, 27-9.

Recent controlled studies in the field of gastroenterology have shown that hypnotherapy is unequivocally beneficial in conditions such as irritable bowel syndrome and peptic ulceration. There is also some evidence for influence on certain physiological functions.

Whorwell, P. J. (1990). **Hypnotherapy for Selected Gastrointestinal Disorders**. *Digestive Diseases*, Vol. 8, 223-5.

Healing

McClenon, J. (1997). **Spiritual Healing and Folklore Research: Evaluating the Hypnosis/Placebo Theory.** *Alternative Therapies in Health and Medicine*, Vol. 3, 61-6.

Bergstrom, L. (1996). **Respected Research Institutes in the USA Receive Support for Alternative Medicine. Self-hypnosis and Laying-on-of-Hands in Heart Surgery.** *Lakartidningen Journal of the Swedish Medical Association*, Vol. 93, 753-5.

Huntington's disease

Witz, M., Kahn, S. (1991). **Hypnosis and the Treatment of Huntington's Disease.** *American Journal of Clinical Hypnosis*, Vol. 34, pp. 79-90.

Huntington's Disease is an inherited fatal disorder of the central nervous system. Literature on the hypnotic treatment of this disease is extremely sparse. We treated two patients with Huntington's Disease using a wide variety of hypnotic interventions. One patient was treated for a number of years and the other for 10 consecutive sessions. We discuss the continuously interacting cycle between the primary physical symptoms caused by the disease and the secondary psychological symptoms. Hypnotic techniques and daily self-hypnosis appeared to ameliorate both physical and psychological difficulties, thereby enhancing the quality of life that remained for the patients.

Hypertension

“Results show that hypnosis is effective in reducing blood pressure in the short term but also in the middle and long terms.” (Gay, 2007, p. 67)

Gay, Marie-Claire. (Jan 2007). **Effectiveness of Hypnosis in Reducing Mild Essential Hypertension: A One-Year Follow-Up.** *International Journal of Clinical and Experimental Hypnosis*, Vol 55(1), 67-83.

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.

Borckardt, Jeffery J. (Apr 2002). **Case Study Examining the Efficacy of a Multimodal Psychotherapeutic Intervention for Hypertension.** *International Journal of Clinical and Experimental Hypnosis*, Vol 50(2), 189-201.

Examined the effectiveness of a multimodal psychotherapeutic approach using hypnosis in the treatment of a single case of hypertension (42-yr-old male). 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.

Raskin, Richard; Raps, Charles; Luskin, Frederic; Carlson, Rosemarie; Cristal, Robert. (Oct 1999). **Pilot Study of the Effect of Self-hypnosis on the Medical Management of Essential Hypertension.** *Stress Medicine*, Vol 15(4), 243-247.

Thirty-three medical patients diagnosed as hypertensive whose blood pressures were normalized while they were hospitalized were often found to require upward titration of medication upon follow-up as outpatients. Self-hypnosis was taught to 1 group of hospitalized patients; a 2nd group received equal attention and time to relax without the specified procedure; and a 3rd group was monitored with no intervention. On follow-up, the hypnosis group showed greater downward change in diastolic blood pressure than the monitored group, with the attention-only group in between. Additionally, no Ss in the hypnosis group required upward titration of medications. The results suggest both replication with a larger sample and the value of adding self-hypnosis to the standard medical treatment for hypertension.

Immunology

Barling, Norman R.; Raine, Susan J. (Nov 2005). **Some Effects of Hypnosis on Negative Affect and Immune System Response.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 33(2), 160-177.

Research by Kiecolt-Glaser et al concluded that immune systems can be influenced by psychological interventions such as hypnosis. This study investigated hypnotic capacity and the differential effects of hypnosis using techniques of progressive muscle relaxation, guided imagery, and deep trance on negative affect measured as burnout, depression, anxiety, stress, and immunocompetence. Sixty volunteers, aged from 17 to 63 years, were randomly assigned to either a control group or one of three hypnotic intervention groups. Results indicated that deep trance does significantly reduce negative emotional affect and improves immunocompetence. Positive expectancy was also found to be predictive of successful outcomes. Those subjects who chose to use the tape-recorded interventions more frequently benefited the most in reducing their negative affect scores and increasing their sIgA measures.

Miller, GE; Cohen, S. (Jan 2001). **Psychological Interventions and the Immune System: A Meta-Analytic Review and Critique.** *Health Psychology*, 20(1), 47-63.

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.

Kalt, Henry W. (Jul 2000). **Psychoneuroimmunology: An Interpretation of Experimental and Case Study Evidence Towards a Paradigm for Predictable Results.** *American Journal of Clinical Hypnosis*, Vol 43(1), 41-52.

This paper surveys a number of key experiments and case studies relating to psychoneuroimmunology. It finds that most techniques to influence or even direct the immune system via the mind fall into a series of theoretical categories called passive, active and targeted effects. By examining the results of experiments and studies in the light of these categories a number of important conclusions are drawn. These conclusions explain differences in experimental results, describe those variables that appear to be central to obtaining results, and describe in detail where experimentation should be concentrated to further knowledge of psychoneuroimmunology.

Fox, Paul A.; Henderson, Donald C.; Barton, Simon E.; Champion, Andrew J.; Rollin, Matthew S. H.; Catalan, Jose; McCormack, Sheena M. G.; Gruzelier, John. (Nov 1999). **Immunological Markers of Frequently Recurrent Genital Herpes Simplex Virus and Their Response to Hypnotherapy: A Pilot Study.** *International Journal of STD & AIDS*, Vol 10(11), 730-734.

Patients were recruited for hypnotherapy from a clinic for patients with frequently recurrent genital herpes simplex virus (rgHSV). There were 20 patients (aged 23–64 yrs) with rgHSV. Following hypnotherapy there was a significant overall reduction in the number of reported episodes of rgHSV, accompanied by an increase in the numbers of CD3 and CD8 lymphocytes, which may represent a non specific effect of hypnosis. The improvers showed significant rises in natural killer (NK) cell counts, HSV specific lymphokine activated killer (LAK) activity, and reduced levels of anxiety when compared to non-improvers. NK cell numbers and HSV specific LAK activity may therefore be important in the reduction in rgHSV following hypnotherapy.

Ruzyla-Smith, P., Barabasz, A., Barabasz, M., Warner, D. (1995). **Effects of Hypnosis on the Immune Response: B-Cells, T-Cells, Helper and Suppressor Cells.** *American Journal of Clinical Hypnosis*, Vol. 38, 71-9.

This study tested the effects of hypnosis on the immune response. High and low hypnotizable Ss were exposed to hypnosis, relaxation or control conditions. Blood samples obtained before treatment and twice thereafter were subjected to flow cytometry analysis. Significant alteration of the immune response as measured by B-cells and helper T-cells was shown only for highly hypnotizable Ss exposed to hypnosis.

Taylor, D. N. (1995). Effects of a Behavioral Stress-Management Program on Anxiety, Mood, Self-Esteem, and T-Cell Count in HIV Positive Men. *Psychological Reports*, Vol. 76, 451-7.

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.

LaBaw, W. (1992). The Use of Hypnosis with Hemophilia. *Psychological Medicine*, Vol. 10, 89-98.

The Colorado program to treat hemophiliacs using hypnosis has been described. Those using hypnosis have realized a reduction in the need for transfusions, which results in a decrease in the development of inhibitors, less potential exposure to the AIDS virus and a lower incidence of liver and kidney damage. A decrease in the frequency and severity of bleeding episodes results in less morbidity and better coping in the face of HIV infection. Self-hypnosis has provided many bleeders with increased feelings of control and confidence and improved the quality of their lives. The field of psychoneuroimmunology gives a scientific rationale for what we have clinically recognized and implemented for years: self-hypnosis to alleviate stress has the potential to improve immune functioning. In bleeders and others who are HIV positive, it may augment medical attempts to impede the onset of AIDS.

Irritable Bowel Syndrome

“There is evidence that, in addition to its psychological effects, [hypnotherapy] can modulate gastrointestinal physiology, alter the central processing of noxious stimuli, and even influence immune function.” (Whorwell, 2008, p. 621)

Whorwell, Peter J. (Jun 2008). Hypnotherapy for Irritable Bowel Syndrome: The Response of Colonic and Noncolonic Symptoms. *Journal of Psychosomatic Research*, Vol 64(6), 621-623.

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.

Kraft, Tom; Kraft, David. (Dec 2007). **Irritable Bowel Syndrome: Symptomatic Treatment versus Integrative Psychotherapy.** *Contemporary Hypnosis*, Vol 24(4), 161-177.

Irritable bowel syndrome (IBS) is a functional gastrointestinal (GI) disorder thought to affect 10% to 20% of the population worldwide. Essentially the paper is in two parts. The first part of the paper investigates the world literature and a variety of up to date treatment approaches which, with the exception of cognitive-behavioural therapy (CBT) which also has beneficial effects on patients' overall mood and bloating, are designed to manage individual symptoms of IBS. The review examines the efficacy of pharmaceutical agents (antispasmodics, antidepressants, anti diarrhoeals and the new serotonergic modifying agonists/antagonists), dietary control (fibre, lactose free products, partially hydrolyzed guar gum, peppermint oil, prebiotics and probiotics), CBT (with or without the use of an audiotape) and the standard gut-directed hypnotherapy approach of the Manchester Model. In the second half, in sharp contrast to the symptomatic treatments, the authors give a detailed account of a 54-year-old female patient with refractory IBS in a setting of a phobic anxiety state. The treatment approach--a combination of psychotherapy and hypnosis--was designed to effect a complete recovery rather than to manage individual symptoms. This case study exemplifies the complex nature of IBS symptoms in relation to the patient's emotions. It was necessary for her to work through these emotional problems so that she did not need to express her intense hostility through her bowels. These problems were expressed both in the psychotherapy sessions as well as in the hypnotherapy. The patient made a full recovery and this was maintained at the follow-up a year later.

Walters, Valerie J.; Oakley, David A. (Sep 2006). **Hypnotic Imagery as an Adjunct to Therapy for Irritable Bowel Syndrome: An Experimental Case Report.** *Contemporary Hypnosis*, Vol 23(3), 141-149.

Irritable bowel syndrome (IBS) is a debilitating condition affecting between 14 and 25% of the general population. Medication has been reported to be of limited efficacy. However, there is increasing evidence suggesting that hypnotic imagery can be an effective adjunct to therapy for this problem. The present experimental single case study aims to illustrate the process of psychological treatment of IBS with the adjunct of hypnosis and to explore the effectiveness of particular interventions. Over 10 sessions of treatment an overall reduction of 64% was seen in primary IBS symptoms. At 9-months follow-up this had improved further to a 72% reduction in primary symptoms and lower anxiety levels. The marked improvement seen with this client is consistent with the view that hypnosis is an effective adjunct to IBS treatments.

Gholamrezaei, Ali; Ardestani, Samaneh Khanpour; Emami, Mohammad Hasan. (Jul 2006). **Where Does Hypnotherapy Stand in the Management of Irritable Bowel Syndrome? A Systematic Review.** *The Journal of Alternative and Complementary Medicine*, Vol 12(6), 517-527.

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. 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.

Smith, Graeme D. (Jun 2006). **Effect of Nurse-led Gut-directed Hypnotherapy upon Health-related Quality of Life in Patients with Irritable Bowel Syndrome.** *Journal of Clinical Nursing*, Vol 15(6), 678-684.

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. 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. 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.

Palsson, Olafur S.; Turner, Marsha J.; Whitehead, William E. (Jan 2006). **Hypnosis Home Treatment for Irritable Bowel Syndrome: A Pilot Study.** *International Journal of Clinical and Experimental Hypnosis*, Vol 54(1), 85-99.

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.

Brock, Annette J. (Nov 2005). **The Use of Hypnosis for Irritable Bowel Syndrome.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 33(2), 218-231.

This case illustrates the use of hypnosis in the management of irritable bowel syndrome (IBS) in a young woman recently diagnosed with this distressing condition. The use of the relaxation response, combined with suggestions designed to modify gut motility, as well as the use of an abdominal pain reduction technique, enabled this young woman to modify stress, restore sleep to normal, reduce abdominal pain, and develop a sense of self-efficacy in managing this functional disorder of the gut.

Galovski, Tara E.; Blanchard, Edward B. (Jul 2002). **Hypnotherapy and Refractory Irritable Bowel Syndrome: A Single Case Study.** *American Journal of Clinical Hypnosis*, Vol 45(1), 31-37.

The current study describes the successful administration of hypnotherapy with a subject (male, aged 55 yrs) suffering from refractory Irritable Bowel Syndrome (IBS) and Generalized Anxiety Disorder. 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 mo indicated continued improvement (70%). A 2-yr 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.

Blanchard, Edward B. (2001). ***Irritable Bowel Syndrome: Psychosocial Assessment and Treatment.*** Washington, DC: American Psychological Association.

