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Volume 56, Number 3 - July 2008 - English Hypnotizability and Blink Rate: A Test of the Dopamine Hypothesis

PESACH LICHTENBERG, EHUD EVEN-OR, RACHEL BACHNER-MELMAN, RAZ LEVIN, AVIV BRIN, AND URIEL HERESCO-LEVY Abstract: Evidence suggests a role for central dopaminergic activity in determining an individual's level of hypnotizability. The authors measured the correlation between blink rate, which has been shown to correlate with central dopaminergic activity, and hypnotizability. Forty-eight healthy participants were evaluated for hypnotizability by the Harvard Group Scales of Hypnotic Susceptibility and the Stanford Hypnotic Susceptibility Scale: Form C. Blink rate was assessed under conditions of conversation, staring at a cross, listening to music, and resting. Contrary to their hypothesis, the authors found a negative correlation between hypnotizability and blink rate, accounted for primarily by the higher blink rates at rest in medium as compared to high hypnotizables. The results do not provide evidence for a role of dopamine in determining hypnotizability. Heart Rate Control During Pain and Suggestions of Analgesia Without Deliberate Induction of Hypnosis

ENRICA L. SANTARCANGELO, GIANCARLO CARLI, SILVIA MIGLIORINI, GIULIANO FONTANI, MAURIZIO VARANINI, AND RITA BALOCCHI Abstract: Heart rate and heart-rate variability (HRV) were studied through a set of different methods in high (highs) and low hypnotizable subjects (lows) not receiving any deliberate hypnotic induction in basal conditions (simple relaxation) and during nociceptive-pressor stimulation with and without suggestions of analgesia. ANOVA did not reveal any difference between highs and lows for heart rate and for the HRV indexes extracted from the series of the interbeat intervals (RR) of the ECG in the frequency (spectral analysis) and time domain (standard deviation, Poincaré plot) in both basal and stimulation conditions. Factors possibly accounting for the results and likely responsible for an underestimation of group differences are discussed. Hypnotherapy in the Treatment of Chronic Combat-Related PTSD Patients Suffering from Insomnia: A Randomized, Zolpidem-Controlled Clinical Trial

EITAN G. ABRAMOWITZ, YORAM BARAK, IRIT BEN-AVI, AND HAIM Y. KNOBLER Abstract: 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 patient in the hypnotherapy group were treated by symptom-oriented hypnotherapy, twice-a-week 1.5-hour sessions for 2 weeks. All patients completed the Stanford Hypnotic Susceptibility Scale, Form C, Beck Depression Inventory, Impact of Event Scale, and Visual Subjective Sleep Quality Questionnaire before and after treatment. There was a significant main effect of the hypnotherapy treatment with PTSD symptoms as measured by the Posttraumatic Disorder Scale. This effect was preserved at follow-up 1 month later. Additional benefits for the hypnotherapy group were decrease in intrusion and avoidance reactions and improvement in all sleep variables assessed. Confirmatory Factor Analysis of the Valencia Scale on Attitudes and Beliefs Toward Hypnosis, Therapist Version

ANTONIO CAPAFONS, BEGOÑA ESPEJO, AND M. ELENA MENDOZA Abstract: Health professionals' beliefs and attitudes toward hypnosis may make reluctant to use it or even foster misapplications and iatrogenic uses of hypnosis. The Valencia Scale on Attitudes and Beliefs toward Hypnosis-Therapist version (VSABH-T) is a specific instrument to evaluate therapists' attitudes and beliefs. The aims of this study are to evaluate the 8-factor structure of the VSABH-T proposed from a confirmatory perspective. The sample comprised 1,661 licensed psychologists who are members of the Spanish Psychological Association for the initial test and 787 for the retest. Results confirmed the 8-factor structure obtained in a previous exploratory study, namely: fear, memory, help, control, collaboration, interest, magic, and marginal. The scale also showed adequate psychometric properties, including good internal consistency and test-retest reliability. Portuguese Norms for the Waterloo-Stanford Group C (WSGC) Scale of Hypnotic Susceptibility

CLAUDIA CARVALHO, IRVING KIRSCH, GIULIANA MAZZONI, AND ISABEL LEAL Abstract: Portuguese norms for the Waterloo-Stanford Group C (WSGC) scale of hypnotic susceptibility are presented. A Portuguese translation of this scale was given to 625 Portuguese college students. Score distribution, item analysis, and reliability of the WSGC are presented and compared to 3 North American samples. The findings show that normative data from the Portuguese sample are congruent with the reference samples. The only significant difference obtained was a lower proportion of participants scoring within the high range of hypnotic suggestibility on the WSGC. Treatment of Inflammatory Bowel Disease: A Role for Hypnotherapy?

VIVIEN MILLER AND PETER J. WHORWELL Abstract: Fifteen patients with severe or very severe inflammatory bowel disease on corticosteroids but not responding to medication received 12 sessions of "gut-focused hypnotherapy" and were followed up for a mean duration of 5.4 years with disease severity being graded as remission, mild, moderate, severe or very severe. Two patients (13.4%) failed to respond and required surgery. At follow-up for the remaining 13 patients, 4 (26.6%) were in complete remission, 8 (53.3%) had mild severity, and 1 (6.7%) was moderately severe. Quality of life became good or excellent in 12 (79.9%). Corticosteroid requirements dramatically declined with 60% of patients stopping them completely and not requiring any during follow-up. Hypnotherapy appears to be a promising adjunctive treatment for inflammatory bowel disease and has steroid sparing effects. Controlled trials to clearly define its role in this disease area are justified. Hypnotic Approaches for Alopecia Areata

RIA WILLEMSSEN AND JOHAN VANDERLINDEN Abstract: Alopecia areata (AA) is an autoimmune hair disease leading to loss of scalp hairs. The disease seems triggered by stress. Data on the possibility of using hypnotherapy in the treatment of AA are very limited. Twenty-eight patients with extensive AA, all refractory to previous conventional treatment, were treated with hypnosis at the Free University of Brussels, Belgium. This paper describes in detail the authors' hypnotherapeutic approach combining symptom-oriented suggestions with suggestions to improve self-esteem. Twelve out of 21 patients, including 4 with total loss of scalp hair, presented a significant hair growth. All patients

presented a significant decrease in scores for anxiety and depression. Although the exact mechanism of hypnotic interventions has not been elucidated, the authors' results demonstrate that hypnotic interventions may ameliorate the clinical outcome of patients with AA and may improve their psychological well-being. Hypnotizability as a Potential Risk Factor for Posttraumatic Stress: A Review of Quantitative Studies

SAMANTHA S. YARD, KATHERINE N. DUHAMEL, AND IGOR I. GALYNKER
Abstract: The authors review the literature relating hypnotizability and posttraumatic stress. Sixty-seven abstracts containing the key terms ASD, acute stress, trauma, traumatic, or PTSD in combination with either hypnotic susceptibility or hypnotizability were reviewed. Six articles were found containing data on hypnotizability and posttraumatic stress symptoms. Each of the studies showed some relation between hypnotizability and posttraumatic stress, but, in all of them, hypnotizability was measured after the potentially traumatizing event. High hypnotizability might be a risk factor for both acute and chronic posttraumatic symptoms. However, this cannot be determined until prospective studies measure hypnotizability in individuals before and after a potentially traumatizing event, perhaps by targeting populations that are at risk for experiencing trauma.