

The International Journal of Clinical and Experimental Hypnosis

Volume 47, Number 2 - April 1999 - English BRIEF MODIFICATION OF SUGGESTIBILITY AND HYPNOTIC ANALGESIA: TOO GOOD TO BE TRUE?

Leonard S. Milling, Irving Kirsch, and Cheryl A. Burgess Abstract: A 10-minute training procedure, based on the Carleton Skill Training Program has previously been reported to produce substantial increments in responsiveness to hypnotic suggestion. We attempted to replicate this effect and also assessed the impact of the training procedure on hypnotically suggested analgesia. Ninety-eight students who had been preselected for high, medium, and low levels of initial suggestibility were randomly assigned to experimental and control groups. Training 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 posttreatment suggestibility scores than with pretreatment suggestibility, and in a regression analysis, only posttreatment suggestibility predicted pain reduction uniquely. PSYCHOPHYSIOLOGICAL CORRELATES OF HYPNOSIS AND HYPNOTIC SUSCEPTIBILITY

Vilfredo De Pascalis Abstract: We review and summarize EEG-based research on physiological and cognitive indicators of hypnotic responding and hypnotic susceptibility, with special attention to our programmatic research in this area. Evidence that differences in attention levels may account for hypnosis and individual differences in hypnotizability is provided with traditional EEG rhythms, event-related potentials and 40-Hz EEG activity. The alteration of stimulus perception may be a secondary effect with respect to allocation of attention resource. In both waking and hypnosis conditions high hypnotizables appeared to show greater task-related EEG hemispheric shifts than did low hypnotizables. 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. Our conclusion is that while a definitive EEG-based signature for hypnosis and hypnotizability is not yet established, there are a number of promising leads. CLINICAL HYPNOSIS VERSUS COGNITIVE BEHAVIOURAL TRAINING FOR PAIN MANAGEMENT WITH PAEDIATRIC CANCER PATIENTS UNDERGOING BONE MARROW ASPIRATIONS

Christina Lioffi and Popi Hatira Abstract: A randomized controlled trial was conducted to compare the efficacy of clinical hypnosis versus cognitive behavioural coping skills training (CB) in alleviating the pain and distress of 30 paediatric cancer patients (age 5-15 years) undergoing bone marrow aspirations. Patients were randomized to one of three groups: hypnosis, a package of CB coping skills, and no intervention. Patients who received either hypnosis or CB reported less pain and pain-related anxiety than did control patients, and less pain and anxiety than at their own baseline. Hypnosis and CB were similarly effective in the relief of pain. Results also indicated that children reported more anxiety and exhibited more behavioural distress in the CB group than in the hypnosis group. It is concluded that hypnosis and CB coping skills are effective in preparing paediatric oncology patients for bone marrow aspiration. MEDICAL HYPNOSIS AND ORTHOPEDIC HAND SURGERY: PAIN PERCEPTION, POST-OPERATIVE RECOVERY, AND THERAPEUTIC COMFORT

Magaly H. Mauer, Kent F. Burnett, Elizabeth Anne Ouellette, Gail H. Ironson and Herbert M. Dandes Abstract: Orthopedic hand-surgery patients experience severe pain post-operatively, yet they must engage in painful exercises and wound-care shortly after surgery; poor patient involvement may result in loss of function and disfigurement. This study tested a hypnosis intervention designed to reduce pain perception, enhance post-surgical recovery and facilitate rehabilitation. Using a quasi-experimental research design, 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. In addition, physician's ratings of progress were significantly higher for experimental Ss than for controls, and the experimental group had significantly fewer medical complications. These results suggest that a brief hypnosis intervention may reduce orthopedic hand surgery patients' post-surgical perceived pain intensity, perceived pain affect and anxiety; decrease co-morbidity; and enhance post-surgical recovery and rehabilitation. However, true-experimental research designs with other types of controls must be employed in order to determine more fully the contribution of hypnosis to improved outcome.