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THE INTERNATIONAL SOCIETY



OF HYPNOSIS

NEWSLETTER
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13th Triennial Congress of Hypnosis, Melbourne, Australia, August 6-12, 1994
Asia Pacific Congress of Hypnosis (Satellite Meeting), Cairns, Australia, August 15-17, 1994

LETTER FROM THE PRESIDENT

Dear Colleague,

I wish to wish you a happy, healthy and prosperous 1994. It is with some satisfaction that I can tell you that the International Society of Hypnosis has become financially more secure over the past twelve months and many of the financial difficulties of the Society now appear to be a thing of the past. I urge you to support the ISH in recruiting as many of your friends and colleagues to it as is possible. Please write to the Central Office if you wish additional information or membership application forms.

As we come into 1994, our main focus is of course on the forthcoming 1994 International Congress of Hypnosis. This meeting, which will be the 13th International Congress, will be held in Melbourne, Australia, under my co-chairmanship. The other co-chair is Robb Stanley, currently President of the Australian Society of Hypnosis and Administrative Officer of ISH. We have been fortunate to attract some of the very best clinicians and researchers in the field of hypnosis and we are absolutely certain that the conference will offer you a great opportunity to hear some of the best that the hypnosis world has to offer. The keynote speakers are: Joseph Barber, PhD.; David Spiegel, MD; Peter B. Bloom, MD; Ernest Rossi, PhD; Graham Burrows, AO, MD; Michael Yapko, PhD; Eva Banyai, PhD.; Walter Bongartz, PhD; Eric Hoencamp, MD, PhD; Per-Olof Wikström, DDS. In addition, many other clinical and academic experts, from overseas and within Australia, will be presenting workshops and papers during the Scientific Programme. Additionally, we have been fortunate to attract a significant number of other invited speakers who have demonstrated their commitment to an exceptionally high standard of clinical and experimental work in the field of hypnosis. During the first three days of the congress we will be offering ten one-day workshops per day to which participants may go. Because each workshop only lasts one day, it is possible for participants to cover a variety of topics during the workshop programme. The scientific papers which will be held in the last three days of the meeting will, I am sure, offer many of you the opportunity to present your work to your colleagues internationally. We look forward to welcoming you all in Melbourne between August 6th and 12th, 1994.

I am also delighted to remind you that we will be holding a meeting on Stress Management in conjunction with the International Society for the Investigation of Stress immediately after the Melbourne meeting. This satellite conference will be held in Cairns, North Queensland and will be separated from the main meeting by a few days. This will offer many of you the opportunity to tour around Australia and the opportunity to visit the Great Barrier Reef which is one of the natural wonders of the world, one of the most beautiful tropical reefs available to you just off the coast near Cairns. For those of you who will be visiting Australia for the first time, it will be of interest to note that there are flights from Cairns to North America and Europe (via Asia).

I wish you all the best throughout 1994 and look forward to seeing you in Melbourne.

GRAHAM D. BURROWS, AO, MD
President, ISH

LETTER FROM THE FOUNDING PRESIDENT

Twenty years of the International Society of Hypnosis:

It is a pleasure to contribute a brief statement on the occasion of a special 20 year anniversary celebration of the International Society of Hypnosis.

The new name and a new set of By-Laws were adopted at the 6th International Congress of Hypnosis and Psychosomatic Medicine held in Uppsala, Sweden, July 1-4, 1973.

Acknowledgment must be made of the earlier International Society for Clinical and Experimental Hypnosis, founded in 1959 under the leadership of a Canadian psychiatrist, Dr. Bernard B. Raginsky. It had resuscitated the international congresses of which the most recent had been held in Paris in 1900, now listed as the 2nd International Congress of Hypnotism. Under the new society, congresses were held in Paris in 1965, in Kyoto in 1967, in Mainz in 1970, and finally in Uppsala in 1973.

The earlier International Society for Clinical and Experimental Hypnosis had been very quiescent between the congresses. Recognising this, a Revision Committee had been appointed prior to the Uppsala Congress.

I had been invited to chair that committee, and we carried out a good deal of correspondence internationally prior to the Uppsala meeting, to prepare for changes that seemed appropriate to strengthen the international society between congresses. The recommendations of that committee were adopted essentially as proposed, so that the new society replaced the earlier one. I was chosen as first President, perhaps because of my role as Chairman of the Revision Committee, but I was not the "founder" of the new International Society of Hypnosis because the "founding" was indeed a group process.

The International Society has flourished for 20 years, not without some internal turbulence, but it seems to have fulfilled its purposes and, with its constitution revised in 1988, designed to correct some of the deficiencies in the 1973 one, the chances are high that it will survive as the agency for maintaining and furthering cooperation and communication throughout the world among those interested in hypnosis and its application on a high, ethical and scientific basis.

ERNEST R. HILGARD, PH.D.
Founding President, ISH
Stanford University California, U.S.A.

FROM THE CENTRAL OFFICE

On behalf of the Central Office of ISH, I wish you all the very best for a healthy, happy and prosperous 1994.

I apologise for the delay in this newsletter being distributed, but technical problems got in the way of our usual dates and the delay was compounded by the preparation of the ISH Directory which you will either now have received or will find that it is in your mail very soon. The ISH Directory is compiled on the basis of the data-base that we have in the Central Office and should you find any inaccuracies, please advise us immediately in order that we can correct the data-base and ensure that the next Directory is more up-to-date. We would hope in the new Directory that we will be able to include such things as fax addresses and electronic mail addresses if they are available to you. We will circulate details of the information we require at some stage in the next twelve months in order that we can begin the compilation of the next ISH Directory. Many of you will notice as you examine the directory, that there is a very large number of Australian Society members. This is because the Australian Society of Hypnosis has decided that for a reduced fee they would make the International Society membership an automatic part of their local constituent society membership. On this basis all Australian Society members are therefore automatically members of ISH and appear in this directory. I would urge you all to try to recruit as many new members to ISH as you can. It is essential at this time when professional practices in medicine, psychology, psychiatry and dentistry are under attack, that we maintain a strong and cohesive group to protect our interests. This is particularly so in the area of hypnosis. I urge each one of you to think of going out and recruiting one more member of your Constituent Society to join ISH. There is strength in numbers and numbers are what we need.

The plans for the 1994 Congress are well advanced and we are presently pleased to offer support for the American Society of Clinical Hypnosis in its efforts to have the 1997 Congress in San Diego turn out as a very successful North American meeting. I urge you all to come to Melbourne in 1994 and also to San Diego in 1997. Even though it seems a long way away, we are now today calling for societies around the world to indicate their interest in holding the International Congress of Hypnosis in the year 2000. This will be approximately one century after the first International Congress of Hypnosis was held.

We owe a great deal of gratitude to Ms June Simmons who has been the Administrative Assistant to the Central Office, as well as having many other duties within the Behavioural Medicine Unit of the Department of Psychiatry over the last three years. She is leaving us to take up duties as Assistant Editor to the Australian Journal of Clinical and Experimental Hypnosis and a new person will, in early 1994, be appointed to look after the affairs of ISH. We wish June well and thank her for her tremendous efforts and support in the administration of our Society.

ROBB O. STANLEY, D.Clin.Psych.
Senior Lecturer in Behavioural Medicine
Administrative Officer

FROM THE CHAIRMAN, COUNCIL OF REPRESENTATIVES

Although the forthcoming 13th Congress in Melbourne may be a long way ahead for many of our members, the organising committee has already done a splendid job to ensure you of both a well organised high level program and the possibility to take an interesting look at the other side of the world.

The congress also includes the triennial meeting of the Council of Representatives, of all the member societies. All the formal representatives will receive a formal announcement regarding both the agenda and other activities. To ensure maximum involvement of all members we would like to invite our member societies to send us any points of interest they would like to be addressed at the meeting in Melbourne 1994.

Suggestions about future activities of ISH; points that may enhance the involvement of our members and, of course, points of criticism are welcome. (Please send all correspondence to the secretary, Burkhard Peter; see address below.)

I collaborate with the Vice-Chairman, Per-Olof Wikstrom, and the Secretary whether points will be dealt with at this meeting. If possible all reactions will be answered personally by letter. Please feel invited to react! Hope to see you in Melbourne in 1994.

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FROM THE NEWSLETTER EDITOR

Anthony Basker initiated this Newsletter in 1978 – incidentally in the same year when I, together with colleagues founded the M.E.G. Then, from August 1983 until November 1988, Campbell Perry took over the editorship. Now I follow Walter Bongartz who kept the spirit and purpose of this Newsletter up from April 1989 until April 1993.

With this issue – a little bigger in volume – we celebrate the 20th anniversary of ISH. Despite some minor and major turbulence in the past – quite “normal” for an internationally connected organisation – ISH still is a very living society, and one purpose of the Newsletter is to make this clear.

Beginning with this issue, you, the reader will find some minor changes: Interview; Confessions; and News from the World of Clinical and Experimental Hypnosis. If you

don't like it, please let me know. If you like it, recommend this Newsletter to your colleagues (feel free to ask Robb Stanley for additional copies) – or better, just invite them to join the International Society of Hypnosis.