Reviews research on the effectiveness of psychological treatments for irritable bowel syndrome (IBS), describes the basic requirements for a thorough psychological assessment, and then provides detailed short-term treatment manuals for the 3 major modalities shown to be most effective for this population: (1) cognitive therapy; (2) cognitive-behavioral therapy; (3) and hypnotherapy. Session-by-session treatment plans for each of these therapies include the rationale for the session, goals and objectives, structured activities, and homework assignments. Also provided are assessment forms, symptom diaries, cognitive monitoring forms, and educational handouts. Instructions for modifying the 3 treatments for use with the individuals and with groups are provided as well as helpful advice for collaborating with gastroenterologists and other referring physicians.

Blanchard, Edward B. (2001). **Hypnotherapy Treatment Manual for Irritable Bowel Syndrome.** In Blanchard, Edward B. (Ed.), *Irritable Bowel Syndrome: Psychosocial Assessment and Treatment*, (pp. 277-302). Washington, DC: American Psychological Association.

This chapter gives a hypnotherapy treatment manual for irritable bowel syndrome (IBS), as described by P. Whorwell. These protocols are intended for therapists who have prior clinical experience and training in hypnotherapy. Introductory material, a basic induction script for the relaxation method, an ego strengthening script, specific instructions for IBS clients, suggestions for self-hypnosis and relaxation, a reorientation script, an eye fixation and closure script, a script for progressive relaxation, a tree metaphor, and alternative and additional inductions are given for

the first 2 sessions. For the third session and beyond, techniques for gut-directed therapy (for IBS) and suggestions for self-hypnosis and relaxation are detailed.

Galovski, Tara E.; Blanchard, Edward B. (Dec 1998). **The Treatment of Irritable Bowel Syndrome with Hypnotherapy.** *Applied Psychophysiology and Biofeedback*, Vol 23(4), 219-232.

P. J. Whorwell et al (1984) demonstrated that hypnotherapy was effective in the treatment of irritable bowel syndrome (IBS) in the UK. This study replicated that work in the US. Six matched pairs of IBS patients (aged 23–58 yrs) were randomly assigned to either a gut-directed hypnotherapy (6 Ss) or to a symptom monitoring wait-list control condition (6 Ss) in a multiple baseline across Ss design. Those assigned to the control condition were later crossed over to the treatment condition. Ss were matched on concurrent psychiatric diagnoses, susceptibility to hypnosis, and various demographic features. On a composite measure of primary IBS symptoms, treatment was superior to symptom monitoring. Results from the entire treated sample (11 Ss; one S was removed from analysis) indicate that the individual symptoms of abdominal pain, constipation, and flatulence improved significantly. State and trait anxiety scores were also seen to decrease significantly. Results at the 2-mo follow-up point indicated good maintenance of treatment gains. No significant correlation was found between initial susceptibility to hypnosis and treatment gain. A positive relationship was found between the incidence of psychiatric diagnosis and overall level of improvement.

Multiple Sclerosis

Jensen, Mark P.; Barber, Joseph; Romano, Joan M.; Molton, Ivan R.; Raichle, Katherine A.; Osborne, Travis L.; Engel, Joyce M.; Stoelb, Brenda L.; Kraft, George H.; Patterson, David R. (Apr 2009). **A Comparison of Self-hypnosis versus Progressive Muscle Relaxation in Patients with Multiple Sclerosis and Chronic Pain.** *International Journal of Clinical and Experimental Hypnosis*, Vol 57(2), 198-221.

Twenty-two patients with multiple sclerosis (MS) and chronic pain were recruited into a quasi-experimental trial comparing the effects of self-hypnosis training (HYP) with progressive muscle relaxation (PMR) on pain intensity and pain interference; 8 received HYP and the remaining 14 participants were randomly assigned to receive either HYP or PMR. HYP-condition participants reported significantly greater pre- to postsession as well as pre- to posttreatment decreases in pain and pain interference than PMR-condition participants, and gains were maintained at 3-month follow-up. Most of the participants in both conditions reported that they continued to use the skills they learned in treatment and experienced pain relief when they did so. General hypnotizability was not significantly related to treatment outcome, but treatment-outcome expectancy assessed before and after the first session was. The results support the efficacy of self-hypnosis training for the management of chronic pain in persons with MS.

Dane, Joseph R. (Jul 1996). **Hypnosis for Pain and Neuromuscular Rehabilitation with Multiple Sclerosis: Case Summary, Literature Review, and Analysis of Outcomes.** *International Journal of Clinical and Experimental Hypnosis*, Vol 44(3), 208-231.

Videotaped treatment sessions were used in conjunction with 1-mo, 1-yr, and 8-yr follow-ups to analyze a case study of hypnotic treatment for pain and neuromuscular rehabilitation in a 30-yr-old female with multiple sclerosis (MS). Preparatory psychotherapy was necessary to reduce the S's massive denial before she could actively participate in hypnosis. Subsequent hypnotic imagery and posthypnotic suggestion were accompanied by significantly improved control of pain, sitting balance, and diplopia and a return to ambulatory capacity within 2 wks of beginning treatment with hypnosis. However, these gains were not maintained at 1- and 8-yr follow-ups.

Neuromuscular disorders

Benedittis, G. De. (1996). **Hypnosis and Spasmodic Torticollis--Report of Four Cases: A Brief Communication.** *International Journal of Clinical and Experimental Hypnosis*, Vol. 44, 292-306.

Dystonia and particularly spasmodic torticollis are neuromuscular disorders that are extremely resistant to most therapies (physical, medical, or surgical). Torticollis is a unilateral spasm of the neck muscles, particularly of the sternocleidomastoid, that produces violent, tonic turning of the head to one side. This article reviews the literature and reports four cases of spasmodic torticollis treated successfully with hypnosis. In all four cases, psychogenic causes were involved. Postural hypnosis (i.e., hypnosis in the standing position) was employed to counteract and minimize muscle spasms due to postural reflexes. A hypnbehavioral approach was adopted along with hypnotic strategies that included hierarchical desensitization, sensory-imaging conditioning, ego-boosting suggestions, and hypnosis-facilitated differential muscle retraining. In two cases, a combined hypnosis and electromyographic-biofeedback approach was used to equilibrate and retrain affected neck muscles. Although the hypnotherapeutic process took several months to induce and stabilize significant changes, outcome results were good to excellent in all cases, with marked reduction of the torticollis and the hypertrophy of the neck muscles as well as a reduced interference of symptoms in daily living.

Obesity

Mulhisen L, Rogers JZ. (Oct 1999). **Complementary and Alternative Modes of Therapy for the Treatment of the Obese Patient.** *Journal of the American Osteopathic Association*, 99(10 Su Pt 2), S8-12.

There has been a growing trend for people to increasingly turn to complementary and alternative medicine. The increasing prevalence of obesity has combined with this trend to create an expanding market for these modes of therapy to aid in weight management. This article focuses on complementary and alternative modes of medical therapy currently being used for the treatment of obesity: nutritional supplementation, hypnosis, and acupuncture.

Obstetrics/Gynecology

Marc, Isabelle; Rainville, Pierre; Dodin, Sylvie. (Apr-Jun 2008). **Hypnotic Induction and Therapeutic Suggestions in First-**

Trimester Pregnancy Termination. *International Journal of Clinical and Experimental Hypnosis*, Vol 56(2), 214-228.

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.

Yexley, Melinda J. (Jan 2007). **Treating Postpartum Depression with Hypnosis: Addressing Specific Symptoms Presented by the Client.** *American Journal of Clinical Hypnosis*, Vol 49(3), 219-223.

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). 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.

Iancu, I., Kotler, M., Spivak, B., Radwan, M., Weizman, A. (1994). **Psychiatric Aspects of Hyperemesis Gravidarum.** *Psychotherapy and Psychosomatics*, Vol. 61, 143-9.

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.

Werner, W. E., Schauble, P. G., Knudson, M. S. (Jan 1982). **An Argument for Revival of Hypnosis in Obstetrics.** *American Journal of Clinical Hypnosis*, Vol 24(3), 149-171.

Presents evidence from available research, clinical reports, and extensive personal experience to demonstrate that hypnosis, and especially the hypnoreflexogenous technique, facilitates the mother's comfort in pregnancy, labor, and delivery; is superior to the use of chemicals or other psychophysical methods as the primary aid in childbirth; and results in lasting benefit for the mother, the child, and the family as a whole. Prior to delivery, with the patient in hypnotic trance, a verbal conditioning technique is used that (1) neutralizes the fear of delivery with a positive emotion that exalts maternity as a sublime experience, (2) substitutes the uterine contraction concept for the pain concept, and (3) presumably lowers the excitability of the cortex by psychological sedation. This technique also reduces the need for anesthesia, dangers in the newborn, and postpartum depression. The

hypnoreflexogenous technique is compared to the Lamaze method, and objections to hypnosis are addressed.

Perry, B J. (Sep 1980). **Control of Physiological Phenomena via Hypnosis with Special Reference to Contraception.** *Australian Journal of Clinical Hypnotherapy*, Vol 1(2), 73-77.

Posits that it can be shown that hypnotic suggestion can facilitate changes in the physiology of the human body, particularly with reference to the autonomic nervous system and homeostasis. By using appropriate suggestions, the menstrual cycle can be regulated and the uterus rendered inhospitable to the fertilized ovum. In the absence of specific data to account for the phenomena observed, one can only speculate as to the physiological processes involved.

Fuchs, K. (1980). **Therapy of Vaginismus by Hypnotic Desensitization.** *American Journal of Obstetrics and Gynecology*, Vol. 137, 1-7.

Fear and anxiety are of tremendous importance in the production and maintenance of a symptom. Vaginismus, as a reaction of avoidance of an anxiety-producing situation, is readily amenable to treatment by systematic desensitization. This may proceed mainly in two ways: in vitro or in vivo. In order to strengthen and speed up the desensitization process, we used hypnotic techniques in a dynamic approach. The in vitro treatment proceeds with imagery, under hypnosis, of an anxiety hierarchy of increasingly erotic and sexually intimate situations which will be reproduced at home with the partner, until sexual intercourse is achieved. In the in vivo method the patient learns self-hypnosis and then inserts in the vagina first a finger, and then Hegar dilators of gradually increasing sizes. The partner, the patient, and the physician will then successively proceed to insertion, forming a team-referred work situation. This continues until the female superior position, practiced first with the largest dilator, is reproduced at home by intercourse. Between 1965 and 1974 we treated 71 women with this method. Good results were obtained in 16 of 18 by the in vitro technique and in 53 of 54 by the in vivo technique. One patient was referred from the in vitro group to the in vivo group. In follow-up of 2 to 5 years there was no relapse or symptom substitution.

Pain control

Patterson, David R. (2010). **Acute Pain, Crisis, and the Hospital Setting.** In Patterson, David R. (Ed.), *Clinical Hypnosis for Pain Control*, (pp. 131-150). Washington, DC: American Psychological Association.

This book generally divides pain into acute and chronic categories, each of which requires markedly different approaches with respect to medical and psychological treatments, including hypnotic analgesia. Acute pain, in turn, can be further subdivided into different categories that are useful when considering specific hypnotic approaches. The acute pain settings addressed in this chapter include settings in which patients are already experiencing acute pain (typically in as hospitalized inpatients) at the time clinicians choose to use hypnotic techniques. Such inpatient treatment settings can also include the intensive care unit (ICU). Not only is the ICU an environment in which patients experience frequent acute pain and anxiety, but it also presents unique environmental and cognitive challenges (and opportunities) for the use of hypnosis. The chapter also discusses procedural

pain—acute pain that occurs in response to medical procedures. Such procedures are a common source of acute pain and anxiety and are particularly amenable to hypnosis because of their predictable timing. The approaches in this chapter have been discussed in a number of earlier publications (M. P. Jensen & Patterson, 2008; Patterson, 1996, 2009; Wiechman Askay & Patterson, 2007), although none of them has addressed this topic in the detail put forth here.

Pavlek, Mirko. (Dec 2008). **Paining Out: An Integrative Pain Therapy Model.** *Clinical Social Work Journal*, Vol 36(4), 385-393.

This article describes and evaluates an integrative pain therapy model as a beneficial form of pain-management for chronic pain. The author based his model on cognitive-behavioral modalities, progressive relaxation combined with art therapy, sensory awareness combined with indirect clinical hypnosis, formal clinical hypnosis and self-hypnosis. Those techniques were applied in small group settings to systematically alter pain perception, pain interpretations and response to pain for the group participants' benefit. As a result, the group participants gained a greater sense of control over the pain, eased or abolished the pain, and decreased the stress, anxiety and depression associated with chronic pain. The techniques used were synthesized into ten group therapy sessions. A small data sample suggests that the model has clinical utility and maintained its benefits in a 6- to 12-month follow-up.

Jensen, Mark P. (Oct 2008). **The Neurophysiology of Pain Perception and Hypnotic Analgesia: Implications for Clinical Practice.** *American Journal of Clinical Hypnosis*, Vol 51(2), 123-148.

