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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 Colleagues,

I once more send Best Wishes to you all from Melbourne, Australia. The International Society of Hypnosis and the Australian Society of Hypnosis have been very active in their planning for the 13th International Congress and we hope to see many of you in Melbourne in August of this year. I trust you will take this opportunity to join us for what will be an enthralling Scientific Program, I believe to be well attended by both local and overseas participants.

I would also ask you to note that the 1997 meeting of the Society will be held in San Diego under the joint auspices of the American Society of Clinical Hypnosis and the Society for Clinical and Experimental Hypnosis. This historic co-operative meeting with the International Society of Hypnosis is a most welcome advance in co-operation between colleagues at a time where we need to stand together firmly to protect the interest of our patients and the clinical modality we so keenly support.

We have also called for an expression of interest for the holding of the conference in the year 2000. This meeting which will be approximately the centenary of the first International Congress of Hypnosis (which was held in Paris) is available to National Constituent Societies to make a proposal to the Board of Directors. We would very much welcome proposals from any National Constituent Society interested in running this historic congress. Please consider and encourage your society to become involved.

I trust that you have received your ISH Directory and that you will advise us of any changes that are required for future publications. The office of the Society depends extensively on the feedback it receives from its members. I would like to very much congratulate Burkhard Peter for wonderful job that he is doing in his function as Newsletter Editor and to encourage you all to provide feedback as to the things you find particularly useful in our publications. We are about to enter the process of an election for the Office Bearers of ISH for the next triennium. The positions of President Elect and Secretary/Treasurer are both being contested and I would urge you to vote when your ballot-papers are received. The process whereby nominations were received and the ballot is conducted, are outlined in the by-laws of the Society should you be interested in this process. All voting is overseen by the auditors of the Society, the International accounting firm, Coopers & Lybrand and the election is the responsibility of the Past-President who has been actively guiding it throughout. I would urge you to vote as soon as your ballot-papers are received and return them by airmail immediately to our auditors. Counting of the votes will occur immediately prior to the Congress.

Once again, best wishes from Australia.

Graham D Burrows, AO, MD
President, ISH

FROM THE CENTRAL OFFICE

Best wishes and regards from Melbourne. We are now endeavouring to get the newsletter production back on track, the last one being delayed due to changes in the administrative staff of the Central Office. Firstly, I wish to acknowledge and welcome Ms Karyn Harte who has joined the University of Melbourne, Department of Psychiatry with part of her duties relating to the administration of ISH and the Central Office. I am sure over the next few months as Karyn becomes more and more familiar with what her ISH duties involve we will be able to meet your needs to a greater extent.

You should all by now have received your copies of the ISH Directory. I think you will agree that it is a high quality production, that it is well laid out and easy to read. We apologise if there are any errors in the Directory or if any information is missing. We were only able to prepare the Directory on the basis of information provided to us and stored in our database. If you have any alterations or additions please send them to us and we will incorporate them into the next newsletter mail out as an amendment and alteration to the Directory. I think you will notice if you flick through the Directory that many countries have very few members while the Australian Society of Hypnosis has almost 1200 members, making it by far the largest contributor to the International Society. The Central Office would welcome any significant increase in members from any country around the world. It is not our wish to have the ISH activities influenced extensively from Australia. The Australian Society of Hypnosis voted some years ago to automatically incorporate ISH membership into its own membership, thereby making every member of the Australian Society also a member of ISH. This was done at a significantly reduced cost since mailing could be rationalised and costs saved. I would urge you to lobby your National Constituent Society to also consider such an arrangement. It is a substantial saving for the individuals involved and ensures a strong international representation of clinical issues and research in the area of Hypnosis.