BURKHARD PETER, D.Psych.
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INTERVIEW WITH GRAHAM BURROWS

Graham Burrows, AO, M.D., ChB, BSc, DPM, FRANZCP, FRCPsych., is Professor of Psychiatry at the University of Melbourne, Chairman of the Division of Psychological Medicine. He has played an active role in hypnosis and was a foundation member of the Australian Society of Hypnosis. He began the Victorian Branch of ASH in the founding year of 1971 and has remained the Chairman throughout. He has been President of the Australian Society of Hypnosis, Chairman of the Board of Education and previously was Chairman of the ISH Council of Representatives and President-Elect, and now currently President. Graham Burrows (GB) was interviewed by Burkhard Peter (BP) during the 6th European Congress of Hypnosis in Vienna, August 14-20, 1993.

BP: Graham, ISH is now 20 years old. You are the President of ISH. When you think of ISH privately, what personal pronoun do you use: she, he or it? (You have to know that in German we use the female pronoun. That makes it possible that sometimes some men feel even married with “her” or sometimes it sounds as if they speak about their mistress.)

GB: I feel a major commitment to the International Society of Hypnosis. I believe it to be a most worthwhile organisation, necessary, effective, growing, influential, co-ordinating and collaborating, playing a major role in setting standards and training and ethics and practices throughout the world.

BP: Before going into more details about ISH issues please give some biographical information about yourself.

GB: I am 55 years of age and happily married to Barbara, anaesthetist in private practice. I have two children: Paul, aged 23 who is in engineering and Kerryn, aged 22, who is training to be a clinical psychologist.

My professional positions include: Professor/Director of Psychiatry, University of Melbourne, Austin Hospital, Melbourne; Chairman, Royal Australian and New Zealand College of Psychiatrists, Victorian Branch; Chairman, Research Board, Royal Australian & New Zealand College of Psychiatrists; Past President, Australian National Association for Mental Health (A.N.A.M.H.); Chairman, Mental Health Foundation of Australia (M.H.F.A.); President, International Society of Hypnosis (I.S.H.); President, International Society for the Investigation of Stress (ISIS); Chairman, Australian Society of Hypnosis (Victorian Branch); Past Vice-President (Oceania),

World Federation for Mental Health (W.F.M.H.); Chairman, International Congress C.I.N.P. Melbourne 1996; Immediate Past President, Australian Society of Psychiatric Research (A.S.P.R.).

I am editor/author of 59 books; on the editorial boards of 15 international and Australian journals; and have published over 450 scientific articles. Current research interests and projects, apart from hypnosis, include neuropsychopharmacology; psychoendocrinology; psychosomatic disorders; pain and stress; and community mental health education.

BP: You have been awarded an AO. Only a few non-Australians know what that means and what you got it for.

GB: The AO is Officer in the Order of Australia. It is an award in recognition of significant contribution to medicine in the area of psychiatry. In 1975 the Order of Australia was instituted as "society of honour" moved by the Queen of Australia. The AO is awarded for "distinguished service of a high degree to Australia or to humanity at large".

BP: When and how was your first contact with trance and/or hypnosis?

GB: I became interested at the age of 16 on seeing it demonstrated, was influenced by an elder relative and read widely. Unfortunately I had minimal supervision and have realised over the years how important adequate training programmes and supervision are. I became interested more in the phenomena of animal hypnosis when doing a science degree, and later as a medical undergraduate and involved in hypnosis in surgery and other medical conditions.

BP: Do you know whether the medicine men of the Australian Aborigines have practised and/or are still practising techniques we would call hypnosis?

GB: I believe all cultures use trance states. They may not call it hypnosis, but trance is well recognised by aborigines and can be used both advantageously and disadvantageously.

BP: Back to ISH issues: If someone doesn't know what ISH is, how would you explain it to him/her? And, why should a colleague wish to join ISH?

GB: I would explain that ISH is an international society with representatives from 21 countries. It has a major role in coordination, training, education, conducting meetings, seminars, setting standards, ethics, etc. I would ask the colleague to consider joining his national society and obtaining information from them, or if not, writing directly to the ISH Central Office, C/o Edward Wilson Building, Austin Hospital, Heidelberg, Victoria, 3084, Australia.

BP: Besides all of your good wishes and hopes, do you have any ideas about how ISH should develop in the future?

GB: I would like to see it as a stronger, wider, more integrated society which would improve the standards in care and application of hypnosis throughout the world. Although ISH has gone through some financially difficult periods, I am pleased to say

that we are now out of the red and into the black, i.e. financially stable and viable, but I believe there is a need for greater membership and anything anyone can do to increase the membership of the Society would be greatly appreciated.

BP: Is ISH rather an umbrella-organisation or a kind of a salon, as somebody mentioned to me recently?

GB: It is more than just an umbrella-organisation, as I think I have explained previously. It encourages the national societies to develop their own programmes, standards, training, etc. and they are supportive in doing that. ISH keeps the world informed through its directory, newsletters, congress, conferences, seminars, etc.

BP: Some questions about hypnosis in general: During the last decades a lot of clinical and experimental work has been done. There was and is, much debate about the "true" nature of hypnosis, too. Where are we now? What has still to be done in order to scientifically improve hypnosis?

GB: The controversy will continue. Standards are increasing – scientific application has shown that hypnosis is a true biopsychosocial phenomenon. More research needs to be done, quantification is essential and a 'marriage' of the scientist and the artist of hypnosis is desirable.

BP: What may be the most urgent questions you would like to be explored?

GB: Firstly, I am particularly interested in hypnosis and brain function. With the development of Positron Emission Tomography, Single Photon Emission Computer Tomography and Brain Mapping with computerised EEG, we will be able to study specific functions of the brain in relation to hypnosis.

BP: There still exist (too) many departments of psychology and psychiatry which don't think it worthwhile to investigate hypnosis, which even think about hypnosis as being just humbug. What could ISH and its members do in order to give more reputation to the fields of hypnosis?

GB: Practitioners must maintain good scientific practices, recognise scientific methodology of evaluation, including statistical analysis. Academic rigour must continue and that includes good clinical research; it does not just have to be just laboratory experimentalists.

BP: My last question refers to the deepening gap between clinicians and experimentalists. It has to be mentioned that we sorrowfully observe this development. Do you have any advice to counteract this trend?

GB: Good clinical observation can only compliment and/or initiate experiments within the laboratory setting. In settings where clinicians and experimentalists work together, rather than conflict occurring, mutual understanding and tolerance develops. Quality assurance programmes, including peer review and audit, certainly increase the standards and practice of hypnosis.

BP: Next year, same month we will meet at Melbourne for the 13th International Congress of Hypnosis. What can we expect from being there?

GB: We will show the warmth and hospitality of the Australians; we have a magnificent social programme planned and with the influx of international visitors from around the world at the congress, we will have a stimulating and exciting scientific programme and can assure all the visitors a most happy and enjoyable occasion. I look forward to welcoming you to Melbourne.

BP: Graham, thank you for this interview.

CONFESSIONS OF A CLOSET CLINICIAN

(Campbell Perry, PhD.)

I am usually cast as strictly an experimentalist in hypnosis, and all of the things (both positive and negative) that this implies. This surprises me, since those who know me are aware that at Conventions, I spend most of my time with clinicians. There are very good reasons for this; it seems to me that one cannot really understand very much about hypnosis unless one tries to come to grips with its clinical manifestations. Since the University of Sydney, from which I graduated, did not have a clinical program and also because I think I would have made a lousy clinician, my clinical understanding of hypnosis has been acquired vicariously.

Scattered throughout the years, though, have been studies that have either been distinctly clinical and others that I would say are, if not clinical certainly applied. That is because I always like to feel that my research will help somebody, somewhere. It is, also, the orientation of my Department which may be why, 25 years later, I am still at Concordia.

My first encounter with a clinical study is one that still makes me feel very warm. It was a collaboration with Ron Melzack which compared the effects of hypnosis and alpha feedback (then Psychology's flavour of the month) in the treatment of chronic pain. Just to make it interesting, and to stack the odds against ourselves, we decided to recruit the most severe chronic pain sufferers that we could find. It took us 2 years to find 24 of them. In the meantime, we have had a wonderful time, discussing such weighty matters as whether to have a control group, such as false feedback, and in the end, decided that we could not ethically offer a treatment in which we had no faith.

I can now confess that, in advance of the study, I expected that hypnosis would do very little for pain, but that alpha feedback would have dramatic effects. This was partly because I had yet to read Elliotson's (1843) classic account of surgery using Animal Magnetism as the sole anaesthetic to surgically remove the leg of a Mr. James Wombell. In March 1972 we piloted the study with me as a subject for alpha feedback since I like to get an idea of a study from the subject's point of view. A psychosomatic low back pain that I had every March as a result of teaching a heavy course in Research Methods, was reduced substantially.

All of this, if nothing else, tells me just how wrong I can be. Contrary to expectation, we found that hypnosis reduced pain by a third or more in approximately 70% of the patients; alpha feedback did about as well as a good placebo. I still catch myself smiling

about that study, especially as one of the Gurus of Biofeedback was subsequently to take 6 pages of a book to denounce it. We had reported results that, in current parlance, would be called politically incorrect. Almost 20 years later, I still receive a royalty cheque for the pain tape we developed for the study. The smile is not for the amount of the cheque, which is quite small, but for the feeling that people who I will never meet were helped, and are still being helped, by the tape. Deep down, a "do-gooder" lurks inside of me.

