

ABSTRACTS OF CURRENT LITERATURE

AUSTRALIAN JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 27(1), 1999

Articles

Barnes V. *From our archives: Medical hypnosis in New Guinea*. pp. 1–5.

This paper was originally published in 1974 in the precursor to the current form of the *AJCEH*, the *Australian Journal of Sophrology and Hypnotherapy*. It reports on the clinical experiences of a psychologist from Adelaide who served as a medical assistant and psychologist in Papua New Guinea between 1969 and 1973. It includes a description of the use of hypnosis and suggestion in a cultural setting that includes sorcery and witchcraft.

Address for correspondence: Barry Evans (Editor *AJCEH*), PO Box 592, Heidelberg, Victoria 3084, Australia.

Hawkins RMF, Wenzel L. *Development of the Group Scale of Hypnotic Ability: A revision of the Harvard Group Scale of Hypnotic Susceptibility*. pp. 6–19.

The Group Scale of Hypnotic Ability (GSHA) was developed as a shorter substitute for the Harvard Group Scale of Hypnotic Susceptibility (HGSHS: A). The revisions include a reduction in the number of items from 12 to six and the removal of anachronisms such as the term ‘sleep’ from the hypnotic induction. Fifty participants received both the HGSHS: A and GSHA in counterbalanced order. The correlation between scores was 0.74. The revised scale preserved the factor structure shown to underlie the Harvard scale. The GSHA is offered as an efficient instrument for screening purposes.

Address for correspondence: Russell M. F. Hawkins, School of Psychology, University of South Australia, Magill, SA 5072, Australia.

Hawkins RMF, Wenzel L. *The Group Scale of Hypnotic Ability: Manual and response booklet*. pp. 20–31.

The manual and response booklet for the Group Scale of Hypnotic Ability (GSHA) are presented. The GSHA is a revision of the Harvard Group Scale of Hypnotic Susceptibility (HGSHS: A) and the manual of the GSHA is heavily derivative of the HGSHS. The revisions allow group screening of hypnotizability in 30 minutes or less.

Address for correspondence: Russell M. F. Hawkins, School of Psychology, University of South Australia, Magill, SA 5072, Australia.

Howsam DG. *Hypnosis in the treatment of insomnia, nightmares, and night terrors*. pp. 32–9.

This case study illustrates the use of hypnosis to alleviate insomnia, nightmares, night terrors and fear of the dark in an 11-year-old boy, Tom, 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. (Original abstract.)

Address for correspondence: David G. Howsam, 2 Macaulay Street, Leichhardt, NSW 2040, Australia.

Kessler, R. *The consequences of individual differences in preparation for surgery and invasive medical procedures.* pp. 40–53.

Reviewing the field of hypnotic and psychological preparation for surgery, this paper considers two related individual differences pertaining to the medical use of hypnosis: predominant coping style and history of negative prior medical/surgical events. A position is presented that suggests that: (a) these differences have predictable, consistent consequences that interact positively or negatively with preparation strategy, and (b) such logical consequences provide us with the data to tailor interventions to optimize patient response and thus affect surgical outcomes.

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Emmerson GJ, Trexler G. *An hypnotic intervention for migraine control.* pp. 54–61.

This study, using (a) group hypnosis, (b) hypnotic relaxation and (c) vascular manipulation, tested the efficacy of hypnosis in the reduction of migraine duration, frequency, severity and requirement for medication. A time-series design was used to determine a pre-treatment trend and a post-treatment effect. Following 12 weeks of treatment, involving an initial group hypnosis session and the dissemination of pre-recorded hypnosis tapes, significant improvement differences were found for all variables. Reductions in migraine duration, frequency and severity were especially impressive considering a concurrent reduction in medication.

Address for correspondence: Gordon Emmerson, Psychology Department, Victoria University of Technology, PO Box 14428 MCMC, Melbourne, Victoria 8001, Australia.