Although there remains much to be learned, a great deal is now known about the neurophysiological processes involved in the experience of pain. Research confirms that there is no single focal "center" in the brain responsible for the experience of pain. Rather, pain is the end product of a number of integrated networks that involve activity at multiple cortical and subcortical sites. Our current knowledge about the neurophysiological mechanisms of pain has important implications for understanding the mechanisms underlying the effects of hypnotic analgesia treatments, as well as for improving clinical practice. This article is written for the clinician who uses hypnotic interventions for pain management. It begins with an overview of what is known about the neurophysiological basis of pain and hypnotic analgesia, and then discusses how clinicians can use this knowledge for (1) organizing the types of suggestions that can be used when providing hypnotic treatment, and (2) maximizing the efficacy of hypnotic interventions in clients presenting with pain problems.

Fass, Arthur. (2008). **Hypnosis for Pain Management.** In Weintraub, Michael I. (Ed); Mamtani, Ravinder (Ed); Micozzi, Marc S. (Ed). *Complementary and Integrative Medicine in Pain Management*, (pp. 29-40). New York, NY: Springer Publishing Co.

Hypnosis has earned a secure place in the modern armamentarium against pain. Given its long and somewhat checkered history this may seem an unlikely development. However, in spite of a somewhat mysterious quality, and its occasional use in some decidedly unscientific quarters, the medical community has maintained a continued interest in its clinical use. In the course of recent years, the science of hypnosis has greatly expanded. There are now abundant reports published in the medical literature describing the benefits of hypnotherapy for a variety of medical conditions. In addition, numerous controlled studies of its effects have appeared. The technique has found important applications in the treatment of

such varied disorders as migraine headaches, irritable bowel syndrome, anxiety, phobias, as an aid to smoking cessation, as well as in the relief of chronic and acute pain. With the advent of sophisticated brain imaging techniques, such as MRI and PET scanning, it has been possible for the first time to understand some of the physiologic changes that accompany a hypnotic state. This chapter will deal primarily with the use of hypnosis in the management of pain. The anxiety-relieving properties of hypnosis are intimately associated with its analgesic effects and will also be discussed. Whenever possible, reference will be made to prospective, controlled studies, the foundation of clinical research, in validating therapeutic applications. The authors start with a look back on the fascinating history of hypnosis and its evolution as a modern therapeutic technique.

Lutgendorf, Susan K.; Lang, Elvira V.; Berbaum, Kevin S.; Russell, Daniel; Berbaum, Michael L.; Logan, Henrietta; Benotsch, Eric G.; Schulz-Stubner, Sebastian; Turesky, Derek; Spiegel, David. (Feb-Mar 2007). **Effects of Age on Responsiveness to Adjunct Hypnotic Analgesia During Invasive Medical Procedures.** *Psychosomatic Medicine*, Vol 69(2), 191-199.

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 =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 =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.

Lang, Elvira V.; Berbaum, Kevin S.; Faintuch, Salomao; Hatsiopoulou, Olga; Halsey, Naomi; Li, Xinyu; Berbaum, Michael L.; Laser, Eleanor; Baum, Janet. (Dec 2006). **Adjunctive Self-hypnotic Relaxation for Outpatient Medical Procedures: A Prospective Randomized Trial with Women Undergoing Large Core Breast Biopsy.** *Pain*, Vol 126(1-3), 155-164.

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 10 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 for standard care, 43 min/\$163 for empathy, and 39 min/\$152 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.

Elkins, Gary; White, Joseph; Patel, Parita; Marcus, Joel; Perfect, Michelle M.; Montgomery, Guy H. (Oct 2006). **Hypnosis to Manage Anxiety and Pain Associated with Colonoscopy for Colorectal Cancer Screening: Case Studies and Possible Benefits.** *International Journal of Clinical and Experimental Hypnosis*, Vol 54(4), 416-431.

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.

Palliative care

“The results demonstrate that at the end of intervention patients in the hypnosis group had significantly better overall quality of life and lower levels of anxiety and depression when compared to the standard care group. It is concluded that hypnosis is effective in the enhancement of quality of life in terminally ill cancer patients.” (Liossi and White, 2001, p. 145)

Abernethy, Amy P. (Ed). (2008). **Pain and Palliative Care Pharmacotherapy Literature Summaries and Analyses.** *Journal of Pain & Palliative Care Pharmacotherapy*, Vol 22(3), 226-231.

Timely and important studies are reviewed and commentaries provided by leading palliative care clinicians. Symptoms, interventions, mechanisms of action, and treatment-related adverse events addressed in this issue are dexmedetomidine for sedation in mechanically ventilated patients; management of sexual dysfunction in cancer patients; oxygen for management of dyspnea; genetics of antidepressant-induced suicidality; and hypnosis to manage pain during breast cancer surgery.

Kuttner, Leora. (2007). **Hypnosis and Palliative Care**. In Wester II, William C. (Ed); Sugarman, Laurence I. (Ed), *Therapeutic Hypnosis with Children and Adolescents*, (pp. 453-466). Norwalk, CT: Crown House Publishing Limited.

This chapter will cover the current and evolving philosophy and practice of pediatric palliative care. We'll explore how this emerging field of pediatric palliative care and hypnosis are a good fit, and how to use hypnosis to: help children deal with loss and anticipatory loss; enliven the role of hope; and help a child live fully, making every moment count, until they die.

Lioffi, Christina. (2006). **Hypnosis in Cancer Care**. *Contemporary Hypnosis*, Vol 23(1), 47-57.

Despite conclusive evidence for the efficacy of clinical hypnosis in the management of many cancer related symptoms and particularly acute and chronic pain, hypnosis is currently under-utilized in these applications. This paper gives a brief overview of the contemporary uses of hypnosis in paediatric and adult oncology and shows how hypnosis can be integrated into a total therapeutic process based on the needs and goals of the patient and the health care team treating them. The first section describes studies that have evaluated hypnosis in adult oncology. The second half consists of a review of the hypnosis literature in paediatric oncology. The paper concludes with suggestions for future research, and implications for clinical practice, which at the moment lags behind.

Wright, Leonard D. (Sep-Oct 2004). **Complementary and Alternative Medicine for Hospice and Palliative Care**. *American Journal of Hospice & Palliative Medicine*, Vol 21(5), 327-330.

Complementary and alternative medicine (CAM) offers some unique treatment modalities not found in traditional Western medicine, but if it is to become more than a trendy tool, a paradigm shift is required in the way medicine is practiced. The interdisciplinary nature of hospice and palliative care, which addresses mind, body, and spirit in the care of its patients, seems to dovetail nicely with CAM. Food is essential for life, but it is much more than just nutrition in our culture. We have enlisted the help of experts, when necessary, to provide acupuncture and hypnotherapy. Meditation instruction was provided for our staff for their own well-being and to improve the spiritual nature of the care we provide. CAM and hospice and palliative care are an exceptional fit. The interdisciplinary nature of hospice provides the appropriate paradigm for CAM, while the user-friendly, low-cost modalities of CAM provide unique therapeutic tools for hospice patients. If maximum-benefit, minimal-risk modalities are chosen and appropriately administered, CAM can easily be added to enhance a hospice and palliative care program.

Zadow, Leonie. (Nov 2004). **Utilizing Hypnosis for Palliative Care: The Case of PB**. *Australian Journal of Clinical & Experimental Hypnosis*, Vol 32(2), 170-188.

PB is a 58-year-old Indian woman with a history of an invasive nasopharyngeal squamous cell carcinoma. Initial management was combined intensive radiotherapy and chemotherapy, despite which there was disease progression. She had not tolerated a further attempt with reduced dose chemotherapy. PB was referred to the Hospital Liaison Palliative Care service for assistance with her symptom control, and social issues. The story of her experience with hypnosis, used with benefit for dealing with multiple issues, provides insight into the multifaceted opportunity that hypnotherapy can offer palliative care patients on their journey.

Goodenough, Belinda; Hardy, Jan; Jarratt, Rhys. (Nov 2003). **“Riding My Manta Ray with Uncle Fester”:** Hypnosis for Managing Pain and Distress in a Dying Child. *Australian Journal of Clinical & Experimental Hypnosis*, Vol 31(2), 95-102.

This case reports the application of hypnosis and visual imagery during palliative care for end-stage leukaemia in an 11-year-old boy. In a brief therapeutic engagement (single session), the treatment goals were specific symptom relief (e.g., pain, itch, sweating), and identifying and managing negative affective states (e.g., anxiety, anger). Positive quality of life outcomes were observed in achieving rest and comfort, as well as regaining significant levels of mastery and control during the last ten days of hospital-based care.

Liossi, Christina; White, Paul. (2001). **Efficacy of Clinical Hypnosis in the Enhancement of Quality of Life of Terminally Ill Cancer Patients.** *Contemporary Hypnosis*, Vol 18(3), 145-160.

Evaluated the efficacy of clinical hypnosis in the enhancement of quality of life of patients with far-advanced cancer. Fifty 35-74 yr old terminally ill cancer patients received either routine medical and psychological (cognitive existential) palliative care or standard care plus hypnosis. Patients in the hypnosis group received weekly sessions of hypnosis with a therapist for 4 wks. Outcome measures included quality of life, as measured by the Rotterdam Symptom Checklist, and depression and anxiety, as measured by the Hospital Anxiety and Depression Scale. The results demonstrate that at the end of intervention patients in the hypnosis group had significantly better overall quality of life and lower levels of anxiety and depression when compared to the standard care group. It is concluded that hypnosis is effective in the enhancement of quality of life in terminally ill cancer patients.

Jones, D., Churchill, J. E. (1994). **Archetypal Healing.** *American Journal of Hospice and Palliative Care*, Vol. 11, 26-33.

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.

Finlay, I. G.; Jones, O. L. (1996). **Hypnotherapy in Palliative Care.** *Journal of the Royal Society of Medicine*, Vol. 89, 493-6.

Complementary therapies have found increasing vogue in the management of patients with cancer, although little formal evaluation has been undertaken. We report on our experience of offering hypnotherapy to palliative care outpatients in a hospice day care setting. During 2 1/2 years, 256 patients had hypnotherapy, all singly; two-thirds (n = 104) were women. Only 13% (n = 21) had four or more treatment sessions. At the time of survey, the 52 patients still alive were mailed an evaluation sheet, of whom 41 responded. 61% reported improved coping with their illness. 7% (n = 3) reported harmful or negative effects from hypnotherapy. Amongst those whose coping was unchanged, many found the therapy a pleasant experience. 35 respondents (85%) appended positive comments to their questionnaire returns. Despite the limitations of a retrospective questionnaire, our findings suggest that hypnotherapy, used within strict guidelines in patients with advanced cancer, is a safe complementary therapy to enhance coping.

Kraft, Tom. (Feb 1990). **Use of Hypnotherapy in Anxiety Management in the Terminally Ill: A Preliminary Study.** *British Journal of Experimental & Clinical Hypnosis*, Vol 7(1), 27-33.

Gives some preliminary information about the possible value of hypnotherapy in the management of 12 terminally ill patients (aged 30–77 yrs) with widespread cancer. The 5 phases of the dying process are described (denial, anger, bargaining, depression, acceptance). Case illustrations suggest that apart from severely obsessional patients, the terminally ill seem to benefit quite considerably from hypnotherapy.

Parkinson's

Magrath, Brian. (Mar 2002). **Identification of the Role of Distress and Personality in the Onset and Prevention of Parkinsonism: A Study by Questionnaire.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 23(1), 56-76.

This study investigates the possibility that there may be a human personality type that may be prone to the onset of Parkinsonism. Should this be so, it may then be possible to identify those personalities before the disorder develops. The study also investigates the probability of psychosomatic interventions, such as hypnosis, being of value in the treatment of Parkinson's Disease (PD). 103 Ss diagnosed with PD (aged 50-89 yrs), and a similar number of control Ss, were presented a questionnaire for completion. The questionnaire related to personality characteristics, life details, and the influence of clinical depression. By analysis, the prevalence of depression in the PD sample was 40.8%, whilst in the control sample was 10.7%. It appears that a "Quantum of Regret" attached to all loss experienced by humans, which may contribute to the loss or depletion of cells which produce neurochemicals, dopamine in particular, and therefore lead to the onset of Parkinsonism and perhaps other neurological disorders. Should it be that this factor may be identified in the individual, then its removal may affect the cytological responses within the body of that individual.

Wain, H. J., Amen, D., Jabbari, B. (1990). **The Effects of Hypnosis on a Parkinsonian Tremor: Case Report with Polygraph/EEG Recordings.** *American Journal of Clinical Hypnosis*, Vol. 33, 94-8.

Although Parkinsonian tremors typically disappear during sleep and are reduced during relaxation periods, the effects of hypnosis on this type of movement disorder have been generally ignored. We observed a patient's severe Parkinsonian tremor under hypnosis and monitored it with EEG and EMG studies. The patient was taught self-hypnosis and performed it three to four times daily in conjunction with taking medication. The results suggest that daily sessions of self-hypnosis can be a useful therapeutic adjunct in the treatment of Parkinsonian tremors.

Pediatrics

Olness, Karen; Kohen, Daniel P. (2010). **Childhood Problems.** In Barabasz, Arreed Franz (Ed); Olness, Karen (Ed); Boland, Robert (Ed); Kahn, Stephen (Ed), *Medical Hypnosis Primer: Clinical and Research Evidence*, (pp. 33-39). New York, NY: Routledge/Taylor & Francis Group.