In many ways, this study prepared me for what I am doing now. If hypnosis can mask the perception of pain, something in the here and now, what might it do to memory — to a person's perception of the past? But to get to the present, there were many detours into all sorts of interesting things such as studies of hypnotisability and smoking cessation, weight reduction and phobia. And I had a lot of fun during the latter part of the years researching the question of the post hypnotic persistence of an uncanceled suggestion. This is not entirely a clinical question, though it has clinical ramifications. It is, also, of great interest for an understanding of hypnosis.

The 1980s took me a little bit closer to what I am doing now. For most of this period, police forces all over the place were hypnotising just about anything that moved, and there was a real concern that innocent people would finish up in prison. Some did, but through the remarkable efforts of Martin Orne, in his capacity as an expert witness, the American courts became aware of the inherent unreliability of hypnosis as a means of "refreshing" memory. Some weeks ago, a friend sent me a judgement by the Oregon State Circuit Court. It revealed that of 30 American State Supreme Courts that have heard cases involving hypnosis, 25 of them have installed *per se* exclusions of hypnotically elicited recall on the grounds of this inherent unreliability.

During this period, we performed a lot of studies on the effect of hypnosis upon memory. They showed that hypnosis increases productivity, but that most of it is error. In addition, hypnosis increases confidence for both correct and incorrect material, thus raising the spectre of a witness who is impervious to cross-examination. We found, also, that the effect is independent of hypnotisability; low hypnotisables are prone to memory distortion in a hypnotic context.

Police departments are moving away from hypnosis as the technology for "genetic fingerprinting" (DNA Analysis) begins to look progressively more promising. At this point I thought that I could resume life in the Ivory Tower, unconcerned by the constraints of reality. How wrong I was — a new contagion has struck. It has become known as the False Memory Syndrome (FMS). If anyone had told me that the following can happen, I would have questioned their sanity. There is an epidemic in the United States (and it is also cropping up in Canada, and, in recent months, England) of adults accusing their often elderly parents of having sexually molested them during childhood.

The source of this spate of accusations is a book entitled *The Courage to Heal* by Ellen Bass and Laura Davis. Published in 1988, it has sold at least a half a million copies. The book's central theme is that "If you think you were abused and your life shows the symptoms, then you were." This alone may create memories of childhood sexual abuse that allegedly occurred up to 40 years ago. But in others, it merely creates a suspicion

that abuse may have happened, and they may then have the added misfortune to go to a therapist who pressures them to have the requisite memories. Such "therapists" tell clients who are unable to provide the requisite abuse memories that they are "in denial", and quite often, they employ hypnosis, which, of course, is one of the best methods I know for incarcerating the wrong person.

Getting to know some of the families that have been falsely accused has been a gut-wrenching, but very personally enriching, experience. There are a few cuts above the average in terms of such factors as income, education and interpersonal skills. Many of them have a warm sense of humour, which is just as well, considering the chilling accusations that have been laid against them.

Some of the accusations are beyond belief. One daughter accused her father of forcing her to have intercourse with a neighbourhood dog. She reported that she became pregnant and gave birth to a baby that was half dog. Others are plausible, in much the manner that the confabulations of crime victims and witnesses hypnotised by police hypnotechnicians during the 1980s appeared to be acceptable at face value. Sorting out true from false memories is going to be a daunting task in the coming years, but given that the accusations are grave, the rewards are great in terms of helping people in dire need. Given also that many accusations of abuse are true, I am hoping that the genuinely abused will benefit from the very large amount of research that the FMS Syndrome is beginning to generate — any data that will differentiate true from false reports of abuse must surely help the truly abused (who not so long ago were generally not believed) to state their case.

At the same time, it should be recognised that most people who read *The Courage to Heal* do not finish up accusing a parent of sexually abusing them. On current figures, at least a half million people have bought this book, and probably a lot have read it (although it is a hard book to finish). The current number of families that have contacted the FMS Foundation to say that they have been falsely accused is, as of July 1 this year, around 4,600. Percentage-wise, this is not imposing; in terms of sheer numbers, however, few books have resulted in so much personal suffering.

At present, the American law courts are beginning to bring down judgments in FMS cases. The overwhelming majority of them are being won by the accused parents. Nevertheless, it is going to take some time for the dust to settle. Indeed, accused parents have asked me on more than one occasion, how long I think this nightmare will persist. I tell them that I don't know, but as far as I am concerned, I will stay with it for as long as it requires. When honest and decent people can have reputations destroyed almost overnight on the basis of what in effect is poor therapy, all of us working in hypnosis have to be concerned. After all, you never know who is likely to be the next to be falsely accused.

Laurence, J.-R. & Perry, C. (1988). *Hypnosis, will and memory: A psycho-legal history*. New York: Guilford.

Campbell Perry, Ph.D.

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NEWS FROM THE WORLD OF CLINICAL AND EXPERIMENTAL HYPNOSIS

Finding One's Voice

(P.B. Bloom, MD)

I have used hypnotic interventions in my clinical practice of psychiatry for the last 25 years. Currently, three areas attract my attention: the creative process in psychotherapy; finding one's voice in the process of becoming a therapist; and building bridges between the Ericksonians and non-Ericksonians throughout the world.

Last February, I was asked to work with a 12 year old girl hysterically paralyzed from the neck down. She was neurologically intact and there had been no history of early childhood abuse. Her primary psychiatrist understood the secondary gain of her immobility to be related to school avoidance and attempted resolution of family issues. The inpatient staff fed, toiletted, and bathed her. While I described this case in more detail this summer in Vienna at the 6th European Congress of Hypnosis in Psychotherapy and Psychosomatic Medicine, I wish to repeat several aspects of her care which continue to intrigue me.

When we first met, I told her, "We are equal, you and I. Yet I am more equal than you in bringing my skills to this relationship, while you are more equal than me in sharing how you are going to get well." She nodded in understanding and agreement. Later on during therapy, when one arm began to move I "reminded" her that feeling these resumed movements depended on her first seeing them. We thus avoided possible hysterical blindness. When I later challenged her to "stand up to her parents", she indeed literally stood. She has since fully recovered and has had no recurrences.

Clinicians will immediately recognise the complexity in working with this kind of case. Full response by our patients to our interventions does not always require their insight, merely their motivation and commitment to change. The creative process in hypnotherapy involves many variables. Sometimes our cognitive understanding and intuitive insight fuse into a kind of art of therapy. I believe that the most successful interventions are serendipitous combinations of scientific and intuitive knowledge. In many of my own cases, sudden flashes of insight in either the patient or myself create a freshness in thinking, feeling, or behaving that affect the outcome of our work together. How did she recover? While I have many ideas, I am really not sure. Nonetheless, the three exchanges mentioned above contributed to the creative process in our work together.

I am also interested how we find and develop our "voice" as therapists during our professional careers. After learning from our failures as well as our successes, we seem to find a centeredness wherein we can more fully express ourselves without concern for the outcome of our efforts. This is a zen paradox of course, because we are paid to be helpful. Recently, I have been more fruitful in finding my voice in my relationships with patients. I asked the young girl to share an equality with me. We both found comfort and inspiration in that context.

Finally, I am interested in understanding the apparent differences between Ericksonian and so called traditional hypnotherapy. I believe the issues separating these two groups are largely semantic and cause unnecessary missed opportunities to learn from one another. I could easily understand much of my work with my young patient as involving naturalistic techniques, metaphors (indeed I told her many stories of other youngsters I had worked with over the years), embedded messages and the like. However, the apparent differences between Ericksonian and "traditional" psychotherapies may possibly rest in the confusion that techniques of trance induction are techniques of therapy itself. While all skilful hypnotherapy creates a seamless transition from induction to therapy and, in the best hands, every moment with a patient is both induction and therapy, I believe it may be helpful to separate the ways we understand trance induction from the ways we understand how we do therapy. I believe hypnotic inductions are not psychotherapy, but are varied ways to create a special context for therapy to occur. Milton Erickson worked uniquely with his patients to induce trance and his subsequent therapy was brilliant. Other master therapists induce trance states differently and of course their therapy is shaped by a variety of their own theoretical constructs. Yet all good therapy is recognisable from a variety of theoretical viewpoints. It has a feel of being right. But how to define its ingredients without becoming polarised from our colleagues is our future challenge. I know Milton would agree.

I present this clinical vignette to share a bit of the wonder I experience in observing clinical interactions that seem to help. Ernest Hilgard once told me that the challenge we all have throughout our lives is keeping our curiosity alive. Milton Erickson said observation was foremost. Observation and curiosity. Recently my patient slapped my upraised hand with hers, with the happy smile of success. My feelings of pleasure are enough for now. My work in the future will focus on further developing my personal style, interpretation, and colouring to my work. I welcome our joining together to advance our mutual understanding of the use of hypnosis in the art of therapy.

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Hypnosis Increases Adherence of Leucocytes to Vessel Walls

(W. Bongartz, PhD.)

In previous experiments we found that immediately after hypnosis – as compared to stress – the number of all leucocytes is decreased and after about 2 hours there is a change in differential count, i.e. the number of lymphocytes is increased and the number of neutrophils is decreased. With regard to the decrease of all leucocytes we hypothesised that this is due to an increased adherence of leucocytes to the vessel walls brought about by diminished plasma levels of adrenalin. The more leucocytes adhere to the vessel walls the less are in the circulation and thus in the blood sample.