Gravitz MA. *Inability to dehypnotize: Implications for management.* pp. 62–7.

One of the possible complications of working with hypnosis, and a concern of some people, is difficulty in alerting the patient from the hypnotic condition. This article presents two cases of inability to dehypnotize and discusses the implications for clinical management of the dynamics that were found to be causally related to such behaviour.

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Hannigan K. *Hypnosis and immune system functioning.* pp. 68–75.

Research indicates that, in general, hypnotic intervention can moderate immune system functioning, although it is not yet clear to what extent this effect is due to a general relaxation response or a hypnosis-specific effect. Research also suggests that hypnotizability is positively correlated with the degree of immune system changes. Other immune system research utilizing relaxation and imagery approaches that are 'hypnosis-like' is also considered. Implications for future research are discussed.

Address for correspondence: Karin Hannigan, 8 Marshall Lane, Kenmore, Queensland 4069, Australia.

Book reviews

Evans BJ, Coman GJ, Burrows GD. (eds) (1997) *Hypnosis for Weight Management and Eating Disorders: A Clinical Handbook*. Heidelberg: Australian Journal of Clinical and Experimental Hypnosis. Reviewed by David Oakley.

Evans BJ, Burrows GD. (eds) (1998) *Hypnosis in Australia*. Heidelberg: Australian Journal of Clinical and Experimental Hypnosis. Reviewed by Sandra Boughton.

INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 47(2), 1999

Articles

Milling LS, Kirsch I, Burgess CA. *Brief modification of suggestibility and hypnotic analgesia: Too good to be true?* pp. 91–103.

A 10-minute training procedure, previously reported to substantially increase responsiveness to hypnotic suggestions, was presented to 98 high, medium and low suggestibility subjects, randomly assigned to either an experimental or control group. Contrary to previous research, the training procedure failed to increase overall suggestibility scores or to enhance the effects of a suggestion for pain reduction. Suggested pain reduction was more highly correlated with post-treatment than pre-treatment suggestibility scores and, in a regression analysis, only post-treatment suggestibility predicted pain reduction uniquely.

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Liossi C, Hatira P. *Clinical hypnosis versus cognitive behavioural training for pain management with pediatric cancer patients*. pp. 104–16.

A randomized controlled trial was conducted to compare the efficacy of clinical hypnosis versus cognitive behavioural (CB) coping skills training in alleviating the pain and distress of 30 pediatric cancer patients undergoing bone marrow aspirations. Patients who received either hypnosis or CB reported less pain and pain-related anxiety than did control patients and less than at their own baseline. Hypnosis and CB were similarly effective in the reduction of pain, although hypnosis was better at reducing anxiety and distress than CB.

Address for correspondence: Christina Liossi, Akademias 37, 10672 Athens, Greece.

de Pascalis V. *Psychophysiological correlates of hypnosis and hypnotic susceptibility*. pp. 117–43.

This article reviews electroencephalographic (EEG)-based research on physiological and cognitive indicators of hypnotic responding and hypnotic susceptibility, with special attention to the author's programmatic research in this area. Evidence that differences in attention levels may account for hypnotic depth and individual differences in hypnotizability is provided with EEG rhythms, event-related potentials, and 40 Hz EEG activity. Findings concerning cognitive and physiological correlates of hypnotic analgesia are discussed with respect to hemispheric functioning in the apparent control of focused and sustained attention. It is concluded that although an EEG signature for hypnosis and hypnotizability is not yet established, there are a number of promising leads.

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Mauer MH, Burnett KF, Ouellette EA, Ironson GH, Dandes HM. *Medical hypnosis and orthopedic hand surgery: Pain perception, postoperative recovery, and therapeutic comfort*. pp. 144–61.