This chapter will provide information about areas in which hypnosis can help children, developmental considerations in working with children, hypnosis research with children, examples of helping children in pain with hypnosis, and guidelines for studying how to teach children self-hypnosis. Children learn self-hypnosis easily. Normal children often play imaginary games; this talent can be adapted to help them develop skills in self-hypnosis.

Accardi, Michelle C.; Milling, Leonard S. (Aug 2009). **The Effectiveness of Hypnosis for Reducing Procedure-Related Pain in Children and Adolescents: A Comprehensive Methodological Review.** *Journal of Behavioral Medicine*, Vol 32(4), 328-339.

A comprehensive, methodologically informed review of studies of the effectiveness of hypnosis for reducing procedure-related pain in children and adolescents is provided. An exhaustive search identified 13 studies satisfying review criteria. Hypnosis was consistently found to be more effective than control conditions in alleviating discomfort associated with bone marrow aspirations, lumbar punctures, voiding cystourethrograms, the Nuss procedure, and post-surgical pain. Furthermore, hypnosis was as at least as effective as distraction. Three hypnotic interventions met criteria as a possibly efficacious empirically supported therapy for reducing post-surgical or lumbar puncture pain. Several other hypnotic interventions would have achieved the status of a possibly efficacious therapy had studies used a treatment manual.

McLean, Catriona. (Aut 2008). **How the Mind/Body Connection Can Empower Children During Painful Procedures in Hospital.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 29(1), 23-27.

Children often have painful and distressing medical procedures performed for diagnostic purposes and for management of acute or chronic medical conditions. Through increasing scientific interest, there is more published evidence to support the mind-body connection. This paper discusses the benefits of both formal and

informal hypnosis techniques when used with children undergoing medical procedures. Minimisation of stress and anxiety through distraction, guided imagery, and hypnosis can help children and carers to cope with these ordeals. The added benefits of non-pharmacological interventions is being embraced by many modern medical practitioners.

Scott, Eric L.; Lagges, Ann; LaClave, Linn. (2008). **Treating Children Using Hypnosis.** In Nash, Michael R. (Ed); Barnier, Amanda J. (Ed), *The Oxford Handbook of Hypnosis: Theory, Research, and Practice*, (pp. 593-609). New York, NY: Oxford University Press.

Children have been included in the work of all the well known hypnotherapists including Charcot, Freud (Sigmund) and current therapists such as Olness and Kohen (1996), Thomson (2005) and many others. In the following review, we want to highlight how hypnosis has been used to treat a variety of medical and psychological ailments in children, to alleviate symptoms and to aid in coping with pain and distress. While the child hypnosis literature is not as extensive as the adult literature (Chaves and Dworkin, 1997; Lynn et al, 2000; Milling and Costantino, 2000), there is a rich history of creative applications of hypnosis embedded within sound therapeutic practices. The brief literature review (below) serves two purposes: (1) to illustrate the ways hypnosis has been applied with children; and (2) to create an applied framework for the clinical cases presented later in this chapter. For more complete reviews of the wider child hypnosis literature, please see Olness and Kohen (1996) and Milling and Costantino (2000).

Nash, Michael R.; Levy, Jacob J.; Tasso, Anthony; Perez, Nicole. (Oct-Dec 2008). **Neurophysiological Attributes of the Hypnotic State and the Utility of Hypnosis in Pediatric Medicine and Burn Care.** *International Journal of Clinical and Experimental Hypnosis*, Vol 56(4), 463-469.

Three articles of special interest to the hypnosis community recently appeared in the general scientific and medical literatures. The first paper is a thoughtful review of the clinical applications of hypnosis in pediatric settings. The second article reports the findings of a randomized, controlled trial of hypnosis for burn-wound care, carried out at the University of Washington Medical School. The third article describes an innovative EEG laboratory case study tracking the cortex functional connectivity of a highly hypnotizable subject across various baseline and experimental conditions. These three articles are sturdy examples of how hypnosis illuminates (and is illuminated by) medical and psychological science.

Gold, Jeffrey I.; Kant, Alexis J.; Belmont, Katharine A.; Butler, Lisa D. (Aug 2007). **Practitioner Review: Clinical Applications of Pediatric Hypnosis.** *Journal of Child Psychology and Psychiatry*, Vol 48(8), 744-754.

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.

Saadat, Haleh; Kain, Zeev N. (Jul 2007). **Hypnosis as a Therapeutic Tool in Pediatrics.** *Pediatrics*, Vol 120(1), 179-181.

Complementary and alternative medicine (CAM) therapies are achieving considerable increase in popularity and recognition in both adult and pediatric populations. Hypnosis is one of the very first ancient CAM interventions and is defined as “a natural state of focused concentration coupled with a relative suspension of peripheral awareness.” Taken together, we recommend the use of hypnosis as an adjunct for the treatment of procedural pain and anxiety, phobias, sickle cell disease, and a number of chronic pain disorders such as headache and abdominal pain. Pediatricians should note that introducing the concept of self-hypnosis to children early in the course of a chronic disease is advantageous, because it would give them a sense of control and mastery. To select a suitable hypnosis technique to a child, several factors such as developmental age, child’s condition, motivation, interest, and abilities should be considered.

Berberich, F. Ralph. (Oct 2007). **Pediatric Suggestions: Using Hypnosis in the Routine Examination of Children.** *American Journal of Clinical Hypnosis*, Vol 50(2), 121-129.

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.

Anbar, Ran D. (2007). **Hypnosis for Children with Chronic Disease.** In Wester II, William C. (Ed); Sugarman, Laurence I. (Ed), *Therapeutic Hypnosis with Children and Adolescents*, (pp. 357-385). Norwalk, CT: Crown House Publishing Limited.

In this chapter, we will review some uses of hypnosis by children with chronic disease. We will discuss further why hypnosis should be integral in the care of these children. A transcript of a hypnosis session is provided as an example, and specific hypnosis strategies valuable for children with chronic illness are highlighted.

Lioffi, Christina; White, Paul; Hatira, Popi. (May 2006). **Randomized Clinical Trial of Local Anesthetic versus a Combination of Local Anesthetic with Self-hypnosis in the Management of Pediatric Procedure-related Pain.** *Health Psychology*, Vol 25(3), 307-315.

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.

Richardson, Janet; Smith, Joanna E.; McCall, Gillian; Pilkington, Karen. (Jan 2006). **Hypnosis for Procedure-Related Pain and Distress in Pediatric Cancer Patients: A Systematic Review of Effectiveness and Methodology Related to Hypnosis Interventions.** *Journal of Pain and Symptom Management*, Vol 31(1), 70-84.

The aim of this study was to systematically review and critically appraise the evidence on the effectiveness of hypnosis for procedure-related pain and distress in pediatric cancer patients. A comprehensive search of major biomedical and specialist complementary and alternative medicine databases was conducted. Citations were included from the databases' inception to March 2005. Efforts were made to identify unpublished and ongoing research. Controlled trials were appraised using predefined criteria. Clinical commentaries were obtained for each study. Seven randomized controlled clinical trials and one controlled clinical trial were found. Studies report positive results, including statistically significant reductions in pain and anxiety/distress, but a number of methodological limitations were identified. Systematic searching and appraisal has demonstrated that hypnosis has potential as a clinically valuable intervention for procedure-related pain and distress in pediatric cancer patients. Further research into the effectiveness and acceptability of hypnosis for pediatric cancer patients is recommended.

Anbar, Ran D.; Hummell, Kim E. (Jul 2005). **Teamwork Approach to Clinical Hypnosis at a Pediatric Pulmonary Center.** *American Journal of Clinical Hypnosis*, Vol 48(1), 45-49.

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.

Lebaron, Samuel. (Mar 2003). **The Use of Imagination in the Treatment of Children with Pain and Anxiety.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 24(1), 1-13.

This paper explores the use of imagination and hypnosis in the treatment of children with pain, anxiety and terminal illness. Several excerpts from case studies are used to illustrate, and demonstrate the techniques and hypnotic suggestions with imagination.

Lioffi, Christina; Hatira, Popi. (Jan 2003). **Clinical Hypnosis in the Alleviation of Procedure-related Pain in Pediatric Oncology Patients.** *International Journal of Clinical and Experimental Hypnosis*, Vol 51(1), 4-28.

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.

Zeltzer, Lonnie R.; Tsao, Jennie C. I.; Stelling, Carla; Powers, Mark; Levy, Samantha; Waterhouse, Michael. (Oct 2002). **A Phase I Study on the Feasibility and Acceptability of an Acupuncture/ Hypnosis Intervention for Chronic Pediatric Pain.** *Journal of Pain and Symptom Management*, Vol 24(4), 437-446.

Conducted a Phase I investigation examining the feasibility and acceptability of a complementary and alternative medicine package combining acupuncture and hypnosis for chronic pediatric pain. 33 sequentially referred children (21 girls) aged 6-18 yrs 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; 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. These data support the feasibility and acceptability of a combined acupuncture/hypnosis intervention for chronic pediatric pain.

Lioffi, Christina; Hatira, Popi. (Apr 1999). **Clinical Hypnosis versus Cognitive Behavioral Training for Pain Management with Pediatric Cancer Patients Undergoing Bone Marrow Aspirations.** *International Journal of Clinical and Experimental Hypnosis*, Vol 47(2), 104-116.

Conducted a randomized controlled trial to compare the efficacy of clinical hypnosis versus cognitive-behavioral coping skills training (CBCST) in alleviating the pain and distress of 30 pediatric cancer patients (aged 5-15 yrs) undergoing bone marrow aspirations. Patients were randomized to 1 of 3 groups: (1) hypnosis, (2) a package of CBCST, and (3) no intervention. Assessment of pain and pain-related anxiety involved both behavioral observation and self reports; nurses completed a checklist of distress behaviors—the Procedure Behavior Checklist. Patients who received either hypnosis or CBCST reported less pain and pain-related anxiety than did controls at compared to their own baseline. Hypnosis and CBCST

were similarly effective in the relief of pain. Results also indicated that children reported more anxiety and exhibited more behavioral distress in the CBCST group than in the hypnosis group.

Hall, Howard. (1999). **Hypnosis and Pediatrics**. In Temes, Roberta (Ed), *Medical Hypnosis: An Introduction and Clinical Guide. Medical Guides to Complementary and Alternative Medicine*, (pp. 79-93). New York, NY: Churchill Livingstone.

In this chapter, hypnosis is described as an alternative or complementary practice, particularly for the management of a variety of pediatric complaints and anxiety-based symptoms. In this chapter, the use of hypnosis is contrasted with a prescriptive approach when the practitioner attempts to determine which pediatric conditions would be appropriate for hypnosis. According to the author, hypnosis is considered to be a safe procedure, with negative aftereffects limited to headaches or drowsiness. Treatment specialities include: acute pain and anxiety, chronic pain, irritable bowel syndrome, sickle cell anemia, hemophilia, gunshot wound, test anxiety, and attention deficit/hyperactivity disorder.

Hawkins, Peter J.; Liossi, Christina; Ewart, B. W.; Hatira, P.; Kosmidis, V. H. (1998). **Hypnosis in the Alleviation of Procedure Related Pain and Distress in Paediatric Oncology Patients**. *Contemporary Hypnosis*, Vol 15(4), 199-207.

Evaluated 2 different therapeutic approaches (direct vs indirect suggestions) in reducing pain during lumbar punctures and explored the relationship between hypnotizability and outcome. 30 children (aged 6–16 yrs) with leukemia and non-Hodgkin's lymphoma who were undergoing regular lumbar punctures were randomly allocated to 2 groups. In one group, children were hypnotized and given direct suggestions associated with pain relief while undergoing lumbar puncture. In the 2nd group, children were given indirect hypnotic suggestions associated with pain relief. After hypnotic intervention, there was a statistically significant reduction over baseline for pain and anxiety during lumbar punctures in both groups. Direct and indirect methods were found to be equally effective. The level of hypnotizability was significantly associated with the magnitude of treatment outcome.

Mize, W. L. (1996). **Clinical Training in Self-regulation and Practical Pediatric Hypnosis: What Pediatricians Want Pediatricians to Know**. *Journal of Developmental & Behavioral Pediatrics*, Vol. 17, 317-22.

A survey was taken of graduates of the Society for Developmental and Behavioral Pediatrics' (SDBP) Pediatric Hypnosis Course to describe the impact of the course on participants' practical knowledge of self-regulation and hypnosis, the acquisition through direct experience of a realistic understanding of hypnosis, their estimation of the value of the course to their practice of pediatrics, their use of techniques learned, what they would communicate to peers in pediatrics about training in this area, and their beliefs concerning barriers to professional interest in learning hypnotic techniques for primary care. Forty-eight percent (126) of course graduates responded to the survey. Sixty-five percent of these were physicians; almost all were pediatricians. The overwhelming positive response of these pediatricians to the value of the course (4.4 on a scale of 5), the utility of hypnosis, its ease of use, and its practicality for primary care were conveyed richly in survey comments.

Sixty-three percent reported that their practice satisfaction increased as a result of this training, and 64% recommended a course like this to all general pediatricians.