In between we demonstrated a decrease of plasmaadrenalin after hypnosis. Furthermore we were able to show *in vitro* that the adherence of leucocytes to plastic surface is increased after hypnosis and decreased after stress.

The adherence of leucocytes is increased during pregnancy and after injuries. An increased adherence enables the leucocytes to leave the vessel walls more quickly by penetrating through the endothelium (diapedesis) and to migrate to those body tissues where infectious agents invade the organism.

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A New Neo-Dissociation Theory in Progress

(E. Fromm, PhD.)

Erika Fromm, together with Michael R. Nash, is currently writing a new book on Psychoanalysis and Hypnosis. Expected publication date is 1995.

In addition, she is grappling at the time being with problems in the field of hypnosis and cognition. She is trying to develop a new neo-dissociation theory and to define, compare and contrast the concepts of dissociation, repression, and depersonalization.

Fromm is also coming to feel that dissociation as a psychological defence [e.g. the dissociation that occurs in post traumatic stress disorders (PTSD) and multiple personalities (MPD)] is basically different from dissociation produced experimentally in the laboratory, outside of a context that is vital to the subject.

She does not want to replace her good friend Ernest R. Hilgard's Neo-Dissociation theory, but to offer an alternative theory from a somewhat different point of view.

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Legal Work Involving Hypnosis

(H.B. Gibson, PhD.)

In a recent newsletter (Vol. 15, No. 1) it was reported that I was involved as an expert witness in two forensic cases and this has led on to further legal work involving hypnosis. The case which I shall now mention exemplifies how the use of hypnosis in an endeavour to refresh the memory of a witness may actually make the witness' testimony less reliable. I do not wish to identify the case as an appeal is now pending. It concerns a witness who saw a motorist on his way to commit, it was alleged, a particularly horrible crime. Although the witness could give a fairly clear account of what he saw, the police thought that they might get an even clearer account of the motorist and his car by employing a clinical psychologist to hypnotise the witness and interrogate him further. The motorist was convicted, but as he is now appealing, the police asked me to view the videotape of the hypnotic session and to comment on various aspects of it. I am afraid that I was less than favourably impressed by the technique of the psychologist, which, in my opinion, might have made the witness' account of what he saw less veridical than his previous account, and having given this as my honest opinion, it may be used as one of the points that the defence make in conducting their appeal.

The British Society of Experimental and Clinical Hypnosis (BSECH) was involved for some years in advising the Home Office over the question of the use of hypnosis in the interrogation of witnesses, and the Home Office produced Guidelines for the Police in 1989 (see British Journal of Experimental and Clinical Hypnosis, 6(1)), which advised against using hypnosis for this purpose, but not actually forbidding it. Police forces are allowed to use their own discretion, and the case I have just referred to may be one in which the decision they took was possibly regrettable.

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The Stanford Laboratory of Hypnosis Research 1957-1979

(E.R. Hilgard, PhD.)

The Stanford Laboratory of Hypnosis Research had a 20-year history, 1957-1979. Founded originally in 1957, with the assistance of André Weitzenhoffer, it continued under my directorship after he left in 1962. Although I retired from active duty as Professor in 1969, when I became Professor-Emeritus, I retained my office and laboratory. I continued to serve as Director of the laboratory for another 10 years, engaging in active research with laboratory staff, including post-doctoral fellows, supported by research grants, chiefly from the National Institute of Mental Health. Although the active laboratory was closed in 1979, since then I have continued to do some writing on hypnosis, retaining office space at Stanford University but no longer with a continuing research program.

During the period of active research a number of topics were investigated, such as the measurement of aptitude for hypnosis, as represented by the Stanford Hypnotic Susceptibility Scales; efforts at determining the correlates of measured hypnotic responsiveness, including changes with age; and correlation with aspects of personality, evident outside hypnosis. A major program dealt with the reduction of pain through hypnotic interventions, and the physiological correlates of the suggested analgesia. A later program was concerned with the dissociations found within hypnosis.

Many of the investigations had a bearing on the contributions of hypnosis research to general psychology. The aim was to show that hypnotic phenomena should not be treated as something pathological, but that such investigations ought to find a place among the standard topics of psychology, along with perception, learning, memory, emotion, and the like.

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'Truth' and its Consequences Outside the Therapy Room

(E. Hoencamp, MD, PhD.)

A time honoured adage in clinical practice is that a therapist does trust his patients i.e. believes what he or she says. The truth of a statement (i.e. has 'it' really happened) of a patient has a completely different impact, not related to therapy or personal change when used in an external non-therapeutic context. The external context may relate to criminal acts, feuds or social benefit, fraud or other issues.

A therapist may be told by the patient during therapy various acts or fantasies and accepts these as part of the subjective reality of the patient. Certain facts, for instance sexual or physical abuse, do have a much higher impact within a therapy. Only if obvious lack of congruence appears, a therapist may start to have doubts about the reality of statements by the patient and discuss this in a therapeutic way with the patients.

Things change if the patient goes with information obtained within the course of his or her therapy to family, relatives or other third parties. Facts, i.e. sexual or physical abuse, may have great impact, leading in some cases to criminal prosecution. As soon as this has happened, the therapist may be approached by various parties involved. They may be the family of the patient, partner of the patient, people who are accused by the patient, or even police. Simple statements about the contents of the therapy may be made by the therapist and while doing so, the therapist may be pulled into a web where he or she has to give answers to questions like: "Do you think it happened?" and ultimately the question may be: "Is it true what X has said about . . . ?"

For any (psycho)therapist, specifically for those using hypnotic revivification techniques or regression techniques, it will be a quite familiar experience that patients in the course of the therapy have memories of profound emotional value that have been forgotten or repressed. In the course of a therapy these memories are looked upon as a

fact, worked through, analysed and in some cases dismissed or regarded as a screen memory or it may be 'confirmed'. Confirmation may be obtained for instance if the patient starts to talk about his or her experience with the family and independent information confirms the reality of the memories.

As the literature shows there are no signs or proofs that information retrieved through psychological means has a higher chance of being based on verifiable facts. There are quite some indications that reality might be distorted under the influence of demand characteristics or other unconscious motives. Specifically in the field of hypnosis this has been an area of much interest. Simply stated information obtained through hypnotic means has in no way a higher chance of being true or not true than through other means.

So what does the therapist say to third parties if they ask him whether it was true or not what his or her patient said. He has to think twice before saying anything at all.

In a recent article in the American Journal of Psychiatry the chance of getting involved voluntarily or involuntarily in criminal prosecutions, as a therapist, is becoming a hazard of our profession.

In my practice as supervisor, expert witness and member of the ethical committee of the Nvvh quite often it is seen that the therapist makes a mistake by regarding the concept of 'truth' as used in the therapy to be similar as used outside therapy. As forensic issues are at stake 'truth' is part of a police investigation, which is in no way the domain of a professional therapist, unless specifically assigned and trained for that.

But what to do if the family does ask the therapist in, by itself a neutral fashion, whether it's true: "Are you sure doctor"? How often does the therapist not say that he believes his patients and has no reason to doubt about the truth? The consequences of such a remark may be more dramatic for the therapist than he realises at that moment. The family or third parties may, for instance, ask it again, may ask the therapist to write it down, or send a letter to (dis)confirm it.

Recently I got involved in some cases in a hospital where a therapist wrote without any restraint that what his patient said was true. He showed absolutely no restraint and said: "I believe what my patients says". This led to a case for the ethical committee where the therapist was accused by the family for doing great harm and not realising what the consequences of his words were. This case involved sexual abuse.

Given the following facts the therapist should refrain from proclaiming that he believes things said within the context of a therapy are true (i.e. based on verifiable facts) to other parties within a non-therapeutic context: facts which are 'true' in a therapeutic context may not be extrapolated to a non-therapeutic context; there is no proof, may be the contrary, that (psycho)therapists are in any way more equipped than others to distinguish truth and fantasy; in cases where criminal charges are involved, the 'truth' of facts is a matter for police investigation and has nothing to do with being a professional therapist.

What a therapist should do is to be professionally involved with the patient (and his system) and realise the above mentioned dilemmas and realise that he should deal professionally with all others who are in one way or another related to his patient. Basic rules in this sense are: no information through a telephone; no information about whether statements made by the patient are 'true'; only after written information and request signed by the patient himself, should one give any form of information about what is being discussed in the therapy. Above all never make an ideological issue of what is truth or falsehood, or even worse, experience the doubt of third parties about the truth as a personal affront.

If a professional therapist wants to help his or her patient and support him or her, he should not do so by becoming entangled in a discussion about true or false. Use professional skills in a therapeutic way, realise what 'it' means for the patient and cope professionally with the (legal) consequences of statements made to third parties.

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Response Expectancy and Hypnosis

(I. Kirsch, Ph.D.)

For some years now, I have been studying the role of expectancy in hypnosis and psychotherapy. Expectancy is often considered an artefact, something to be controlled or eliminated, just as imagination was considered an artefact in the days of Mesmer. This is a consequence of the way expectancy is treated in pharmacological research, where the aim is to control for all psychological effects when evaluating new drugs. But it is a mistake to view expectancy as an artefact when investigating or using hypnosis or psychotherapy. The effects of hypnosis and psychotherapy are due to psychological factors, and expectancy is one of those factors. It is as legitimate a variable as insight, abreaction, reinforcement, regression, or conditioning. It affects experience, behaviour, and physiological functions. If it differs from other psychological factors in any way, it is only in that its effects are so wide-ranging that it has become standard to control them in medical research.

