

sional communicators, and much of the "art" of medicine depends not only on the knowledge of psychodynamics or medicine, but also on the ability to communicate that knowledge effectively to patients. Communication is the basis of hypnotherapy, and there are particular techniques or strategies for change that are important both for the use of clinical hypnosis and for therapy independent of the use of hypnosis. The first of these is pacing, which means meeting the patient at his or her own reality of the world, so that the patient can be led by the provider to a safer or more healthy behavior. The second technique that is critical to therapeutic skills is observation. Hypnotherapy utilizes observation of the patient's behavior, such as body language, eye contact, and verbal communication, to pace and lead. A frightened child in the emergency room can be calmed by acknowledging fear and suggesting change.

I congratulate Dr Kelly on his use of hypnosis in his practice and for providing education for the family practice residents. I agree that the art of therapeutic communication can be used in both formal hypnotic induction and in the everyday practice of medicine.

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METHODOLOGICAL CLASSIFICATION

To the Editor:

Shahar and Lederer, in their article on asthenic symptoms,¹ describe their methodology as a *retrospective chart review*. I think they do themselves a disservice in using this terminology. Their study is a *prospective* study using chart review to gather data. A prospective study identifies an event (eg, presentation of symptoms to the physician) and assesses what happened after that event, to determine the outcome or to identify factors that could have predicted the

outcome.² The limitation of their study is that it is a chart review, not that it is retrospective. Retrospective does not only mean that previously collected information is used. Retrospective studies look to identify antecedent factors that are predictive of an identified event.³⁻⁵

In our discussions the use of precise methodologic terminology is vital to the reader's interpretation of our studies.

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The preceding letter was referred to Drs Shahar and Lederer, who respond as follows:

We appreciate Dr Muncie's interest in our article and thank him for his thoughtful comments.

In our opinion, the description of the data-gathering method and the methodological classification of the analysis are not necessarily interchangeable (eg, data collected from a cohort may be used later for a cross-sectional analysis). Direction and sample selection are two distinct aspects of research design.¹

Retrospective chart review is an accurate description of the data-gathering method applied in our study in which historical data were obtained from existing medical records. It is different, for example, from a hypo-

thetical *prospective chart review* where one might select a group of patients and follow their charts prospectively for the occurrence of asthenic symptoms.

The methodological classification of our study would conform with the definition of a hybrid design² since it had elements of more than one basic design. We do agree with Dr Muncie in that part of our analysis should be considered prospective (or rather historical prospective), in particular, the identification of three subgroups of asthenic symptoms.

Other important aspects, however, are not prospective. We have described several characteristics of asthenic complaints such as age, sex, and monthly distribution, as well as associated symptoms and specific diagnoses, all of which were synchronous with the encounter and have not followed it.

The term *cross-sectional study* would have usually applied to this part of the analysis if all the observations were made during one cross-sectional period. The case in our study is somewhat different, however, since each index case was observed at a different historical point of time. We believe that the term *retrospective cross-sectional design* is a suitable methodological classification for this type of study, which is one that is virtually unique to family practice research.

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