This study tested a hypnosis intervention designed to reduce pain perception, enhance post-surgical recovery and facilitate rehabilitation in orthopedic hand-surgery patients. Sixty hand-surgery patients received either usual treatment or usual treatment plus hypnosis. After controlling for gender, race and pre-treatment scores, the hypnosis group showed significant decreases in measures of perceived pain intensity, perceived pain affect and state anxiety. Physicians' ratings revealed significantly better progress in the hypnosis group and fewer complications. These results suggest that a brief hypnosis intervention may be beneficial to patients undergoing orthopedic hand surgery.

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Book reviews

Pope KS, Brown LS (1997). *Recovered Memories of Abuse: Assessment, Therapy, Forensics*. Washington, DC: American Psychological Association. Reviewed by Daniel B. Wright.

Chong DK, Smith Chong JK (1994). *The Knife without Pain*. Oakville, Ontario: C-Jade Publications. Reviewed by Leonard Rose.

INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 47(3), 1999

Articles

Kirsch I, Burgess CA, Braffman W. *Attentional resources in hypnotic responding*. pp. 175–91.

Predictions derived from neodissociation, dissociated control, response set and ironic process theory were tested by administering suggestions with and without cognitive load to high suggestible participants and low suggestible simulators. Cognitive load interfered with responses to ideomotor and cognitive suggestions but not with responses to challenge suggestions. The effect of load on suggested amnesia depended on the assessment of that response; results indicate that attentional effort is required for both recall and memory suppression.

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Barnier AJ, McConkey KM. *Hypnotic and post-hypnotic suggestion: Finding meaning in the message of the hypnotist*. pp. 192–208.

High hypnotizable subjects were asked a question before, during and after hypnosis and were given a suggestion before, during or after hypnosis to rub their earlobe when they were asked this question. Subjects were more likely to respond behaviourally when the question was a social interaction; furthermore, the likelihood of

subjects responding behaviourally and/or verbally shifted across the tests with the changing message of the hypnotist. The findings highlight hypnotized subjects' attempts to interpret the hypnotist's communications and their ability to resolve ambiguity in the nexus of those messages in a way that promotes their hypnotic behaviour and experience.

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Moene FC, Hoogduin KAL. *The creative use of unexpected responses in the hypnotherapy of patients with conversion disorders*. pp. 209–26.

This article summarizes the literature on the occurrence of unintended phenomena during hypnosis and presents instances encountered in a study of conversion hysterics. The article illustrates these occurrences and their management with seven clinical vignettes and concludes that surprising or unusual responses to hypnosis in these cases can help the patient to enhance understanding and gain control over his or her symptoms.

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Kallio SPI, Ihamuotila MJ. *Finnish norms for the Harvard Group Scale of Hypnotic Susceptibility, Form A*. pp. 227–35.

Finnish norms for the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS: A) are presented. Comparisons are made with the original normative American sample, an Australian sample, and three translated adaptations of HGSHS: A in Dutch, German and Spanish. Despite certain differences, the Finnish normative data were congruent with these index studies.

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Angelini FJ, Kumar VK, Chandler L. *The Harvard Group Scale of Hypnotic Susceptibility and related instruments: Individual and group administrations*. pp. 236–50.

The Harvard Group Scale of Hypnotic Susceptibility (HGSHS: A), Tellegen's Absorption Scale (TAS), the Dissociative Experiences Scale (DES) and the Phenomenology of Consciousness Inventory (PCI) were administered to 80 volunteers either individually or in groups. Although there was a trend for differential item difficulty across conditions, a variety of results point to the similarity of behavioural and subjective responses to hypnosis in the two conditions. Similar results were obtained for the TAS, DES and PCI.

Address for correspondence: Frank J. Angelini, 337 N. Woodmont Dr., Downingtown, PA 19355, USA.

Book reviews

Court J. (1997) *Hypnosis, Healing and the Christian*. Carlisle: Paternoster Press. Reviewed by Peter Birrell.

Singer MT, Lalich J. (1997) *"Crazy" Therapies: What are they? Do they work?* San Francisco: Jossey-Bass. Reviewed by Joseph Barber.