Sugarman, L. I. (1996). Hypnosis in a Primary Care Practice: Developing Skills for the New Morbidities. *Journal of Developmental & Behavioral Pediatrics*, Vol. 17, 300-5.

Training in hypnotherapy provides the primary care practitioner with skills needed to address increasingly common, significant sources of childhood morbidity: stressful life events, psychophysiological symptoms, chronic disease, and behavioral problems. Although there are many reports on the utility of hypnosis in these areas, there are few on its use within primary care. This paper describes the integration of hypnotherapeutic methods into the continuum of pediatric encounters in a solo general pediatric practice. Specific techniques for approaching and examining young patients and their problems are illustrated. Preliminary data are presented from a prospective chart review of those children and adolescents within the practice who use hypnosis. Guidelines for the application of hypnosis in pediatric primary care are summarized.

Kohen, D. P. (1991). Applications of Relaxation and Mental Imagery (Self-hypnosis) for Habit Problems. *Pediatric Annals*, Vol. 20, 136-8, 141-4.

Olness, K. (1991). Cyberphysiologic Strategies in Pediatric Practice (Biofeedback, Self-hypnosis, and Relaxation Training). *Pediatric Annals*, Vol. 20, 115, 119.

Ratner, H., Gross, L., Casas, J., Castells, S. (1990). A Hypnotherapeutic Approach to the Improvement of Compliance in Adolescent Diabetics. *American Journal of Clinical Hypnosis*, Vol. 32, 154-9.

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.

Valente, S. M. (1990). Clinical Hypnosis with School-age Children. *Archives of Psychiatric Nursing*, Vol. 4, 131-6.

Despite the fact that nurses are in key positions to learn and use hypnosis to bolster a child's symptom management, ability to solve problems, or self-esteem, they lack knowledge about the clinical effectiveness of hypnosis. Substantial clinical literature demonstrates that hypnosis effectively reduces anxiety, enhances coping, and has been used successfully to treat behavior disorders, school phobias, and sleep disorders. Hypnosis can effectively reduce a child's anxiety and symptoms and has few side effects when used competently. With education and supervision,

nurses can effectively use hypnosis to improve a child's mastery and self-esteem and to reduce severe levels of anxiety.

Noll, R. B. (1988). **Hypnotherapy of a Child with Warts.** *Journal of Developmental & Behavioral Pediatrics*, Vol. 9, 89-91.

Hypnosis was used to treat a 7-year-old female with 82 common warts. The lesions had been present for 12-18 months and were refractory to routine dermatologic treatment. Hypnotic suggestions were given for the facial warts to disappear before warts from the rest of the body. After 2 weeks, eight of 16 facial warts were gone, with no other changes. After three additional biweekly sessions, all 82 warts were gone. To the author's knowledge, this is the first reported case of systematic wart removal in children. Discussion focuses on the relationship between psychological mechanisms and the immune system.

Plastic surgery

Botta, Samuel A. (1999). **Hypnosis for Liposuction Surgery: A Clinical Review and Guide for Hypnotic Dialogue.** *Contemporary Hypnosis*, Vol 16(4), 238-241.

Hypnosis is used to reduce the amount of intravenous anaesthesia required to perform liposuction surgery. The patient listens to a hypnotic audiocassette tape intraoperatively. This explains the procedure to the patient. First, relaxation techniques are used to comfort and relax the patient. The patient is then guided to experience his or her favorite place and then progressed through future positive imagery. Posthypnotic suggestions for healing and recovery are incorporated and distraction techniques are used to dissociate the patient from the procedure. The author has used this hypnotic tape for more than 300 patients and there has either been a marked reduction in the amount of intravenous medication needed, or frequently no intravenous medication has been needed at all. The patient returns to the recovery area fully awake and ready for discharge.

Faymonville, M. E., Fissette, J., Mambourg, P. H., Roediger, L., Joris, J., Lamy, M. (1995). **Hypnosis as Adjunct Therapy in Conscious Sedation for Plastic Surgery.** *Regional Anesthesia and Pain Medicine*, Vol. 20, 145-51.

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.

Matheson, G., Drever, J. M. (1990). **Psychological Preparation of the Patient for Breast Reconstruction.** *Annals of Plastic Surgery*, Vol. 24, 238-47.

Just as the amputation of the breast is traumatic, the reconstruction of the breast has its own psychological effects and problems. In this article we review over 100 women who had undergone rectus abdominis musculocutaneous flap reconstruction. We address the psychological issues motivating the patient for surgery and the psychological problems to be considered by the plastic surgeon. We also outline the method of psychological preparation used with these women and report on an evaluative study of the program provided as written and prerecorded material. A protocol and verbalization for hypnotic relaxation is included.

Zysman, Simon A.; Zysman, Shafer H. (1983). **Hypnosis as a Primary Anesthetic in Reconstructive and Cosmetic Facial Surgery.** *Journal of the American Society of Psychosomatic Dentistry & Medicine*, Vol 30(3), 102-106.

Presents clinical material showing that, from the pre-period, the use of hypnosis as an anesthetic helped to relieve a female patient's anxiety and emotional stress, helped to avoid the use of a tracheotomy that would have resulted in further surgical complications of the procedure, helped to relieve pain, and aided in a rapid recovery. Advantages of utilizing hypnoanesthesia as opposed to the exclusive uses of chemically induced anesthetics in this type of procedure are compared.

Scott, David L. (Oct 1975). **Hypnosis in Plastic Surgery.** *American Journal of Clinical Hypnosis*, Vol 18(2), 98-104.

Reports on 3 yrs of experience of the use of hypnosis in a hospital plastic surgical unit. This therapy has primarily been used as a psychotherapeutic support for 13 patients undergoing pedicle and flap graft surgery, resulting in a greatly improved morale and marked reduction in the total drug requirement. Ego-strengthening has been used in a few carefully selected patients with good effect, and hypnoanalgesia

replacing chemical anesthesia has been used once to enable cosmetic surgery to be carried out on a postcoronary patient. The overall results are encouraging, and it is shown that hypnosis, even in bedridden patients, is a practical procedure in a communal ward.

Postoperative care

Marc, Isabelle; Rainville, Pierre; Masse, Benoît; Dufresne, Alexandra; Verreault, René; Vaillancourt, Lucie; Dodin, Sylvie. (Sep 2009). **Women's Views Regarding Hypnosis for the Control of Surgical Pain in the Context of a Randomized Clinical Trial.** *Journal of Women's Health*, Vol 18(9), 1441-1447.

Objective: The aim of this study was to assess women's satisfaction with a hypnotic intervention for anxiety and pain management during a pregnancy-terminating procedure. Methods: Women (N = 350) scheduled for first-trimester surgical abortion were randomly assigned to standard care or to a short, standardized hypno-analgesia intervention before and during the procedure. Results: Mental imagery of a secure place was the strategy used by most women (71%) in the hypnosis group, but a significant proportion of them also used dissociation (42%) and focal analgesia (39%). Advantages of hypnosis over standard care were found in the patients' report that they could resume their normal activities right after being discharged from the hospital (72% in hypnosis vs. 56% in control group) and in their appreciation of the accompaniment (hypnotherapist vs. nurse) provided during the procedure (97% in hypnosis vs. 56% in control group). Among those who received hypnosis, 97% affirmed that they would recommend hypnosis to a friend for a similar procedure. Conclusions: Women in the hypnosis group generally reported higher levels of satisfaction with various aspects of the procedure. This is consistent with the growing literature in favor of hypnotic interventions to improve pain management and care.

Lambert, S. A. (1996). **The Effects of Hypnosis/Guided Imagery on the Postoperative Course of Children.** *Journal of Developmental & Behavioral Pediatrics*, Vol. 17, 307-10.

Hypnosis, guided imagery, and relaxation have been shown to improve the postoperative course of adult surgical patients. Children have successfully used hypnosis/guided imagery to significantly reduce the pain associated with invasive procedures and to improve selected medical conditions. The purpose of this study was to examine the effect of hypnosis/guided imagery on the postoperative course of pediatric surgical patients. Fifty-two children (matched for sex, age, and diagnosis) were randomly assigned to an experimental or control group. The experimental group was taught guided imagery by the investigator. Practice of the imagery technique included suggestions for a favorable postoperative course. Significantly lower postoperative pain ratings and shorter hospital stays occurred for children in the experimental group. State anxiety was decreased for the guided imagery group and increased postoperatively for the control group. This study demonstrates the positive effects of hypnosis/guided imagery for the pediatric surgical patient.

Blankfield, R. P. (1991). **Suggestion, Relaxation, and Hypnosis as Adjuncts in the Care of Surgery Patients: A Review of the Literature.** *American Journal of Clinical Hypnosis*, Vol. 33, 172-86.

Eighteen clinical trials which employed an intervention using hypnosis, suggestion, or relaxation to facilitate the recovery of surgery patients were critically reviewed. Sixteen studies credit the intervention with facilitating either the physical or emotional recovery of patients following surgery. Two studies failed to document any positive outcome attributable to the intervention. The available literature suggests that hypnosis, suggestion, and relaxation are underutilized techniques which can shorten postoperative hospital stays, promote the physical recovery of patients from surgery, and aid in the psychological and emotional response of patients following surgery.

Hart, R. R. (1980). **The Influence of a Taped Hypnotic Induction Treatment Procedure on the Recovery of Surgery Patients.** *International Journal of Clinical and Experimental Hypnosis*, Vol. 28, 324-32.

Pre-surgery

Thomson, Linda. (2010). **Surgery.** In Barabasz, Arreed Franz (Ed); Olness, Karen (Ed); Boland, Robert (Ed); Kahn, Stephen (Ed), *Medical Hypnosis Primer: Clinical and Research Evidence*, (pp. 53-58). New York, NY: Routledge/Taylor & Francis Group.

Millions of minor and major surgical operations and invasive interventional medical procedures are performed each year around the world. Preparing patients hypnotically for surgery can have an enormous positive impact on both their surgical course and their recovery. Hypnosis can be very effective in enhancing the patient's coping skills, managing stress and anxiety, reducing pain, and increasing a sense of self-mastery in the patient having surgery. This chapter discusses research; patient history; and trancework.

Lobe, Thom E. (2007). **Perioperative Hypnosis.** In Wester II, William C. (Ed); Sugarman, Laurence I. (Ed), *Therapeutic Hypnosis with Children and Adolescents*, (pp. 333-355). Norwalk, CT: Crown House Publishing Limited.

Discusses the use of perioperative hypnosis with children. The author addresses the first encounter, patient factors, goals of perioperative preparation, information, pre-operative instructions, suggestion, putting it all together, induction, and implementation.

Massarini, Maurizio; Rovetto, Francesco; Tagliaferri, Claudio; "Preoperative Hypnosis" Study Group. (2005). **Preoperative Hypnosis. A Controlled Study to Assess the Effects on Anxiety and Pain in the Postoperative Period.** *European Journal of Clinical Hypnosis*, Vol 6(1), 8-15.

Our study was designed to establish whether a single sitting of hypnosis during the preoperative period would reduce postoperative anxiety levels (both state and trait anxiety) and to reduce the perception of postoperative pain (both its sensory and affective components). Forty-two patients from the Surgery and Orthopaedics wards, who were to undergo surgery, were randomly assigned either to an experimental group (where preoperative hypnotic treatment was carried out during

the twenty-four hours preceding the operation) or to a control group (with no particular preoperative treatment). Postoperative physiological indices were measured and pain perception (sensory and affective components) was assessed using the MRS every day, for four days after the operation. The patients from the experimental group showed lower levels of anxiety (both state and trait) and lower pain perception in the first two days after the operation (both in the sensory and affective components) compared to the patients from the control group. No difference emerged for the other variables examined (depressive problems, physiological parameters). This controlled study showed that brief hypnotic treatment carried out in the preoperative period leads to good results with surgery patients in terms of reducing anxiety levels and pain perception.

Fredericks, Lillian E. (2001). *The Use of Hypnosis in Surgery and Anesthesiology: Psychological Preparation of the Surgical Patient*. Springfield, IL: Charles C. Thomas Publisher.

The purpose of this book is to stimulate physicians to explore the capabilities of the human mind, when it is working together with the body, and with the help of the unconscious, to accept hypnotic suggestions. The chapters written by Fredericks are a combination of her own experience of using hypnosis as an adjunct to her practice of anesthesiology, and the practice of other anesthesiologists, as well as many bibliographic references, using hypnosis not only for the control of pain, anxiety, stress, and apprehension but for many other problems.

Kessler, Rodger; Whalen, Thomas. (1999). **Hypnotic Preparation in Anesthesia and Surgery**. In Temes, Roberta (Ed), *Medical Hypnosis: An Introduction and Clinical Guide. Medical Guides to Complementary and Alternative Medicine*, (pp. 43-57). New York, NY: Churchill Livingstone.

This chapter discusses physiologic and psychologic dimensions that influence each other, the course of surgery, and postsurgical recovery. Specific hypnotic and psychological interventions are presented to counter neuroendocrine responses to anxiety, pain, and stress. Two case studies are presented to outline specific hypnotic techniques, including presurgical intervention, self regulation, imagery, and postoperative healing.

