Salient findings: Summaries of key findings in the research literature

William Morgan Ph.D. a

a University of Wisconsin,
Published online: 31 Jan 2008.

To cite this article: William Morgan Ph.D. (2001) Salient findings: Summaries of key findings in the research literature, International Journal of Clinical and Experimental Hypnosis, 49:4, 364-370, DOI: 10.1080/00207140108410086

To link to this article: http://dx.doi.org/10.1080/00207140108410086

Taylor & Francis makes every effort to ensure the accuracy of all the information (the “Content”) contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is
SALIENT FINDINGS:

Summaries of Key Findings in the Research Literature

JOURNAL: Scientific American


The author of this July 2001 cover story article seeks to convey to an informed general readership what research has to say about the nature of hypnosis. This is a formidable task under the best of circumstances, and one which is made more challenging given the space constraints of a popular publication. The strategy taken is to initially identify common misconceptions about hypnosis and directly confront those misconceptions with evidence. In doing so, Nash first summarizes the methodological developments that enabled contemporary hypnosis research to mature. This helps the reader disengage from the old stereotypes surrounding popular notions of hypnosis and to explore “what hypnosis is” and “what hypnosis isn’t.” This is done in a user-friendly way by including a table with 15 common misconceptions about hypnosis alongside the actual facts in each case (e.g., the common misconception that “people with certain types of personalities are likely to be hypnotizable” is countered with “the reality is there are no substantial correlates with personality measures”). In further elaborating on the nature of hypnosis as revealed in the laboratory, Nash cites and describes many classic studies that are familiar to the readership of the International Journal of Clinical and Experimental Hypnosis. This includes the seminal work of Weitzenhoffer and Hilgard (1959, 1962, 1967); the instructive cross-sectional and longitudinal studies of hypnotizability (Morgan, Johnson, & Hilgard, 1974; Piccione, Hilgard, & Zimbardo, 1989); the study of hypnotic analgesia and placebo response following experimental pain by McGlashin, Evans, and Orne (1969); the “disappearing hypnotist” (Orne & Evans, 1966); active-alert hypnosis (Bányai & Hilgard, 1976); and others. Nash then proceeds to highlight more recent work using emerging technologies, such as positron emission tomography (PET), in advancing our understanding of hypnosis (Rainville, Duncan, Price, Carrier, &
Bushnell, 1997; Szechtmman, Woody, Bowers, & Nahmias, 1998). Prior to addressing the question of clinical efficacy, Nash offers two cautionary paragraphs about the plasticity of memory and the perils of assuming that hypnosis enables individuals to relive the past in a literal manner. The section on clinical efficacy follows where Nash effectively describes the latest thinking on when, how, and for what problems hypnosis might be useful.

In sum, the article can be viewed as a primer on hypnosis, and it will not only serve as an excellent tutorial on hypnosis for the general readership of Scientific American but it will also serve to inform future generations of serious students in the behavioral sciences and medicine about the nature of hypnosis. It has been more than four decades since an article dealing with hypnosis has appeared in Scientific American, and the wait has been worth it. This cogent commentary by Nash is comprehensive, objective, and lucid. It will not only serve its intended purpose of informing those who are intellectually curious but it will also have the added effect of making it easier for basic and applied researchers to do work in hypnosis and get proper credit for it.

William Morgan, Ph.D.
University of Wisconsin

REFERENCES


JOURNALS: *Anesthesiology, Pediatrics, and Perceptual and Motor Skills*


When carried out properly, case studies can yield perfectly respectable scientific information about whether an intervention worked beyond mere chance and sometimes even how it worked. The importance of case studies has been underscored by their inclusion in the APA methodological guidelines for defining an intervention as efficacious (Chambless & Hollon, 1998). In 2002, the *International Journal of Clinical and Experimental Hypnosis* will publish a special issue on when and how to design and carry out valid case studies.