The most important thing in the foreseeable future is the International meeting of the Society to be held in Melbourne, Australia between the 6th and 12th of August, 1994. Planning is under way for this meeting and you should by now have received a copy of the Registration brochure. We have included another one with this newsletter in case you have mislaid the first. We urge all of you from outside Australia to consider this as an opportunity to visit this wonderful country and to explore the huge landscape and beauty, including such treasures as the Great Barrier Reef, one of the wonders of the world and one of the few reef systems visible from outer-space. While the initial registration date has passed there is still plenty of opportunity to register to attend what will be both a friendly and I'm sure a clinically satisfying meeting. Please consider this and if you are able to attend, you should make your travel arrangements soon as it is a busy time for travels to Australia, which of course is the host of the Olympic Games in the year 2000.

You will have received or will soon be receiving the ballot-papers for the election of the Office Bearers of the International Society of Hypnosis for the period of 1994-1997. This ballot covers only the positions of President-Elect (who will become President of

the Society between 1997 and the year 2000) and the Secretary/Treasurer. We are fortunate to have high quality candidates for both positions and I would urge you to exercise your democratic right and vote in this election as soon as the ballot-papers are received.

We once more look forward to meeting many of you in Melbourne in August and trust you may also join us for the Satellite meeting in tropical North Queensland where you can get easy access to one of the great wonders of the world. This is an opportunity not to be missed.

ROBB STANLEY,
Administrative Officer, ISH

FROM THE CHAIRMAN, COUNCIL OF REPRESENTATIVES

All individual members are invited to give suggestions for future developments to their local representative that will attend the Melbourne Congress to be held from 6th – 12th August, 1994. In this way we hope that the International Society Of Hypnosis can be of more benefit for the individual member.

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INTERVIEW WITH DAVID SPIEGEL

David Spiegel, M.D., is Professor of Psychiatry and Behavioral Sciences at the Stanford University, School of Medicine. He is a member of ISH since 1976. David Spiegel (DS) was interviewed by Burkhard Peter (BP) at the 10th annual meeting of the German Working Group for Psycho-Oncology on June 9, 1992 in Wiesbaden, Germany.

BP: Dr. Spiegel, since a long time you have been well known as a researcher and as a clinician within the hypnosis community.¹ But since 1989 you have obtained a considerable amount of attention also within the more broader medical and psychotherapeutic community by the study you have done with cancer patients.² Let me ask my first question a bit provocatively: Was this such an important study?

DS: Well, I think it is an important study, because it raises a very important question. It raises the question in a serious way of the extent to which psychological and social factors might influence disease-progression in the body. And in a sense, my interest in hypnosis which is also how shifts in mental states can influence things going on in the body – is similar. This study with cancer patients has gotten more attention than I would have guessed, I think because it provides serious data to examine a very important question which is how can talking and experiencing influence disease progression – this has made it a respectable question.

1. see e.g., Siegel, H. & Spiegel, D. (1978). *Trance and treatment – Clinical uses of hypnosis*. New York: Basic Books.
2. Spiegel, D., Bloom, J., Kraemer, H.C. & Gottheil, E. (1989). Effect of psychosocial treatment on survival of patients with metastatic breast cancer. *Lancet*, 2, 88-891.

BP: You completed this study at the end of the seventies with a good outcome regarding some psychological data.³ The important issues however, came to light after a 6-year follow-up. Would you please summarize the main findings for those readers, who might not know yet about this study?

DS: Yes, what we did in this study was to take 86 women who had metastatic breast-cancer, using random assignment. 50 of them received weekly support groups for a year and 36 received routine care. They all got good routine cancer care. As you mentioned, our initial results after the first year of the study were that the treatment women were less anxious and depressed on the Profile of Mood States, they were less phobic, they had less denial, and they had half the pain that the control group did. We taught them self-hypnosis for pain control as well.

But what we found years later was, that there was a significant difference in survival time so that by 48 months after the study had begun, all of the control patients had died and a third of the treatment patients were still alive. There were still 3 treatment patients alive something like 12 years after the study began. The average survival time for women was 37 months for those in the treatment group and 19 months for those in the control group. So it turned out that there was a substantially longer survival time in the treatment group than in the control group and that was the major finding.

BP: Were you surprised by this outcome?

DS: Yes.