Schutz, J. (May 1998). **Preparation for Surgery Using Hypnosis**. *Australian Journal of Clinical & Experimental Hypnosis*, Vol 26(1), 49-56.

The power of hypnosis in overcoming strong negative expectations and adverse past experiences is demonstrated in this case history of a female patient who sustained an injury during childbirth. Hypnosis enabled the client to achieve a sense of mastery over her illness, and maximized the likelihood of a good surgical outcome.

Snow, B. R. (1985). **The Use of Hypnosis in the Management of Preoperative Anxiety and Postoperative Pain in a Patient Undergoing Laminectomy**. *Bulletin of the Hospital for Joint Diseases Orthopaedic Institute*, Vol. 45, 143-9.

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.

Psychosomatic medicine

“The meta-analysis clearly indicates hypnotherapy is highly effective in treatment of psychosomatic disorders.” (Flammer & Alladin, 2007, p. 251)

Flammer, Erich; Alladin, Assen. (Jul 2007). **The Efficacy of Hypnotherapy in the Treatment of Psychosomatic Disorders: Meta-Analytical Evidence.** *International Journal of Clinical and Experimental Hypnosis*, Vol 55(3), 251-274.

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.

Elkins, Gary; Perfect, Michelle M. (2007). **Hypnotherapy for the Treatment of Childhood Somatoform Disorders.** In Wester II, William C. (Ed); Sugarman, Laurence I. (Ed), *Therapeutic Hypnosis with Children and Adolescents*, (pp. 217-239). Norwalk, CT: Crown House Publishing Limited.

This chapter reviews the use of hypnosis for the treatment of psychosomatic disorders in children. Hypnosis is usually well accepted and is a feasible intervention for many psychosomatic problems. However, medical and physical causes should be carefully evaluated and ruled out before proceeding with hypnotherapy. Hypnosis can be useful in altering symptoms as well as in clarifying dynamic issues. The clinician should integrate hypnosis into an overall treatment plan that considers family issues, stresses, psychopathology, and secondary gains that may be associated with psychosomatic symptoms. Hypnosis is presented as a skill that gives the child or adolescent greater insight and control of their symptoms. The existing literature suggests that when appropriately applied, hypnosis may be an effective tool in the treatment of childhood psychosomatic disorders.

Araki, Tomoko; Sogawa, Hiroshi; Kubo, Chiharu. (Mar 2005). **The Effect of Hypnosis on Patients with Psychosomatic Disorders.** *Japanese Journal of Hypnosis*, Vol 48(2), 24-31.

We have noticed that patients must become altered states of consciousness (ASC) for the success of psychosomatic treatments. We have taken nonverbal approaches

for the patients who are not able to become ASC easily. As some of them show strong hesitation to nonverbal approaches, we have introduced hypnosis in order to bring out ASC from patients more effectively. We introduced hypnosis as our approach for two patients with psychosomatic disorders: one was suffering from myalgia, the other from panic disorder. After the introduction of hypnosis, they became ASC, felt relaxed, and expressed their feelings and emotions easily. They also experienced their own mind-body correlation. Patients with psychosomatic disorders showed the possibility of the self-control, which included the mitigation of psychosomatic disorders and the straightforward expression of emotions. Through sessions of the hypnotic therapy, we have reached the following two conclusions: 1. It is possible to use hypnosis in order to directly relieve the patients of the symptoms. 2. It is possible to use altered states of consciousness brought about by hypnosis as the therapeutic situation.

Kaupp, Jennifer W.; Rapoport-Hubschman, Nathalie; Spiegel, David. (2005). **Psychosocial Treatments**. In Levenson, James L. (Ed), *The American Psychiatric Publishing Textbook of Psychosomatic Medicine*, (pp. 923-956). Arlington, VA: American Psychiatric Publishing, Inc.

In this chapter, we review the types of stress and distress that commonly affect patients with medical illness, psychological factors unique to these patients, and the psychotherapies that have been developed and evaluated to treat their symptoms and enhance their coping styles. There is growing evidence that a variety of psychotherapeutic strategies in individual and group formats are helpful in reducing distress, anxiety, and depression among the medically ill. Techniques employed include psychodynamic, supportive-expressive, and interpersonal psychotherapies, hypnosis, family therapy, cognitive-behavioral therapy (CBT), and psychoeducation.

Iglesias, Alex. (Jan 2004). **Hypnosis and Existential Psychotherapy with End-Stage Terminally Ill Patients**. *American Journal of Clinical Hypnosis*, Vol 46(3), 201-213.

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.

Raikov, L., Gofman, A. M., Kulikovskiy, M. (1994). **Psychotherapeutic Application of Group Hypnosis**. *International Journal of Psychosomatics*, Vol. 41, 93-4.

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.

Rehabilitation Medicine

Jensen, Mark P.; Barber, Joseph; Romano, Joan M.; Hanley, Marisol A.; Raichle, Katherine A.; Molton, Ivan R.; Engel, Joyce M.; Osborne, Travis L.; Stoelb, Brenda L.; Cardenas, Diana D.; Patterson, David R. (Jul 2009). **Effects of Self-hypnosis Training and EMG Biofeedback Relaxation Training on Chronic Pain in Persons with Spinal-Cord Injury.** *International Journal of Clinical and Experimental Hypnosis*, Vol 57(3), 239-268.

Thirty-seven adults with spinal-cord injury and chronic pain were randomly assigned to receive 10 sessions of self-hypnosis (HYP) or EMG biofeedback relaxation (BIO) training for pain management. Participants in both treatment conditions reported substantial, but similar, decreases in pain intensity from before to after the treatment sessions. However, participants in the HYP condition, but not the BIO condition, reported statistically significant decreases in daily average pain pre- to posttreatment. These pre- to posttreatment decreases in pain reported by the HYP participants were maintained at 3-month follow-up. Participants in the HYP condition, but not the BIO condition, also reported significant pre- to posttreatment increases in perceived control over pain, but this change was not maintained at the 3-month follow-up.

Stoelb, Brenda L.; Jensen, Mark P.; Tackett, M. Jan. (Jan 2009). **Hypnotic Analgesia for Combat-related Spinal Cord Injury Pain: A Case Study.** *American Journal of Clinical Hypnosis*, Vol 51(3), 273-280.

A U.S. Army soldier stationed in Iraq developed myriad pain problems after sustaining a high-level spinal cord injury (SCI) from a gunshot wound. These problems were negatively impacting his ability to participate fully in his physical rehabilitation and care. Ten sessions of self-hypnosis training were administered to the patient over a 5-week period to help him address these problems. Both the patient and his occupational therapist reported a substantial reduction in pain over the course of treatment, which allowed the patient to actively engage in his therapies. Six months post treatment, the patient reported continued use of the hypnosis strategies taught, which effectively reduced his experience of pain. This case study demonstrates the efficacy of hypnotic analgesia treatment for U.S. military veterans who are experiencing pain problems due to traumatic or combat-related SCIs.

Jensen, Mark P.; Barber, Joseph; Hanley, Marisol A.; Engel, Joyce M.; Romano, Joan M.; Cardenas, Diana D.; Kraft, George H.; Hoffman, Amy J.; Patterson, David R. (Apr-Jun 2008). **Long-Term Outcome of Hypnotic-Analgesia Treatment for Chronic Pain in Persons with**

Disabilities. *International Journal of Clinical and Experimental Hypnosis*, Vol 56(2), 156-169.

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.

Diamond, Solomon Gilbert; Davis, Orin C.; Schaechter, Judith D.; Howe, Robert D. (Dec 2006). **Hypnosis for Rehabilitation After Stroke: Six Case Studies.** *Contemporary Hypnosis*, Vol 23(4), 173-180.

This report presents qualitative accounts from a pilot clinical study of six chronic stroke subjects. Our hypothesis was that a hypnotic procedure would help overcome learned nonuse, which is thought to contribute to impaired motor function of the paretic upper limb in chronic stroke patients. The hypnotic procedure involved selecting motor tasks that would challenge each subject, then (1) imagined practice of the challenging motor task revived from prior to the stroke alternated with imagined practice in the present; (2) imagined practice in the present alternated with imagined practice during active-alert hypnosis; and (3) active-alert imagined practice alternated with actual physical performance. We observed qualitative improvements in motor function related to increased range of motion, increased grip strength, and reduced spasticity of the paretic upper limb. Subjects consistently reported an improved outlook, increased motivation, as well as greater awareness of and decreased effort to perform motor tasks with the paretic limb.

Smeal, Wesley L.; Yeziarski, Robert P.; Wrigley, Paul J.; Siddall, Philip J.; Jensen, Mark P.; Ehde, Dawn M. (Dec 2006). **Spinal Cord Injury.** *The Journal of Pain*, Vol 7(12), 871-877.

This article is the third in a series of "Case Studies in Pain" features, designed to share scientific and clinical knowledge in a case study format. This report presents the case of a 26-year-old female who suffered persistent pain after a spinal cord injury that resulted from an accident. In the context of pain treatment, cognitive therapy, or "cognitive restructuring" is an intervention designed to teach patients to examine the thoughts they have about their pain, to determine the extent to which these thoughts are adaptive and helpful, neutral, or maladaptive. A growing body of research, including a number of controlled clinical trials published over the past decade, supports the efficacy of self-hypnosis training for helping patients better manage both acute and chronic pain conditions. None of the interventions should be offered as "replacements" for any other appropriate biomedical interventions; each can be provided concurrently with other treatments for pain. But it is our position that the sooner that these treatments are considered and offered, the more likely the patient will be to draw benefit from them.

Appel, Philip R.; Bleiberg, Joseph. (2000). **Evaluation and Treatment of Anxiety in Neuromuscular Rehabilitation.** In Mostofsky, David I. (Ed); Barlow, David H. (Ed), *The Management of Stress and Anxiety in Medical Disorders*, (pp. 290-303). Needham Heights, MA: Allyn & Bacon.

This chapter focuses on clinical practice within a rehabilitation hospital, where the vast majority of clinical work includes assisting patients to manage, productively channel, and overcome anxiety. Treatments for anxiety will be discussed from several points of view, including facilitating attainment of rehabilitation goals, improving adjustment and adaptation to disability, and treating patients with preexisting anxiety disorders who now are in a rehabilitation facility and are experiencing complex, multifactorial anxiety problems. The authors highlight the use of hypnosis and cognitive behavioral interventions, within an overall sports psychology/performance enhancement model, as an effective yet economical and efficient approach to providing care.

Appel, P. R. (1992). **The Use of Hypnosis in Physical Medicine and Rehabilitation.** *Psychological Medicine*, Vol. 10, 133-48.

Hypnosis and hypnotic strategies has been used for over 30 years in the field of Physical Medicine and Rehabilitation by psychiatrists and psychologists to effectively intervene in and influence: the enhancement of the patient's attainment of rehabilitation goals; adjustment and grief reactions to disability and handicap; and pre-existing psychiatric conditions exacerbated by the disability or handicap. In this article I will focus on how hypnosis has been effectively utilized to enhance performance of functional ability, increase self-esteem, and potentiate brief psychotherapy for adjustment difficulties to injuries and disabilities through the use of case examples.

Appel, P. R. (1990). **Clinical Applications of Hypnosis in the Physical Medicine and Rehabilitation Setting: Three Case Reports.** *American Journal of Clinical Hypnosis*, Vol. 33, 85-93.

Hypnosis is useful in the rehabilitation setting to help patients master skills, to increase their sense of self-efficacy and self-esteem and, in general, to facilitate and accelerate their rehabilitation program. I used hypnosis with three patients where patient behaviors and beliefs were interfering with the rehabilitation treatment goals set by the patient and the health care team. Collectively, these cases demonstrate the use of hypnotic techniques in diagnosing and treating problems with patient compliance and assisting patients to gain greater benefit from their rehabilitation regimen.

Reproductive health care

Hugo, Sjanie. (2009). *The Fertile Body Method: A Practitioner's Manual: The Applications of Hypnosis and Other Mind-Body Approaches for Fertility.* Norwalk, CT: Crown House Publishing Limited.

The Fertile body method combines hypnosis and other mind-body approaches to help identify and address the mental, emotional and physical factors which affect fertility and reduce the negative effects of infertility. This is a manual for health practitioners and contains the six stages of the 'Fertile Body Method', which can be

used to study, understand and work with all the different aspects of fertility problems. It includes a structured therapeutic framework as well as a step-by-step guide for treatment. This book is suitable for those who are new to the field of fertility and mind-body medicine as well as more experienced practitioners who are looking to add to their skills and knowledge. Includes a free CD of resources which contains scripts, questionnaires, self help tools, diagrams, charts and explanation leaflets for clients.

Hutchinson-Phillips, Susan. (Nov 2003). **Recipe for a Miracle: Determination, Optimism, Medical Technology, and Hypnosis in IVF.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 31(2), 121-127.

Involuntary childlessness is now commonly treated using in-vitro fertilisation (IVF) programmes, although the process involved is usually a long and frustrating one for the couples involved, with a four to five year wait for successful pregnancy for most. Hypnosis has traditionally been used in childbirth to assist in relaxation and to enhance perceptions of control, both of which can be negatively impacted during the course of IVF procedures. Success using hypnosis as an adjunct to IVF procedures in the following case suggests that its use in this area could be beneficial to those who through diagnosable or idiopathic reasons are unable to conceive naturally.