That hypnosis and expectancy are closely related should come as no surprise. The Mesmerists induced "crises" by touching people with magnets, having them stand under "magnetised" trees, and giving them "magnetised" water to drink. Charcot applied pressure to the head and struck Chinese gongs to induce hypnosis. Could these procedures be anything other than placebos? Whatever else hypnosis might be, it is certainly something that is induced by expectancy.

Most recently, I have been working on the use of hypnosis as an undecceptive way of manipulating expectancy and thereby enhancing the effects of therapy. My students and I have demonstrated that the addition of hypnosis can substantially improve the outcome of cognitive-behavioral treatment of anxiety, even though the main difference between the hypnotic and non-hypnotic groups was the use of the word "hypnosis." We have also completed a meta-analysis showing that hypnosis enhances the effects of therapy for a wide range of clinical conditions, including obesity, hypertension, and anxiety.

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Indexing the Subjective Reality of Hypnotic Phenomena

(K.M. McConkey, Ph.D.)

Kevin McConkey of the University of New South Wales, Sydney, Australia, is currently undertaking a project entitled "Indexing the subjective experience of hypnosis" which is funded by Australian Research Council. This project aims to develop and use an objective index of the subjective reality of the hypnotic experience. Much of what we know about hypnosis depends on the verbal reports of hypnotised people. McConkey's project is seeking to index the subjective reality of hypnotic phenomena by comparing the response of hypnotised subjects to real, that is externally presented, and suggested, that is internally generated, experience. The methods being developed in the project and the findings of the project will provide information not only about hypnosis, but also about ways of understanding the complex area of private subjective experiences. Aspects of the theoretical background of this project can be found in:

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Hypnosis and the Immune System

(K. Olness, MD & H. Hall, PhD.)

For well over a decade, we have been interested in research related to hypnosis and the immune system. Our work has involved children and adolescents. We have looked at both humeral and cellular immunity. Our progress is often stymied by lack of funds but over time we have completed a number of projects which stimulate us to go on. We have found evidence in control settings for intentional control (cyberphysiologic strategy) of specific immune functions. We do not presume that these have clinical applications at this time. However we regard our work as stepping stones to eventual clinical trials.

For example, in a study of voluntary immunomodulation, subjects were assigned to one of three treatment groups. Group A (Control) rested for 30 minutes between two samplings of blood and saliva. Group B (Experimental I) practiced a cyberphysiologic strategy for 30 minutes between the two samplings of blood and saliva. Group C (Experimental II) received pre-training, over a two week period, in the use of cyberphysiologic strategy intended to increase neutrophil adherence. Then, during an experimental session, these subjects practised a 30 minute cyberphysiologic strategy. Blood and saliva samples were also collected from group B and C before and after the 30 minute exercise. Subjects in each group returned to repeat their exercise in a second session the following week.

Statistical evaluation of the pre-to-post intervention revealed significance for neutrophil adherence change. Follow-up analysis revealed that only subjects with prior cyberphysiologic training (group C) were able, by the second session, to induce a significant increase in neutrophil adherence. No correlations to hypnotisability were found.

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False Memory Syndrome

(T.R. Sarbin, Ph.D.)

Sooner or later all of us will become involved in the False Memory Syndrome. I became involved when I was invited to participate in Grand Rounds at a local Hospital. The topic was "Multiple Personality Disorder: An Iatrogenic Disorder?" In the course of the discussion, it became apparent that the data upon which the diagnosis is made are culled from conversations, usually conversations with a therapist. Conversations are opportunities for people to advance their projects and they will use whatever skills they have to solve their identity and existential problems, including such skills as deception and self-deception. Since conversations are bilateral, therapists are in a position to guide patients into believing that more than one person may inhabit one body, and that their suffering and unhappiness are due to childhood abuse, often unremembered.

This encounter influenced me to question the validity of the two constructions that serve as the foundation for MPD: repression and dissociation. Subsequently I participated in a symposium at the Toronto meetings of the American Psychological

Association in which I pointed to the illicit transfiguration of dissociation from its original use as a descriptive metaphor to its present use as an explanatory construct. I intend to pursue this line of reasoning in a critical essay.

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Memory and Hypnosis

(P.W. Sheehan, Ph.D.)

Memory is a fascinating phenomenon and one of its most intriguing features is proneness to distortion. When most of us try and remember things the probability of our memories being correct is actually not very high. It is thus a very important area of hypnosis research to examine whether memories are more or less distorted in hypnosis than they are in the waking state. The data from such research are relevant to our understanding of memory itself, but also to our grasp of how useful hypnosis might be in the forensic setting. It is in the legal setting that memories have to be trusted and we look to find testimony that we can believe in is correct. In that setting, it is important for us to know whether hypnosis helps or hinders recall and how much hypnotic memories can, in fact, be trusted. Memories are not all that trustworthy out of hypnosis and it is prudent to know in hypnosis whether that situation is better or worse.

My research for many years now has focused on memories in hypnosis – how accurate they are, and how confident we can be that they are correct. The main objective of the work as a whole has been to study the factors and processes affecting people's memory of events when they are questioned about these events in a variety of ways that are misleading, or suggestive. The special thrust of the research has been to examine the effects of suggesting misleading information in three quite different ways – by subtle cueing, by explicit suggestion (creating a pseudomemory), and via leading questions. The range of studies conducted has intentionally paralleled situations which occur in actual investigative settings where witnesses are asked about what they have seen previously. Particular focus has been sustained throughout the work on the influence of level of susceptibility, and state instruction (hypnosis, and waking), these parameters being included in nearly every major experiment that has been conducted over a period of seven years. The advantage of work of this kind is that we can take a developmental look at what is happening and we can examine commonalities and patterns of differences when methods of communicating information are varied and different procedures for retrieving information are adopted.

The work has been conducted in three phases. Phase 1 introduced misleading information through application of procedures from the paradigm of research developed by Elizabeth Loftus. Phase 2 was concerned with investigation of a range of factors affecting pseudomemory, with particular emphasis on rapport. Phase 3 dealt with the effects of leading questions. All three phases have focused on the analysis of memory distortion in (and out of) hypnosis.

One of the factors showing strong cross situational influence is the level of a subject's susceptibility to hypnosis. It is very clear from the program as a whole that a major factor affecting how memories are reported in hypnosis is the level of suggestibility of the person who is doing the reporting, greater suggestibility leading to increased memory distortion. The state of consciousness in which subjects are placed when they are exposed to false information is less influential but nevertheless important, and particularly so, in my opinion, where pseudomemories are concerned. Overall, the relationship between memory distortion and hypnosis is most clear-cut when pseudomemories are implanted through suggestion, and least clear-cut when false information is conveyed through leading questions. Very clearly, it matters also just how the incorrect information is suggested as to whether memory in hypnosis will be very distorted or not, and the degree of distortion seems to be much more evident when false information is given in hypnosis rather than out of it.

Research in hypnosis definitely tells us something about the nature of memory distortion. We know, for example, memories are not overlaid completely by suggested events – this is the case both in and out of hypnosis. The data from hypnosis research confirm that when false information is suggested memories are affected and become very difficult to retrieve. Memory can be significantly distorted both in and out of hypnosis, but memories in hypnosis are something of a special problem because hypnotic subjects often become easily convinced they are correct in what they are reporting. This is a special difficulty in the forensic setting where jurors can readily draw inferences about accuracy that are based heavily on the expressed conviction of the witness.

The fascination of memory continues to motivate me in the research, and there is still much to investigate. What effect does the format of questions have on the extent of memory distortion in hypnosis, and how much confidence at work when we think (mistakenly) that accuracy is the issue. Rapport is also important in determining the pattern of effects in hypnosis, and this is perhaps not surprising because in hypnosis the relationship between hypnotist and subject seems to me to matter greatly.

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It Needs a Forebrain to get Hypnotised

(H. Walter, MD)

The Viennese tradition of research in neuropathology, which stimulated neurology, psychiatry and psychotherapy (just think of Freud's development) is still living and provides us with collaborative work between the University Clinics of Neurology and Psychiatry. The research tools are no longer microscope and anatomy, but Brain Imaging Methods, able to measure functional changes in the living brain, providing data on brain blood flow as well as local EEG functions. In combination with neuropsychology this technology can render results, completely new to current understanding of hypnosis.

In a Single Photon Emission Computed Tomography study on 41 right handed subjects we studied blood brain flow changes during hypnosis and compared it to the relaxed rest situation. We found that high hypnotisables (according to the Stanford Scale) – especially high hypnotisable women – underwent strong changes in their local brain blood flow. They showed a blood shift from posterior brain areas to frontal areas. Low hypnotisables – who could not experience hypnosis so intensively as the high hypnotisable group – had less frontal blood flow increase and no clear occipital decrease.

In a second step we looked at single symptoms. In a similar design as above-mentioned we investigated total body catalepsy and found also a tendency to frontal activation combined with a right parietal activation. In another study we compared psychotic to hypnotic auditory hallucinations and could demonstrate a clear difference. The psychotic ones involve both hippocampi while the hypnotic hallucinations correlate with temporal and occipital activity decrease in favour of again – a frontal increase.