Four case studies have been published in the past few months that together highlight some of the reasons why the *Journal* has decided to devote a special issue to this matter. All four studies (three in medical journals and one in a psychology journal) also point to some interesting and innovative applications of hypnosis that, if the researchers had tracked or analyzed them just a little more systematically, might have yielded more definitive results. The first is a report by Ran Anbar (2001) on the use of hypnosis with chronic dyspnea in children ages 8 to 18 years (mean age 13.4). In this case, the dyspnea (recurrent difficulty breathing or shortness of breath) was studied among 16 children who had normal pulmonary tests with no structural abnormalities. Self-hypnosis was taught to each patient in one or two 15-45 minute sessions. Thirteen of the 16 patients had improved at 20-month follow-up. Five patients reported resolution immediately posthypnosis; 6 others reported a gradual decline in symptoms with application of self-hypnosis. The merit in this study is its innovative approach to what appears to be a not uncommon clinical problem. On the other hand, without careful tracking of improvement over the 20-month period, it is difficult to determine whether hypnosis had anything to do with resolution. The fact that 5 patients reported immediate resolution is intriguing though.

A novel application of hypnosis was reported by Ran Anbar and David Hehir (2000) with an 11-year-old boy suffering from respiratory distress episodes that sometimes resulted in loss of consciousness. There were repeated trips to the emergency room where inhalation resolved
with oxygen and bronchodilators. From the age of 9, the boy was reported to have these episodes, typically interrupting sleep. He had a 4-year history of refractory asthma and severe gastroesophageal reflux disease and was under the care of a psychiatrist for anxiety. The question at issue was whether the boy suffered from vocal cord dysfunction (VCD), a condition of paradoxical adduction of the vocal cords during inspiration and a problem that could explain the symptom features. Definitive diagnosis of VCD requires observation of the adduction via fiber-optic laryngoscopy during an attack. Provocation of an attack is sometimes achieved using methacholine, histamine, or exercise challenges. In this case, hypnosis was used to successfully induce the symptoms during the laryngoscopy. An adduction of the vocal cords was indeed noted, and the proper treatment plan implemented (in this case, speech therapy). Interestingly, the boy reported spontaneous amnesia for the diagnostic procedure. The author says the boy was a good hypnotic subject, but apparently no attempt was made to measure hypnotizability. The author wisely notes that inducing such a respiratory episode with a patient must be done in an appropriate medical facility where emergency equipment and personnel are immediately available. The third report (Treggiari-Venzi et al., 2000) describes the successful use of hypnosis as an adjunctive therapy for weaning a 46-year-old surgery patient from mechanical ventilation. The patient had a history of pulmonary tuberculosis, ischemic heart disease, gout, psoriasis, and alcohol abuse. He underwent right pneumonectomy for invasive aspergillosis. There were multiple problems with the healing process during the course of postoperative mechanical ventilation. Following infections and other complications, the patient had a tracheotomy performed on the 77th postoperative day. By this time, the constant stress of ongoing uncertainty with multiple life-threatening episodes began to take its toll on the patient. He was demonstrating sleep disorder, severe anxiety, feelings of intense vulnerability, and a sense of impending death. At the point where medical weaning from mechanical ventilation was attempted, the patient was unable to tolerate more than 12 hours per day off the ventilator. On day 88, a hypnotic intervention was begun. Hypnosis was incorporated into a cognitive-behavioral approach, which aimed at allaying anxiety and increasing time off the ventilator. Hypnosis sessions were 10 to 20 minutes in duration and appear to have been on a 2-to-3-times-a-week basis. After five such sessions, self-hypnosis was taught. Sixteen days after onset of treatment with hypnosis, the patient was off ventilation entirely. The authors present a clear figure that tracks the daily amount of time without mechanical ventilation, along with physiological indices of respiration. This is a splendid data set and might have been augmented with some current time-series
statistical analyses. Still, this paper reports on an appropriate and interesting application of hypnosis in medicine, which fits in quite nicely with the review of the literature on medicine and hypnosis by Pinnell and Covino (2000).