Mikesell, Susan G. (2000). **Infertility and Pregnancy Loss: Hypnotic Interventions for Reproductive Challenges.** In Hornyak, Lynne M. (Ed); Green, Joseph P. (Ed), *Healing from Within: The Use of Hypnosis in Women's Health Care. Dissociation, Trauma, Memory, and Hypnosis Book Series*, (pp. 191-212). Washington, DC: American Psychological Association.

The author reviews the psychology of infertility, and then focuses on hypnotic- and imagery-based interventions that allow women to feel more empowered throughout the infertility and pregnancy loss experience. The author reviews the few approaches that have already been developed. The author describes applications of these and other methods that have come out of her 15-yr practice with infertile women and couples, with particular focus on 3 periods in the infertility experience: (a) acceptance of the diagnosis, (b) managing the ART (assisted reproductive technologies) experience, and (c) pregnancy loss.

Baram, D. A. (1995). **Hypnosis in Reproductive Health Care: A Review and Case Reports.** *Birth*, Vol. 22, 37-42.

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.

Gravitz, Melvin A. (Jul 1995). **Hypnosis in the Treatment of Functional Infertility.** *American Journal of Clinical Hypnosis*, Vol 38(1), 22-26.

While hypnosis has had a demonstrated value in the management of numerous organic and psychogenic problems, a review of the literature reveals few references

to hypnosis treatment of functional infertility, and these references tend to be limited in the variety of strategies employed. Two cases illustrate successful use of hypnosis and imagery in facilitating pregnancy in women for whom prior medical diagnostic procedures had revealed no somatic factors preventing conception. Also, the women did not show indications of interpersonal conflict in their relationship or personal psychological problems. The hypnosis and imagery treatment was considered to have resulted in beneficial modification of attitude, optimism, and mind-body interaction.

Sexual dysfunction

“. . . hypnotherapy is a very valuable tool for a wide variety of sexual dysfunctions.” (Kraft & Kraft, 2007, p. 1)

Kraft, Tom; Kraft, David. (May 2007). **The Place of Hypnosis in Psychiatry, Part 2: Its Application to the Treatment of Sexual Disorders.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 35(1), 1-18.

This paper is based on a world-wide search of the literature focusing on the application of hypnotherapy in the treatment of sexual dysfunction. The authors review a range of treatment procedures which have been shown to be highly effective for a wide range of sexual dysfunctions listed in the DSM-IV. This paper demonstrates that hypnotherapy is a very valuable tool for a wide variety of sexual dysfunctions. Some of these treatments are behaviourally oriented, in particular the cognitive re-structuring used in the treatment of frigidity; others are more psychodynamically oriented, such as the use of age regression in the treatment of premature ejaculation; and a third group combines these approaches. Detailed accounts of the treatment procedures are given so that hypnotherapy practitioners may incorporate these techniques in their consulting rooms.

Lemke, Wendy. (Jan 2005). **Utilizing Hypnosis and Ego-state Therapy to Facilitate Healthy Adaptive Differentiation in the Treatment of Sexual Disorders.** *American Journal of Clinical Hypnosis*, Vol 47(3), 179-189.

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.

Araoz, Daniel L.; Goldin, Eugene. (Sep 2004). **The Importance of Vivencia in the Hypnotic Treatment of Sexual Dysfunction.** *Australian Journal of Clinical Hypnotherapy and Hypnosis*, Vol 25(2), 68-76.

The hidden symptom in sexual dysfunction is a semiconscious admission of negative images about the sexual problem. He or she allows images of failure to perpetuate the problem. Often these are vivid, detailed, daydream-like, mental pictures that (a) make the patient identify with the problem as part of him- or herself; and (b) as a consequence, make him or her believe that there is no real solution to it. These vivid images are of the same nature as the vivencias we explain below. On the other hand, the essence of hypnosis in sex therapy is the experiential thinking by which the client sees him- or herself free from the problem and acting sexually in a 'non-problem way'. Hypnotherapy for sexual dysfunction is successful in the measure that the patient is able to experience internal success, satisfaction and joy in his or her sexual behaviour, thanks to his or her vivid and detailed visualisation. In this article we try to explain in practical terms how the therapist, by using this method, can help the client have positive vivencias that will make possible and easy the new behaviours oppositional to the problem behaviour.

Araoz, Daniel; Burte, Jan; Goldin, Eugene. (Jan 2001). **Sexual Hypnotherapy for Couples and Family Counselors.** *The Family Journal*, Vol 9(1), 75-81.

Discusses the use of Ericksonian hypnotic techniques in conjunction with cognitive-behavioral techniques in the treatment of male and female sexual dysfunction within a counseling setting. The basic principles of cognitive-behavioral techniques, which may be collectively labeled the New Hypnosis, include processing of internal states of perceived realities, reexperiencing the sexual problem, inward directedness of the client by the counselor through careful observation and feedback of the client's or couple's psychosomatic and somatopsychic expressions, and the presence of both members of the couple in sessions whenever possible. Basic techniques include subjective biofeedback, activation of personality parts, and mental rehearsal as they apply to sexual identity in treating sexual orientation, preference, role, and functioning. Specific techniques can aid in problems encountered during the 5 sexual response stages of sexual desire, arousal, foreplay, orgasm, and processing. It is concluded that the New Hypnosis is an effective means of helping clients develop new insights into their sexual functioning and overcome debilitating or limiting sexual dysfunctions.

Aydin, S., Odabas, O., Ercan, M., Kara, H., Agargun, M. Y. (1996). **Efficacy of Testosterone, Trazodone and Hypnotic Suggestion in the Treatment of Non-organic Male Sexual Dysfunction.** *British Journal of Urology*, Vol. 77, 256-60.

OBJECTIVE: To examine the effects of hypnotic suggestions or the administration of testosterone or trazodone to impotent men with no detectable organic cause for the impotence. PATIENTS AND METHODS: The study comprised 79 men in whom clinical and laboratory examinations revealed no organic cause for their impotence: 20 men (mean age 38.7 +/- 11.47 years) received testosterone, 21 men (mean age 39.5 +/- 10.73 years) received trazodone, 20 men (mean age 34.2 +/- 11.69 years) underwent hypnosis and 18 men (mean age 39.1 +/- 11.46 years) served as controls. They were assessed by interview 4, 6 and 8 weeks after starting treatment: the patient's reports were verified by interviewing their partners. RESULTS: Men who received a placebo had a 39% improvement in sexual function, while the rates of improvement in the treated groups were higher, but not significantly so. The success rates of testosterone and trazodone treatment and hypnotic suggestions were 60%, 67% and 80%, respectively. CONCLUSION: Although the improvement was not statistically significant, treatment with testosterone and trazodone could be used as an adjuvant therapy in nonorganic male

sexual dysfunction. The only treatment superior to placebo seemed to be hypnosis. A more effective treatment may be obtained by combining these therapeutic modalities, but this needs further study.

Crasilneck, H. B. (1992). **The Use of Hypnosis in the Treatment of Impotence.** *Psychological Medicine*, Vol. 10, 67-75.

This chapter describes the use of hypnotherapy in the treatment of psychogenic impotency. A listing of etiological factors common to this problem are described. Appropriate case histories are presented.

Skin

Shenefelt, Philip D. (Oct 2007). **Psychocutaneous Hypnoanalysis: Detection and Deactivation of Emotional and Mental Root Factors in Psychosomatic Skin Disorders.** *American Journal of Clinical Hypnosis*, Vol 50(2), 131-136.

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.

Shenefelt, Philip D. (2006). **Nondrug Psychotherapeutic Options for Skin Disorders.** In Abelian, M. E. (Ed), *Trends in Psychotherapy Research*, (pp. 33-51). Hauppauge, NY: Nova Science Publishers.

There is a significant psychosomatic or behavioral component to many skin disorders. This interaction permits nondrug psychotherapeutic interventions that have positive impacts on many cutaneous diseases. Cognitive-behavioral techniques that address dysfunctional cognitions (thought patterns) or behaviors (actions) can be useful for skin disorders with a significant psychosomatic or behavioral component, such as the picking component of acne excoriee, scratching in atopic dermatitis, habits such as lip licking or biting, hyperhidrosis, lichen simplex chronicus, neurotic excoriations, onychotillomania, trichotillomania, and psychosomatic triggering or exacerbation of urticaria. Cognitive-behavioral methods can also desensitize individuals with needle phobia. Hypnosis has been found useful to treat a number of skin disorders 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. Hypnosis can also help individuals feel more comfortable about having their skin diseases. Hypnotic relaxation utilizing self-guided imagery reduces anxiety and discomfort during dermatologic procedures. For resistant skin disorders, hypnoanalysis using ideomotor signaling and the affect bridge technique can often identify original incidents and promote healing.

Hollingsworth, Anne. (Nov 2001). **I've Got You Under My Skin: Hypnosis for Dermatitis and Unrequited Love.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 29(2), 131-146.

This study details the use of hypnosis in relieving symptoms of dermatitis in a female in her early thirties. Ongoing therapy then focused on feelings of discontent and joylessness, resulting from unrequited love. It is concluded that the client's rash was more readily amenable to psychotherapy than were the underlying existential dilemmas.

Laidlaw, T. M., Booth, R. J., Large, R. G. (1996). **Reduction in Skin Reactions to Histamine After a Hypnotic Procedure.** *Psychosomatic Medicine*, Vol. 58, 242-8.

This study sought to test whether a cognitive-hypnotic intervention could be used to decrease skin reactivity to histamine. 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.

Zachariae, R., Oster, H., Bjerring, P., Kragballe, K. (1996). **Effects of Psychologic Intervention on Psoriasis: A Preliminary Report.** *Journal of the American Academy of Dermatology*, Vol. 34, 1008-15.

BACKGROUND: Case reports have indicated that psychologic treatments may have a beneficial effect on psoriasis activity. 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. RESULTS: Slight, but significant, changes in Total Sign Score and Laser Doppler Skin Blood Flow 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.

Stewart, A. C., Thomas, S. E. (1995). **Hypnotherapy as a Treatment for Atopic Dermatitis in Adults and Children.** *British Journal of Dermatology*, Vol. 132, 778-83.

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.

Hajek, P., Jakoubek, B., Radil, T. (1990). **Gradual Increase in Cutaneous Threshold Induced by Repeated Hypnosis of Healthy Individuals and Patients with Atopic Eczema.** *Perceptual and Motor Skills*, Vol. 70, 549-50.

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.

Kantor, S. D. (1990). **Stress and Psoriasis.** *Cutis*, Vol. 46, 321-2.

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.

Sleep disorders

Yapko, Michael. (2010). **Hypnosis and Sleep.** In Barabasz, Arreed Franz (Ed); Olness, Karen (Ed); Boland, Robert (Ed); Kahn, Stephen (Ed), *Medical Hypnosis Primer: Clinical and Research Evidence*, (pp. 65-71). New York, NY: Routledge/Taylor & Francis Group.

This brief chapter will focus specifically on how hypnosis can help resolve insomnia that is secondary to depression. Depression is the most common mood disorder in the world and, according to the World Health Organization (2001), is a leading cause of human suffering and disability that is still increasing in prevalence. Insomnia is the most common sleep disorder related to depression.

Weidong, Wang; Fang, Wang; Yang, Zhao; Menghan, Lv; Xueyu, Lv. (Dec 2009). **Two Patients with Narcolepsy Treated by Hypnotic Psychotherapy.** *Sleep Medicine*, Vol 10(10), 1167.

Narcolepsy is a primary sleep disorder characterized by uncontrollable and excessive daytime sleepiness associated with one or all of the following: cataplexy, sleep paralysis, hypnagogic hallucinations and nocturnal sleep disturbance. To our knowledge there is no report in the literature of narcolepsy being successfully treated by pure hypnosis and psychotherapy. We now report two such patients. Two

boys, 15 and 17 years old, complained of uncontrollable excessive daytime sleepiness (EDS), frequent cataplexy triggered by laughter, hypnagogic hallucinations and sleep paralysis for the past 5 years. Based on these limited observations, we suggest that hypnotherapy should be considered in those with strong psychological factors associated with narcolepsy-cataplexy, particularly in children and adolescents. This will obviate use of multiple stimulants, sodium oxybate and antidepressants, which are often associated with undesirable consequences without necessarily curing or significantly improving the condition.

Graci, Gina M.; Hardie, John C. (Jul 2007). **Evidence-Based Hypnotherapy for the Management of Sleep Disorders.** *International Journal of Clinical and Experimental Hypnosis*, Vol 55(3), 288-302.

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. 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.

Yapko, Michael D. (2006). **Utilizing Hypnosis in Addressing Ruminative Depression-Related Insomnia.** In Yapko, Michael D. (Ed), *Hypnosis and Treating Depression: Applications in Clinical Practice*, (pp. 141-159). New York, NY: Routledge/Taylor & Francis Group.