In a third step we investigated different depths of hypnosis by means of Imaging EEG. Hypnosis induction resulted in a decrease of the "absolute power", while the "relative power" on the whole did not change. If we look at the single frequencies we see no changes in the Beta-, Delta- and Theta-waves, but we see a decrease of Alpha-1-waves and an increase of Alpha-2-waves. Deep trance was marked by a Theta-wave increase and light trance by a Delta-Theta decrease (absolute power) and an Alpha-2-wave increase together with a Beta-2-wave decrease.

Out of these results we conclude that hypnotic trance states involve activations of different, but mainly frontal brain areas. Our data suggest that hypnotic trances are states of a "cognitive" activity marked by a decrease of the normally broad attentiveness and a selectively heightened concentration on self-awareness and association, needing a high activity of the forebrain.

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Therapist Development

(J.K. Zeig, PhD.)

A new innovation in training was added by the Milton H. Erickson Foundation at the Fifth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, with the theme *Ericksonian Methods: The Essence of the Story*.

This new feature was entitled *The Therapist Development Track* and provided a coherent training experience centered on the personal development of the therapist, rather than didactic information on clinical technique. Cultivation and empowerment of the therapist's personal process was emphasised. The training featured small-group experiential activities and personal growth exercises. Each track was limited to 100 attendees. There were six sessions at the recent Congress: (1) Therapist Perceptivity; (2) Self-Creation of the Therapist; (3) The Therapist's Use of Self; (4) Developing the Heart of the Therapist; (5) The Set of the Therapist; and (6) Developing the Creative Self. Ratings for this training program were extraordinarily high. Attendees appreciated both the content and format.

Training in hypnosis has become quite advanced and there are many methods and theories for students to learn. However, even when students achieve some degree of mastery at technique and theory, they may not feel competent to practise hypnotherapy.

Many training programs work to develop the 'left hemisphere' of the brain. This new innovation of the Erickson Foundation is meant to develop the person of the clinician. This training is more in line with the style of teaching used by Milton Erickson, M.D. In his teaching seminars, Erickson did not necessarily teach content, rather, his methods more often were directed toward the growth and development of his students.

In recent years, training in psychotherapy has moved from personal development in favour of developing the technical expertise of the practitioner. The Erickson Foundation intends to continue therapist development tracks as a way of providing more balanced training for professionals.

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NEWS FROM THE CONSTITUENT SOCIETIES

Australian Society of Hypnosis

(ASH)

ASH has recently held its 23rd Annual Congress in Adelaide, the capital city of the state of South Australia. We were fortunate to have Professor John Watkins and Helen Watkins as our two keynote speakers with the theme "Hypnosis and The Family Within".

The Society is continuing to conduct training courses in hypnosis with many candidates preparing for their examinations in December this year which will enable them to qualify for full membership.

The new President of ASH is now Mr. Robb Stanley and our previous President, Mr. David Henty, has taken the position of Immediate Past President. President-Elect is Dr. Wendy-Louise Walker and new-comer to our Federal Executive is Mr. Greg Coman, who is our new Treasurer. Our former Treasurer, Dr. Barry Evans is now Editor of the Australian Journal of Clinical and Experimental Hypnosis.

Our next Congress will be the 13th International Congress of Hypnosis which will be a combined meeting of the ASH and the ISH to be held at the World Congress Centre in Melbourne, Australia from 6-12 August, 1994. This will be followed by a Post Congress Satellite Meeting, the 1994 Asia-Pacific Congress of Hypnosis from 15-17 August in Cairns, the popular destination for visiting Australia's tropical rainforests and the Great Barrier Reef.

We Australians look forward to welcoming registrants to our next Congress from all participating countries of ISH.

Regards and best wishes from Australia.

Austrian Society for Autogenic Training and General Psychotherapy (ÖGATAP)

ÖGATAP hosted in August this year at Vienna the 6th European Congress of Hypnosis in Psychotherapy and Psychosomatic Medicine, which attracted nearly 600 participants from 38 nations, including many colleagues from the former Eastern block countries.

ÖGATAP's President, Erik Bölcs, M.D., as well as the Presidents of the other two Austrian co-sponsoring societies, Milton Erickson Society for Clinical Hypnosis and Brief Therapy (MEG) and Austrian Society for Scientific Hypnosis (ÖGWH), Hans Kantischer, Ph.D., and Gisela Guttman, Ph.D., would like to express heartfelt thanks to all who supported this Congress.

Further mutual activities of MEGA, ÖGWH, and ÖGATAP are already planned.

Flemish Society for Autogenic Training and Hypnotherapy, Belgium (VATHYP)

The board of VATHYP is about to prepare the forthcoming annual meeting on March 3, 1994 under the theme: "Possibilities and limitations of hypnotherapy". VATHYP is also continuing to organise a basic and an advanced training in hypnotherapy for psychotherapists, consisting of 14 workshops.

British Society of Experimental and Clinical Hypnosis (BSECH)

The activities of lay hypnotherapists have attracted media attention again with the revelation in April that one such practitioner in the South East of England had for some time been sexually assaulting his female clients. Meanwhile, a lay practitioner in Liverpool was the subject of a BBC TV exposé. His methods were based on a hypnotherapy correspondence course which was featured in a previous BBC programme and was deemed by the experts consulted to be positively dangerous. The consequences of the Liverpool practitioner's efforts to treat a young lady with depression have confirmed the experts' fears. BSECH and BSMDH members assisted in both programmes.

Dr. David Oakley of University College London has now been successful in establishing both the Diploma and the MSc course in Applied Hypnosis there. (For technical reasons the word 'Applied' is being used in preference to 'Clinical'). The Diploma in Clinical Hypnosis at the University of Sheffield has now accepted its intake of students for its fourth year of operation. However, the Course Director, Dr. Michael Heap, has had to go back to the drawing board with plans for a 2-year Masters' course – the Faculty of Medicine want more assurances on quality and the supervision of dissertations.

BSECH held its 10th Annual Conference in April. This was the usual quiet, friendly affair with a high standard of presentations and was organised by Mr. Gian Degun at stately Fircroft College, Birmingham. The highlight of the Conference was the announcement by Dr. Brian Fellows that he had recorded 21 species of bird during his pre-breakfast amble around the grounds. The 1994 Conference will be held in London, probably in April.

British Society of Medical and Dental Hypnosis (BSMDH)

Following the devolution of the Scottish and Metropolitan Branches the BSMDH is once again alive and kicking. Members from these regions are now moving back to the National Society, and in fact due to popular demand a new East of England branch has been formed. The more concentrated geography of the "new-look" Society aids communication between the branches, and sweeping changes in course structure and teaching programmes are planned. The thrice yearly Newsletter has re-established itself, and the calendar of branch activities for 1993-94 is filling up rapidly.

Many of BSMDH's members attended the workshop with Dr. Ernest Rossi earlier this year in Sheffield, and the National Society was well represented in Vienna (at ESH-Congress) where members were pleased to renew acquaintance with European and American friends. The Editor of the BSMDH's Newsletter, David Simons, would welcome contributions from colleagues overseas, and correspondence may be addressed to the ISH-representative: Dr. Mary McKenna, 55 Abbey Lane, Sheffield S8 0BN, United Kingdom.

Milton Erickson Society for Clinical Hypnosis, Germany (M.E.G.)

This year, M.E.G. celebrates its 15th anniversary. Founded 1978, M.E.G. now has 14 branches actively conducting training programs throughout Germany: (1.) Training in clinical hypnosis; (2.) Training in dental hypnosis; (3.) Training in Ericksonian and systemic approaches to counselling; and (4.) Training in Ericksonian and systemic approaches to child-counselling). Therefore, this year's annual meeting, November 5-7, at Bad Orb near Frankfurt will focus mainly on presentations of colleagues who went through these training programs and have experience in clinical practice.

Currently, the Board of Directors consists of: Dirk Revenstorf, Ph.D., Professor of Clinical Psychology at the University of Tübingen, as President; Gunther Schmidt, M.D. as Vice-President; Wilhelm Gerl, D.Psych. as Treasurer; Bernhard Trenkle, D.Psych. as Newsletter Editor; and Hans Riebensahm, D.Psych. from the University of Göttingen, as Secretary; the Executive Officer is Christian Kinzel, D.Psych. who is also working at the Psychological Department of the University of Munich.

M.E.G. has sponsored a number of major conferences over the last decade: in 1984, the 1st German Congress of Ericksonian Hypnosis and Hypnotherapy at Munich; in 1989, the 1st European Congress of Ericksonian Hypnosis and Psychotherapy at Heidelberg; and in 1992, together with the ISH and the Israeli Society of Hypnosis (IsSH), the Joint Conference: Ericksonian Hypnosis and Psychotherapy – Arts, Facts, Artifacts at Jerusalem.

In 1994 M.E.G., along with the Milton H. Erickson Foundation, Phoenix AZ, will sponsor the European Evolution of Psychotherapy Conference at Hamburg under the organisation of Bernhard Trenkle and Jeffrey K. Zeig. In 1995 the 2nd European Congress of Ericksonian Hypnosis and Psychotherapy will take place at Munich again.

M.E.G. twice a year publishes a newsletter, M.E.G.-a-Phon, with a distribution of 18-22,000, and also a scientific journal, 'Hypnose und Kognition', bi-annually, with a minimum of 2000 copies per issue. The forthcoming issue will deal with biopsychological aspects of hypnosis and includes articles from Giorgio Campanella, Dirk Revenstorf, David Spiegel, Henriette Walter and Jeffrey Zeig, amongst others.