The final case study (Pates & Maynard, 2000) examined the effects of a hypnotic intervention on golf-chipping performance of three athletes using an ABA design. In this design, a baseline is established (Phase A), followed by a treatment phase where hypnosis is used (Phase B), followed by a third phase during which hypnosis is discontinued (Phase C). If the intervention is helpful, one might expect an increase in performance during Phase B relative to that during Phase A, and a return to baseline during Phase C. The hypnosis intervention involved relaxation, imagery, hypnotic induction, hypnotic poly-sensory suggestions, and trigger procedures over 5 weeks and seven sessions. The results appear to document the pattern of findings described above, with all 3 subjects performing best during Phase B (i.e., during the hypnosis intervention phase). However, no attempt was made to assess whether this pattern differs from chance or whether demand characteristics might be at play. This notwithstanding, the ABA design is quite powerful in some cases and might be considered by clinicians who wish to systematically track the patient's symptom status before, during, and after treatment. In clinical contexts, however, an ABAB design is typically used, where an extra phase is added, and the treatment is reinstated.

REFERENCES

JOURNAL: *Seizure*

Research focusing on the causes and nature of psychogenic nonepileptic seizures is relatively rare. The authors of this study rightly note that pseudoseizures have been linked to stress, anxiety, and dissociative pronclivities. Further, some theorists posit a link between
dissociativity and hypnotizability, especially in their clinical manifestations. This study sought to test the notion that pseudoseizure patients would exhibit higher levels of dissociation, a more emotion-focused coping style, and greater hypnotic susceptibility than the general population. Twenty pseudoseizure patients and 20 nonpatient control subjects matched for age, gender, and predicted IQ were administered the Dissociative Experiences Scale (DES), the Perceptual Alteration Scale (PAS), the Creative Imagination Scale (CIS), the Tellegen Absorption Scale (TAS), the Ways of Coping Questionnaire (WOC), the Hospital Anxiety and Depression Scale (HAD), the Multidimensional Health Locus of Control Questionnaire (MHLC), and the National Adult Reading Test (NART-2nd ed.). The inferences that can be drawn from such broad correlational sweeps across experimental and controls unmatched for clinical status are quite limited. Further, use of the CIS as a measure of hypnotizability is not advisable for such studies. Still, it is interesting to note that pseudoseizure patients scored significantly higher on the DES and in their use of escape-avoidance strategies. The control group actually appeared more able to experience absorption (the TAS) than the pseudoseizure group. However, all of these findings might be explained by the more general fact that a clinical group was being compared to a nonclinical group. There were no significant findings associated with the CIS.

JOURNALS: Cancer and Vaccine


These papers are of special note because they are both comprehensive reviews of important clinical problems faced by physicians, and they both mention hypnosis as a viable alternative under some circumstances. In the Jacobson et al. study (2001), the authors conduct a study that documents that approximately 90% of pediatric patients ages 15 to 18 months suffer from serious distress associated with vaccinations. More relevant to hypnosis, 45% of children ages 4 to 6 years display serious and profound reactions that often interfere with treatment. Having established this, the authors comprehensively review pharmacological (e.g., refrigerant topical anesthetics, “sucrose nipples”), procedural (e.g.,
applying pressure to the site, needle length, injection position), and cognitive interventions that have been proposed as possible solutions. Among the latter group is hypnosis, which the authors cite as quite promising in reducing anxiety and pain in controlled studies with children and adolescents.

The Ernst review (2001) paper addresses the broader topic of palliative cancer care. This review is less than comprehensive, but then again the scope of the problem is formidable. The author mentions nine specific types of complementary medical interventions that have been studied, ranging from aromatherapy, to massage, spiritual healing, and, of course, hypnosis. Each of these areas receives a somewhat cursory review. Ernst concludes that hypnosis may be helpful for pain, anticipatory nausea, and anxiety but cautions that more research is needed.