This chapter addresses the relationship between secondary insomnia and major (unipolar) depression. Insomnia is the most common sleep disorder related to depression. The focus of this chapter was narrowed to a very common coping style, rumination, which can be a harbinger of an impending depression, or can be a most troubling facet of an existing depression. Rumination is generally an agitating process and is directly responsible for much of the anxiety associated with depression. In turn, it helps generate secondary insomnia, and can reasonably be considered a likely causal or exacerbating factor in middle and terminal insomnia as well, although this has yet to be clearly established. A hypnotic intervention is described that must be provided in conjunction with additional therapeutic interventions addressing the related issues specified (e.g., teaching the client effective ways to make distinctions between useful analysis and useless ruminations, compartmentalize various aspects of experience, develop better coping skills, develop more effective decision-making strategies, and develop good behavioral and thought habits regarding sleep) and therefore is indicated when the client has an identifiable pattern of rumination that negatively affects his or her ability to fall or stay asleep.

Graci, Gina; Sexton-Radek, Kathy. (2006). **Treating Sleep Disorders Using Cognitive Behavior Therapy and Hypnosis.** In Chapman, Robin A. (Ed), *The Clinical Use of Hypnosis in Cognitive Behavior Therapy: A Practitioner's Casebook*, (pp. 295-331). New York, NY: Springer Publishing Co.

The goal of this chapter is to educate clinicians regarding how to incorporate the use of cognitive behavior treatment (CBT) with hypnosis in the treatment of sleep disorders. A summary of the basic science of sleep medicine as applied to CBT is provided. This summary includes an explanation of the sleep-wake cycle, sleep stages, review of the most common categories of sleep disorders, and a discussion of the general and specific cognitive behavioral approaches to insomnia treatment and case examples of treating sleep disturbance using CBT with hypnosis methodology.

Howsam, David G. (May 1999). **Hypnosis in the Treatment of Insomnia, Nightmares and Night Terrors.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 27(1), 32-39.

This case study illustrates the use of hypnosis to alleviate insomnia, nightmares, night terrors, and fear of the dark in an 11-yr-old boy, which occurred as a result of severe injury and hospitalization causing separation anxiety disorder. It demonstrates the matching of hypnotic interventions with the individual needs and preferences of the client.

Stanton, Harry E. (1999). **Hypnotic Relaxation and Insomnia: A Simple Solution?** *Sleep and Hypnosis*, Vol 1(1), 64-67.

After a brief review of the use of behavioral strategies in the treatment of sleep onset insomnia, attention is centered upon one such strategy, hypnotic relaxation. A specific technique embracing visualization of a garden scene; letting go of problems; and a special place visualization, is described and its application to the problem of insomnia illustrated by means of 3 case studies (2 males, 43 and 22 yrs of age and 1 female, aged 37 yrs). Each of these studies deals with a different type of insomnia: 1) slow sleep onset, 2) waking during the night, and 3) difficulty in sleeping during the day. The success of the technique with all three cases suggests it might well be used more widely in the treatment of insomnia.

Rosenberg, C. (1995). **Elimination of a Rhythmic Movement Disorder with Hypnosis--A Case Report.** *Sleep*, Vol. 18, 608-9.

The following describes a case of rhythmic movement disorder successfully treated with hypnosis. Hypnosis and its use in sleep disorders are discussed, and it is hypothesized that hypnosis is an effective intervention in disorders that occur at the interface between waking and sleep.

Becker, Philip M. (Oct 1993). **Chronic Insomnia: Outcome of Hypnotherapeutic Intervention in Six Cases.** *American Journal of Clinical Hypnosis*, Vol 36(2), 98-105.

Patients were evaluated at a sleep disorders center for a dyssomnia that occurred at least 3 nights/wk for 6 mo or more. Six adults accepted hypnotherapy for their persistent psychophysiological insomnia and other sleep disorder diagnoses. Three patients responded to 2 sessions of structured hypnotherapy. The 3 responders remained improved at 16-mo follow-up. Factors that seemed to contribute to long-term response in this small group of patients included a report of sleeping at least half of the time while in bed, increased hypnotic susceptibility, no history of major depression, and a lack of secondary gain.

Tinnitus

Harasymczuk, Maria. (Nov 2000). **Hypnosis as an Adjunct to Tinnitus Retraining Therapy in the Treatment of Persistent Tinnitus.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 28(2), 169-175.

Presents the case of the successful treatment of persistent tinnitus in a female (aged 60 yrs) using hypnosis as an adjunct to tinnitus retraining therapy. The hypnotic interventions utilized over 2 sessions included: ego-strengthening, symbol of peace, ideomotor signalling, positive suggestions regarding the S's hearing mechanism, and self-hypnosis. These interventions resulted in a reduction of the S's tinnitus awareness from 20% to 5% of the time and a significant reduction in severity ratings.

Andersson, Gerhard; Melin, Lennart; Hågnebo, Christina; Scott, Berit. (Fal 1995). **A Review of Psychological Treatment Approaches for Patients Suffering from Tinnitus.** *Annals of Behavioral Medicine*, Vol 17(4), 357-366.

Disabling tinnitus (ringing or buzzing in the ear) is a condition experienced by at least 1–2% of the population. Since medical and technical treatments are only partly successful, several psychological treatment approaches have been applied in the treatment of tinnitus. This article reviews 38 studies on hypnosis, biofeedback, and cognitive-behavioral approaches together with relaxation techniques. It is concluded that relaxation training together with cognitive-behavioral coping techniques is the method which so far has received the most empirical support. Still, more research is needed on the effects of psychological treatment. Finally, 5 recommendations are made regarding the treatment of tinnitus patients.

Mason, Jules; Rogerson, David. (Apr 1995). **Client-Centered Hypnotherapy for Tinnitus: Who Is Likely to Benefit?** *American Journal of Clinical Hypnosis*, Vol 37(4), 294-299.

Examined criteria for using client-centered hypnotherapy in 41 outpatients suffering from tinnitus (aged 26–80 yrs). Treatment outcome was measured at 1 wk and at 3 mo after completing 3 sessions of hypnotherapy. 68% of Ss showed some benefit for their tinnitus 3 mo after completing their hypnosis, and 32% showed no evidence of improvement. Of the group that did not benefit, 46% had a hearing loss of 30 db or more in their better-hearing ear compared with less than 15% in the beneficial group. Ss who found their tinnitus very disabling and those who had a seemingly trivial problem were equally likely to benefit from hypnotherapy, though Ss with significant hearing loss were less likely to benefit.

Kaye, J. M., Marlowe, F. I., Ramchandani, D., Berman, S., Schindler, B., Loscalzo, G. (1994). **Hypnosis as an Aid for Tinnitus Patients.** *Ear Nose and Throat Journal*, Vol. 73, 309-12, 315.

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.

Attias, J., Shemesh, Z., Sohmer, H., Gold, S., Shoham, C., Faraggi, D. (1993). **Comparison between Self-hypnosis, Masking and Attentiveness for Alleviation of Chronic Tinnitus.** *Audiology*, Vol. 32, 205-12,

The efficacy of self-hypnosis (SH), masking (MA) and attentiveness to the patient's complaints (AT) in the alleviation of tinnitus was evaluated. Forty-five male patients close in age with chronic tinnitus related to acoustic trauma were assigned to three matched subgroups: SH, AT or MA. The therapeutic stimuli in the SH and MA sessions, recorded on audio cassettes, were given to the patients for use when needed. SH significantly reduced the tinnitus severity; AT partially relieved the tinnitus; MA did not have any significant effect.

Vascular disorders

“Study results suggest that hypnosis is of benefit in the treatment of headache -- whether the headache is migrainous or nonmigrainous, episodic, or chronic.” (Spierings & Spierings, 2007, p. 140)

Wahbeh, Helané; Elsas, Siegward-M.; Oken, Barry S. (Jun 2008). **Mind--Body Interventions: Applications in Neurology.** *Neurology*, Vol 70(24), 2321-2328.

Objective: Half of the adults in the United States use complementary and alternative medicine with mind-body therapy being the most commonly used form. The objective of this article is to give a clinical overview of mind-body interventions and their applications in neurology. 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.

Spierings, Natalia M. K.; Spierings, Egilius L. H. (Nov 2007). **Hypnosis in the Treatment of Headache: Is Hypnotherapy Beneficial?** *Headache & Pain: Diagnostic Challenges, Current Therapy*, Vol 18(4), 140-148.

Objective: To determine the efficacy of hypnosis in the treatment of headache. Results: Four efficacy studies relating to childhood migraine, migraine, recurrent (nonmigraine) headache, and chronic tension-type headache were identified. In the 2 migraine studies, headache frequency was significantly decreased with hypnosis compared with pharmacotherapy, with either propranolol or prochlorperazine. In the studies of recurrent headache, mean daily headache index and headache days per week were significantly decreased with hypnosis. However, results were not significant in the chronic headache study. The 3 studies related to hypnotizability

and treatment outcome involved patients with recurrent (nonmigraine) headache, chronic-type headache, and post-traumatic headache. Hypnotizability as a predictor of positive treatment outcome was observed in all 3 studies. Conclusion: Study results suggest that hypnosis is of benefit in the treatment of headache--whether the headache is migrainous or nonmigrainous, episodic, or chronic.

Hammond, D. Corydon. (Apr 2007). **Review of the Efficacy of Clinical Hypnosis with Headaches and Migraines.** *International Journal of Clinical and Experimental Hypnosis*, Vol 55(2), 207-219.

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.

Kukuruzovic, Renata. (May 2004). **Hypnosis in the Treatment of Migraine.** *Australian Journal of Clinical & Experimental Hypnosis*, Vol 32(1), 53-61.

Hypnosis has been used extensively in the management of a range of psychobiological disorders. This case describes the use of hypnosis in the management of migraine and headaches. The patient had undergone a liver transplant following liver failure and presented for treatment for migraines that had commenced prior to the transplant. Hypnosis was used as an adjunct to treatment for a complex of physical and psychological symptoms.

Perdue, Valerie. (2000). **The Use of Hypnosis and Imagery Methods in the Treatment of Cardiac Disorders in Women.** In Hornyak, Lynne M. (Ed); Green, Joseph P. (Ed), *Healing from Within: The Use of Hypnosis in Women's Health Care. Dissociation, Trauma, Memory, and Hypnosis Book Series*, (pp. 65-89). Washington, DC: American Psychological Association.

The author reviews aspects of CVDs (cardiovascular diseases) in women. Coronary disease risk factors are noted, with recommendations for extended reading. Gender differences in cardiac arrhythmias and the role of depression and anxiety in the development and recurrence of cardiac disorders are examined with particular attention to the needs of women. The literature on the use of hypnosis and imagery with cardiac patients is reviewed. A case illustrating the use of hypnotic methods for treating the emotional sequelae common to a number of cardiac events and situations are presented. Finally, the current state of the field, both clinical and experimental, is summarized with suggestions for future directions.

Matthews M., Flatt S. (Nov 1999). **The Efficacy of Hypnotherapy in the Treatment of Migraine.** *Nursing Standard*, 3-9, 14(7), 33-6.

The pain of migraine is notoriously difficult to manage. This article describes hypnotherapy as an effective intervention in a group of self-diagnosed migraine sufferers.

Klapow, J. C., Patterson, D. R., Edwards, W. T. (1996). **Hypnosis as an Adjunct to Medical Care in the Management of Burger's Disease: A Case Report.** *American Journal of Clinical Hypnosis*, Vol. 38, 271-6.

Burger's disease is a peripheral vascular disorder characterized by constricted blood flow, ischemic pain, and necrotizing tissue processes. This report describes the application of a brief hypnosis intervention in conjunction with standard medical procedures to increase peripheral blood flow in a patient with advanced Burger's disease. Using suggestions for foot warming and increased blood flow, substantial increases in surface foot temperature were obtained prior to and following an epidural sympathectomy. As a result, the procedure contributed to keeping necrotic tissue loss to a minimum, decreasing ischemic pain, and hopefully preventing the need for amputation. Treatment gains were maintained through discharge and at two month follow up. The results suggest that hypnosis may serve as a parsimonious, yet efficacious adjunct to standard medical care in the management of reduced peripheral blood flow in patients with Burger's disease. Further, it illustrates the feasibility of hypnosis as an adjunct treatment in busy, inpatient hospital settings.

Greenleaf, M., Fisher, S., Miaskowski, C., DuHamel, K. (1992). **Hypnotizability and Recovery from Cardiac Surgery.** *American Journal of Clinical Hypnosis*, Vol. 35, 119-28.

We studied 32 coronary bypass patients to examine the effect of hypnosis on recovery from surgery. The patients were assessed for hypnotizability with the Hypnotic Induction Profile (HIP) and assigned to experimental groups with a random stratification procedure to equate for differences in hypnotizability, age, and severity of illness. We taught patients in groups one and two formal hypnosis with different treatment strategies; patients in group three were not taught formal hypnosis or a treatment strategy. Scores on the HIP were significant predictors of recovery, independent of experimental treatment with formal hypnosis. Patients who scored Midrange stabilized more quickly in the intensive care unit (ICU) than those who scored High or Low ($p < .05$). Patients who scored High had more labile blood pressure in the ICU compared to the Midrange and Lows ($p < .05$). Measured hypnotizability was associated with the recovery sequence from surgery.