Since 1982, Members of M.E.G. wrote more than 280 articles and edited several books on hypnosis and hypnotherapy mostly in German language. M.E.G. is a living and active society, carefully but steadily growing in membership in order to avoid major turbulence.

Netherlands Society for Hypnotherapy (Nvvh)

At the annual meeting of the Nvvh on March 26, 1993, Prof.dr. Onno van der Hart was succeeded as President by Joop Verlinden, clinical psychologist. On the same occasion Sjouk Hartman-Faber, MD, stepped down as Treasurer of our society after five years. Her function is now executed by Marianne de Jong-Apotheker, social scientist.

For some members the year 1993 was a memorable one: Onno van der Hart has been appointed Professor at the University of Utrecht, specialising in the study of stress related to personality and personality-disorders.

Two of our members received their doctorate at the Free University of Amsterdam: Suzette Boon on the thesis "Multiple Personality Disorders in the Netherlands: a study on reliability and validity of the diagnosis"; our former president Eric Hoencamp on "Depressed Outpatients: efficacy and predictability of response of a three-phase treatment strategy".

Nvvh congratulates also our Belgian colleague Johan Vanderlinden, with his PhD on the thesis "Dissociative Experiences, Trauma and Hypnosis: research findings and clinical applications in eating disorders", also at the Free University of Amsterdam.

In recent years an important issue in our society is the increasing interest of other professionals, such as social workers, nurses and speech-therapists, in our education program and membership.

Leaving our doors closed to them will result in an increase of training courses by less professional societies. This is not beneficial for the quality of hypnotherapy, but is also harmful to the quality of health care in general. Opening our doors to them brings the problem of how to guarantee that the different professionals will not mix the different qualifications by using the same therapeutic instruments.

Our strategy is to examine step by step our training possibilities and to describe reserved techniques for specialised professionals. On an experimental base three basic training programs have been provided to social workers and speech-therapists. The experiences so far are very hopeful. Both trainees and trainers are enthusiastic about the application of hypnotic strategies in other fields of health care. We are now developing terms for membership.

Society for Clinical and Experimental Hypnosis, USA (SCEH)

SCEH conducted its 44th annual workshops and scientific meeting at the Woodfield Hilton and Towers in Arlington Heights (a suburb of Chicago, IL), October 12-16, 1993. Both introductory and advanced workshops on hypnosis in medicine, dentistry, psychology, and experimental research were offered.

Advanced and introductory workshops are being conducted in New York City, co-sponsored by the Department of Psychiatry, the Page and William Black Post-Graduate School of Medicine, part of the Mt. Sinai School of Medicine (CUNY). A workshop on introduction to clinical hypnosis was held on November 12, 13, and 14th, 1993. The advanced workshops are: Advanced Clinical Hypnosis, to be given January 29 and 30, 1994, and a workshop on Hypnosis in Behavioral Medicine, Psychosomatic Disorders, and Consultation Liaison Psychiatry to be given on February 5 and 6, 1994. For additional information, call 315-652-7299 between 9:30 and 4:30 Eastern Standard Time.

Swedish Society of Clinical and Experimental Hypnosis (SSCEH)

SSCEH held its 26th Annual Meeting in March at Gothenburg hosted by its Western Branch. SSCEH now has 1100 national and 210 foreign members. The centers of the Eastern, Western, Southern and Northern Branches of the SSCEH are Stockholm, Gothenburg, Lund/Malmö and Luleå, respectively. One of their duties is to host the annual meetings – this year it was Gothenburg's turn. The Scientific Program was not extensive, but the Workshop Program had two foreign guests and was very successful – Geoffrey Graham, BDS, from England conducted a workshop on "Various Approaches in Hypnotherapy, NLP and Pain Problems". In May he was reinvented due to content applicants among dentists, psychologists and medical personnel. The SSCEH has many dentists and licensed dental nurses as members, so this program was well attended. Deborah Ross, Ph.D., labelled her program "Hypnosis in Psychosomatics and Pain". Also colleagues from other Scandinavian societies attended the meeting at Gothenburg, which is called "little London" because of its British flair created during centuries of travel and cultural relations with the UK. Two of the many highlights were the get-together reception in a submarine and the Gala-dinner on a destroyer, both of which are museums. Navy, salty guys and dolls ...

In 1994 the Southern Branch will host the next year's meeting at Lund, the old University town just opposite Copenhagen, Denmark. This Southern Branch has much in common with Denmark as one third of its 150 members are Danes who often cross the narrow sound to take part in workshops and other activities in Sweden. Responsible for this development is Larz Jespersen, M.Sc. Clin.Psych., President of the Southern Branch and also Board Member of the Danish Society of Clinical and Experimental Hypnosis (DSCEH).

Have you ever heard of Arctic Circle Hypnosis? Sweden probably has the most northern hypnosis society of the world. In March the Northern Branch was founded by a group led by Christina Schröder, M.Sc. Clin.Psych., at Luleå which is a town close to the Arctic circle. At this meeting a basic course was given by Bengt-Goran Fasth, Ph.D., a Past President SSCEH. He is the "father" of the SSCEH's three-year Education Program.

Swiss Medical Society of Hypnosis (SMSH)

SMSH is still very active. The number of its members has now over 200, one third of them are psychiatrists, one third physicians, and one third dentists.

With more than 100 participants the Annual Congress of SMSH at Rigi-Kaltbad, Switzerland has been a great success. Not only did we enjoy the beautiful alpine scenery of the Swiss Alps but could also profit by the interesting workshops held either by SMSH instructors or by our German and French guests.

Even though most of the lectures are given in German, SMSH is offering now activities for French-speaking participants.

Our newspaper, *CH-Hypnose*, edited three times a year in cooperation with the Society of Hypnosis, Switzerland (GHypS), gives news of activities of both societies and tries to be oriented towards practice as often as possible.

Meetings of SMSH Regional Groups which take place two to six times a year aim at developing particular aspects of the use of hypnosis in medical practice. Furthermore we want to intensify the cooperation with GHypS members.

A new dynamic stream has infused our society and encourages the work of the SMSH Committee.

NEW BOOKS

The use of hypnotic techniques in the treatment of acute and chronic pain has been steadily increasing in England for more than a decade. In an interdisciplinary edited book to be published this year three members of the BSECH contribute chapters. It is heartening that in the professions of psychology, medicine and nursing, hypnosis has now become an accepted technique even by the more conservative members of these professions:

Gibson, H.B. (Ed.). (1993). *Pain, psychology and anaesthesia*. London: Chapman & Hall.

* * *

Research on and treatment of dissociative disorders is steadily growing. There is a new book from the VATHYP's Vice-President, Dr. Johan Vanderlinden:

Vanderlinden, J. (1993). *Dissociative experiences, trauma and hypnosis: Research findings and clinical applications in eating disorders*. Delft: Eburon.

* * *

You certainly remember *Hypnosis: Research developments and perspectives*, edited by Fromm & Shor in 1972, then, *Hypnosis: Developments in research and new perspectives*, also edited by Fromm & Shor in 1979. But do you know:

Fromm, E. & Nash, M.R. (Eds.). (1992). *Contemporary hypnosis research*. New York: Guilford (591 pages).

This is not a third edition, this is an entirely new book with new authors (28 in total, from Areed F. Barabasz to Erik Z. Woody). None of the chapters are taken from the older books. The scene in hypnosis research has changed considerably between 1979 and 1992 – a whole new generation of young researchers has come on the scene. Only 5 of the contributors to the old books – including the senior author/editor, Erika Fromm, have been invited to contribute to the new book, and even they have written new chapters. To quote John F. Kihlstrom from his foreword: "... the most exiting thing to note, the biggest difference between the present volume and its predecessors, is the pluralism characteristic of these chapters. Most authors move easily between the experimental and the clinical, the social, the cognitive, and the psychodynamic; there

seems to be less concern with defending preconceived theoretical positions, and more interest in exploring the peculiar blend of interpersonal influence and altered consciousness that is hypnosis as we know it today."

* * *

Some of you certainly will remember the remarkable 5th European Congress of Hypnosis at the University of Konstanz, Germany, in 1990. In case you want to read what you missed:

Bongartz, W. (Ed.). (1992). *Hypnosis: 175 years after Mesmer – Recent developments in theory and application*. Konstanz: Universitäts Verlag Konstanz (521 pages).

* * *

Alan Gauld, a psychological lecturer at the University of Nottingham, England, wrote a book about the past 2 centuries of hypnosis:

Gauld, A. (1992). *A history of hypnotism*. Cambridge: Cambridge University Press (738 pages).

In 25 chapters he discusses in detail the various historical periods and their figures, from Mesmer to T.X. Barber. Melvin A. Gravitz says in a review in *AJCH*, 36(1): This book "represents the highest standard of excellence. It is no hyperbole to say that this volume belongs on the bookshelf of every interested student of the field" (p. 66)

* * *

Not really brand-new but interesting enough to mention is:

Lynn, S.J. & Rhue, J.W. (Eds.). (1991). *Theories of hypnosis: Current models and perspectives*. New York: Guilford (634 pages).

