

Editorial

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Editorial

While this issue arrives in January 2021, we open on a sad note – the passing of our friend Ernest Rossi in September, 2020. The lovely tribute by his wife Kathryn illustrates his incredible life. He was always a wonderful and sweet presence and friend. He will be missed.

This current issue of the *American Journal of Clinical Hypnosis* should have wide appeal to an international audience and will conceivably stimulate more papers from outside, as well as within, the continental United States for future issues. In this collection readers will find three papers from Italy, one article Germany, South Africa, the United States, respectively. I'll preview these for readers with the following summarizations.

This issue opens with “Analgesic Hypnotic Treatment in a Post-Stroke Patient” by Italian authors Caterina Formiccia, Katia Micchia, Emanuele Cartella, Simona De Salvo, Lilla Bonanno, Francesco Corallo, Francesca Antonia Arcadi, Roberto Giorgianni, Angela Marra, Placido Bramanti, and Silvia Marino. They point out that hypnotic analgesia is arguably one of the most clinically useful applications of hypnosis. The authors present a case illustrating the treatment of a hyper-sensitive post-stroke 47-year-old patient with chronic pain. A wide range of tests were administered to measure her physiological, neural, and psychological sensitivities. For example, her test results on her Minnesota Multiphasic Personality Inventory-2 indicated anxiety, depression, excessive worry about her body, and some paranoid ideation toward others. She received 50-min sessions of hypnosis twice a week (15 sessions in total) which aimed at training her in pain control, reduction of hyper-sensitivity, improvement of realistic bodily awareness. With the use of hypnosis in her treatment, the patient improved in areas of hypersensitive to pain, anxiety, depression, body awareness, emotional management, and subsequently, also displayed an unexpected level of compliance with her multidisciplinary medical team. They argue that the use of hypnosis is a valuable new avenue to pursue in the treatment and management of post-stroke patients.

Also, from Italy, authors Arianna Palmieri, Johann R. Kleinbub, Francesco Pagnini, Gianni Sorarù, and Sabrina Cipolletta provide “Empathy-Based Supportive Treatment in Amyotrophic Lateral Sclerosis: A Pragmatic Study.” The authors wished to replicate encouraging findings that hypnosis-based treatment could lead to improvements in anxiety, depression, and quality of life (QoL) for patients with amyotrophic lateral sclerosis (ALS). They underscore the seriousness of what is at stake for these patients by writing that patients “must indeed watch their own body slowly die before their mind.” And, “day-to-day ALS experience, moreover, progressive body paralysis erodes patients’ personal autonomy and their own freedom . . .” The authors set out to replicate encouraging previous research that used hypnosis to improve symptoms of anxiety and depression, physical symptoms, and QoL. But this replication had an important difference – it used supportive (i.e., Rogerian) therapy which, as the author viewed it, was much like an Ericksonian approach but without the hypnosis.

The study was undertaken with 40 eligible and interested participants: 15 were in the group and 21 participants received supportive counseling. All participants were preliminarily screened for their relevant psychological and medical conditions and tested again after 3

and also after 6 months. They were seen for four weekly home sessions lasting 60 minutes. The authors carefully describe the supportive and the hypnotic intervention approach and, except for the hypnosis, the same methodology used in the previous hypnosis study was followed. In the final analysis, the authors concluded that “our current results on support-based counselling, though interesting, seem not to reach the efficacy of a hypnosis-based study in which the observed dimensions were significantly improved with respect to the baseline.”

A clinical case of a four-year-old dental patient is presented by the German authors, Thomas Gerhard Wolf, Katharina Nadja Kellerhoff, Albrecht Schmierer, Gudrun Schmierer, and Ulrike Halsband in the article, “Caries Treatment in a Four-Year-Old Boy Using Hypnosis – A Case Report.” While this is a single case report the authors illustrate the successful use of hypnosis for the treatment of a soft decay with a 4-year-old child. Hypnosis was used in place of anesthesia to reduce both the anxiety and the pain in the patient. A significant aspect of the article is the inclusion of the actual transcript of the arm lift hypnotic procedure with the boy. Many readers, whether dental professionals or otherwise, are likely to find this transcript to be a useful contribution.

Our third paper from Italy concerns the use of hypnosis to treat a patient with allergies to pharmacological anesthetics. The article titled, “Preserved Critical Ability and Free Will in Deep Hypnosis During Oral Surgery” is authored by Enrico Facco, Christian Bacci, Edoardo Casiglia and Gastone Zanette, and deals with this tricky dental circumstance. In this article, the authors grapple with the topics of consciousness, the ego-I-self continuum, and free will during hypnosis including an illuminating neuropsychological standpoint. The authors’ 42-year-old client showed a phobic level of anxiety about the dental procedure which, unexpectedly took 2 hours. After its conclusion, she thought it had only been 20 minutes or less. The case example in the article illustrates that the patient, allergic to lidocaine and able to accept mepivacaine, was able to insist that she continues with mepivacaine and when complications arose in the surgery despite the alternate anesthesia which was suggested. The point of this case was that the patient was a high hypnotizable in what appears to have been deep trance and nevertheless demonstrated free will instead of being a passive recipient of suggestibility. She used the hypnosis for control of pain and anxiety while retaining her ability for critical thinking and self-assertion. The observations in this case may raise interesting questions about the clinical validity of suggestibility scales, motivation in hypnosis, hidden observer theory, and neural correlates of hypnosis. Finally, it should be noted that the authors are aware of the limits of this single case anecdotal report and call for more research.

Continuing this issue’s international flavor is an article from South Africa by Bale Fanie titled “Ideomotor Hypnoanalysis-Value in Uncovering Significant Subconscious Memories in Some Psychiatric Disorders.” This article describes why clinicians need to accurately diagnose treatment-resistant depression by examining primary and secondary causes for the disorder. Following a detailed review of literature regarding ideomotor signaling in hypnosis, Dr. Fanie briefly describes five cases including diagnoses the author identified as chronic depression and suicide attempts, PTSD, panic disorder, somatic symptom disorder, and illness anxiety disorder. The article concludes with the position that patients with a poor response to treatment may be due to their clinicians not exploring the presence of subconscious negative memories, traumas, or other sensitizing events which could be revealed with ideomotor hypnoanalysis.

This issue's final article, "Common Paraverbal Errors During Hypnosis Intervention Training" is authored by U.S. authors Guy H. Montgomery, Joseph P. Green, Joel Erbllich, James Force, and Julie B. Schnur. The authors address common errors in tone, pacing, and phrasing among trainees who are learning to use hypnotic-based interventions for the treatment of symptoms related to cancer. Since there so many symptoms ancillary to cancer and its treatment have been shown to be amenable to treatment with the use of hypnosis, it is important that the lack of trained providers in the area of cancer care be addressed. After reviewing research and literature on the importance of paraverbal speech components, the authors provide the first report of these errors during a recorded "scripted, evidence-based" attempt to treat fatigue using 196 trainees. Using an intricate procedure, the authors testing illustrated a higher percent of trainees failed on the variable of tone (7% passed). Regarding pacing, 29% passed, and 21% passed the phrasing portion of the test. This level of error was especially apparent during induction, deepening and alerting phases of hypnosis. In addition to the limitations introduced by what the authors determined were preferred tones, the authors discuss the many limitations that were inherent in this particular study. Nevertheless, this is a valuable study introducing a valuable direction for future research.

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