25 authors, from Eva Banyai to Jeffrey K. Zeig, contributed to this extraordinary volume on historical perspectives, single-factor theories like the neo-dissociation and the psychological regression model, clinical and sociocognitive perspectives and interactive-phenomenological models. Auke Tellegen writes in his foreword that this book "offers neophytes and experts a scholarly and engaging overview of these contemporary developments and their historical background. The essays . . . present and compare alternative views and provide vigorous and carefully argued critiques."

* * *

Do you remember the 11th International Congress on Hypnosis and Psychosomatic Medicine, held 1988 in The Hague, Netherlands? And, do you know that the Proceedings of this congress are published:

Van Dyck, R., Spinhoven, P., Van der Does, A.J.W., Van Rood, Y.R. & De Moor, W. (Eds.). (1990). *Hypnosis: Current theory, research and practice*. Amsterdam: VU University Press (233 pages).

* * *

As we are back to 1990 let me draw your attention also to:

Fromm, E. & Kahn, S. (1990). *Self-hypnosis: The Chicago Paradigm*. New York: Guilford (254 pages).

This book is the result and summary of two decades of devotion by the University of Chicago research team around Erika Fromm to the subject of self-hypnosis. No manual of technical instructions, but entirely devoted to understanding the state, art, and process of self-hypnosis. To quote Donald Rossi from a review in *IJCEH* 41(3): This book "is a gateway into another dimension, the entrance to which requires imaginative creativity so as to see illumination in darkness. For all who seek the gateway, this book is a manual offering a road to discovery adorned with intriguing questions that offer routes of their own to discoveries yet undreamed" (p. 238).

MEMBERS IN THE NEWS

Graham D. Burrows, AO, M.D., President ISH, **Fred J. Evans, Ph.D.**, Past President ISH, **Peter B. Bloom, M.D.**, President Elect ISH, and **Robb O. Stanley, D.Clin.Psych.**, Administrative Officer ISH, presented keynote and invited lectures at the 6th European Congress of Hypnosis, August 14-20, 1993 at Vienna, Austria.

At the same congress **Gualtiero Guantieri, M.D.**, from Italy, was given the Franz Anton Mesmer Medallion, awarded by the European Society of Hypnosis (ESH) for his outstanding achievements and long dedicated work for the society. With this he follows **Per-Olof Wikstrom, D.D.S.**, from Sweden, who received this award already in 1990 at Konstanz, Germany.

Éva Banyai, Ph.D., Professor at the University of Budapest, Hungary, is now the new President of the European Society of Hypnosis (ESH) for the term 1993-1996.

The Division of Psychological Hypnosis of the American Psychological Association has chosen **Melvin A. Gravitz, Ph.D.** as its new President-Elect. Dr. Gravitz is in private practice in Washington, D.C., and a Clinical Professor of Psychiatry and Behavioral Sciences at the George Washington University Medical Center.

At the Toronto meetings of the American Psychological Association last August, an Award was given to Ted Sarbin. The award reads "The American Psychological Association – The Division 30 Award for Distinguished Contributions to Scientific Hypnosis is bestowed upon **Theodore R. Sarbin** in recognition of his eminent and enduring contributions to the advancement of scientific hypnosis."

The Milton H. Erickson Award of Scientific Excellence for Writing in Hypnosis, 1993, of the American Journal of Clinical Hypnosis was presented to **Daniel P. Kohen, M.D.**, **Mark W. Mahowald**, and **Gerald M. Rosen** for their article "Sleep-terror disorder in children" in *AJCH*, 34(4).

Due to issues of professional registration, **George Matheson, Ph.D.**, previously Secretary/Treasurer ISH, has resigned from his position and membership of ISH. **Peter B. Bloom, M.D.**, President-Elect ISH has agreed to act as interim Secretary/Treasurer.

William E. Edmonston, Jr., PhD. has retired from teaching and research duties at Colgate University after 29 years with that institution. Dr. Edmonston will continue to head his publishing firm, Edmonston Publishing, Inc. (30 Maple Ave. Hamilton, NY 13346-1219, USA), which will release Frank A. Pattie's book, *Mesmer and Animal Magnetism: A Chapter in the History of Medicine*, in January 1994. The book is a detailed biography of Franz Anton Mesmer, covering Mesmer's theory and practice, his influence on other physicians of his day, his stormy interpersonal relationships, even with those attempting to further his cause and ideas, and the pamphlet war. The final chapter assesses Mesmer's personality and his place in the history of medicine. The book includes a foreword by Ernest R. Hilgard, PhD. and an introduction by Louis Jolyon West, MD. Dr. Pattie is a long-time Fellow of both SCEH and ASCH. He is a former President of ASCH and Vice-President of SCEH.

IN MEMORIAM

Maurice M. Tinterow, M.D., of Wichita, Kansas, died on February 15, 1993. He was a noted contributor to the study of the history of hypnosis. This interest led him to collect one of the finest private libraries of hypnosis which grew over the years to more than 600 volumes, including many rare books. It is due to his generosity that he and his wife gave this unique collection to Wichita State University where it is available now to students and other interested people. In 1970 he presented an anthology of material from his library in a book entitled *Foundations of Hypnosis: From Mesmer to Freud* (Charles C. Thomas, Publishers). He and his contributions to our field will be remembered.

FORTHCOMING MEETINGS

1994

- March 19:** 3rd Swiss Symposium on Hypnosis (SMH-GHypS) at Bienne, Switzerland.
Contact: Dr. Claude Béguelin, Rue de l'Argent 7, CH-2503 Bienne, Switzerland.
- June 1 - July 2:** 11th Annual Conference of the BSCEH at University College London.
Contact: Dr. D. Oakley, Dept. of Psychology, Univ. College, Gower Street, London WC1E 6BT, England
- July 27 - 31:** Evolution of Psychotherapy - A Conference, at Hamburg, Germany.
Contact: M.E.T., Bernhard Trenkle, Bahnhofstr. 4, D-78628 Rottweil, Germany.
- August 6 - 12:** 13th International Congress of Hypnosis at Melbourne, Australia.
Contact: Congress Secretariat, P.O.Box 29, Parkville Vic. 3052, Australia.
- August 15 - 17:** Asia Pacific Congress of Hypnosis at Cairns, Australia. Contact: Congress Secretariat, P.O.Box 29, Parkville Vic. 3052, Australia.
- August 21 - 24:** Schizophrenia 1994: Exploring the Spectrum of Psychosis at Vancouver, B.C., Canada. Contact: Secretariat Schizophrenia 1994, c/o Venue West Conference Services Ltd., #645 375 Water Street, Vancouver BC V6B 5C6, Canada.
- November 4 - 6:** Annual Meeting of M.E.G. at Bad Orb. Contact: M.E.G., Konradstr. 16, 80801 Munich, Germany.

1995

- October 3 - 7:** 2nd European Congress of Ericksonian Hypnosis and Psychotherapy at the University of Munich, Germany immediately after the "Münchner Oktoberfest" (September 16 October 1). Contact: M.E.G., Konradstr. 16, 80801 Munich, Germany.

BRIEF THERAPY ESSENCE AND EVOLUTION
– A CONFERENCE

December 8 - 12, 1994

Orlando, Florida, USA

Information:

The Milton H. Erickson Foundation,
3606 North 24th Street, Phoenix, AZ 85016-6500, USA

EVOLUTION OF PSYCHOTHERAPY

The European Conference

July 27 - 31, 1994

Hamburg, Germany

Information:

M.E.T, Bernhard Trenkle, Dipl.-Psych.,
Bahnhofstr. 4, 78628 Rottweil, Germany

... CALL FOR PAPERS ...
CALL FOR PAPERS ...
CALL FOR PAPERS

2nd European Congress of Ericksonian Hypnosis and Psychotherapy

October 3 - 7, 1995

Munich, Germany

Information:

M.E.G., Konradstr. 16, D-80801 Munich, Germany
Fax: +49-89-336256, E-mail: kinzelch@mip.paed.uni-muenchen.de

PS: This congress will take place immediately after the
"Oktoberfest" of Munich (16.9.95 - 1.10.95)

13th INTERNATIONAL CONGRESS ON HYPNOSIS
MELBOURNE, AUSTRALIA
6 - 12th AUGUST 1994

This meeting will be held at the World Congress Centre, Melbourne, Australia in August 1994. The six day meeting will comprise two parts – the Workshops on the first three days and the Scientific programme at the end of the week.

Melbourne offers arts, theatre, opera and music. The city is famous for its Restaurants, representing the cuisine of the dozens of ethnic groups, who make up this cosmopolitan city. Within a few hours drive of Melbourne are the ski fields. At this time of year the skiing can be very good. Come and enjoy the delights we have to offer.

SATELLITE MEETING
1994 ASIA-PACIFIC CONGRESS OF HYPNOSIS
CAIRNS HILTON HOTEL
CAIRNS, NORTH QUEENSLAND, AUSTRALIA
15 - 17th AUGUST 1994

Cairns is set in the beautiful tropical resort area of North Queensland. Close to the world famous Great Barrier Reef, where you can snorkel and scuba dive in the Great Barrier Reef National Park. It offers opportunities to explore the unspoiled tropical rain forests, to swim on tropical beaches or engage in big game fishing. Include this meeting in your vacation plans.

13th INTERNATIONAL CONGRESS ON HYPNOSIS
AUGUST 6-12 1994

MELBOURNE
AUSTRALIA

Please send me further information on Hypnosis '94 as it becomes available.

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Please tick (✓) if applicable I wish to Present a Paper ☐

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