BP: You didn't expect that it would have this effect?

DS: Yes, that's right. I initially thought that we would find no difference or a very small difference, so I was quite surprised.

BP: What role did hypnosis play?

DS: The women in the treatment group were taught pain control. The way we actually did it was that at the end of most of the groups – not all of them, because I didn't run all of the groups, but most of them – we would take 5 minutes to do a self-hypnosis exercise, that involved teaching people to (1) produce physical relaxation (usually with an image like floating) and (2) try out a variety of standard hypnotic pain-control techniques (make the part of their body that hurts, feel warmer or cooler, tingle, feel light or heavy, or focus attention on another part of the body, or imagine that they were somewhere else outside their body picturing something they enjoyed). So we used basic hypnotic techniques of teaching them to reduce their muscle tension, which makes pain worse and at the same time alter their perception of pain.

BP: That means hypnosis was just one small factor in the whole treatment.

DS: Yes, that's right.

3. Spiegel, D.; Bloom, J. & Yalom, L. D. (1981). Group support for patients with metastatic breast cancer. *Archives of General Psychiatry*, 38, 527.

BP: You mentioned that, with hypnosis, patients suffered half the pain compared to the people in the control group. To what extent do you think this influenced the outcome of the treatment?

DS: You mean on the survival? It's a little difficult to disentangle because we didn't randomly assign. Some were not in my groups and therefore did not get as much hypnosis; those groups run by co-workers had less reduction in pain than the groups that had the hypnosis. There was some evidence that the hypnosis specifically reduced pain. But there was no statistically significant survival difference of the patients in my groups, who got the hypnosis regularly versus the other groups. I would say that the evidence from the original study does not suggest that it was specifically the hypnosis that led to the longer survival.

BP: A question to a criticism of Le Shan: How did you inform the control patients about being in the control group? You probably remember this?

DS: I remember – in fact he was supposed to publish a retraction in "Psychologie Heute". Has he done that? Have you seen anything recently?

BP: No.⁴

DS: Well, when I got back from last summer here and I learned about this – there was some nonsense in that article about my telling the control patients that the computer had dropped their name or something like that. That's a lie, it is not true. We are required by the Stanford Human Subjects Committee to tell all patients who enter study that it's a randomized trial and that some of them will get a certain intervention and some of them won't, and they have to agree to participate in that. We randomly assign them and inform them that the way the random assignment had gone they were either in the treatment or in the control condition. Le Shan said that we lied to them and said that the computer dropped their name and that's why they weren't in it, and that is absolutely a falsification. When I talked to Le Shan he told me that he never said that, but he had the article translated and that's what it said. He's wrong and he promised me that he would publish a retraction and tell me about it, but I have not seen it. I was quite angry about that, because we do not lie to patients.

BP: Could it be that – when being told as a patient that one is not assigned to the treatment group – this becomes a suggestion like "there is no help for you" . . . ?

DS: Well certainly. We try to explain to patients what randomisation means, that it is nothing about them, it simply has to be an arbitrary decision by the computer. Some people may take it as a kind of a disappointment. I don't think it's about treatment. Bear in mind that this was in the seventies, groups were not very popular then to cancer patients. I had more trouble convincing patients who were randomized to treatment to go to the groups, than I did in dealing with disappointed control patients who were told they couldn't be in the groups. So, for many of them it was not a big disappointment at

4. Later on 'Psychologie Heute' told me that it published a retraction of Le Shan's in the issue of October 1992. The editor however insisted on the original version.

all, they were just as glad they didn't have to go. There are some who were disappointed. There are some in our current studies, but I don't think any of them confused it with their medical background. I think some may have felt the way they answered the questions about their mood or their family environment might have influenced it. I don't think any of them thought that we had medical information that influenced the decision.

I also find it hard to believe – and this is a criticism of Le Shan's, maybe – that the negative effect of a one-time disappointment that you are not in one group will have a more adverse effect than the positive effect of being in one group for one year. That isn't plausible to me. Even if it is disappointing, frankly, when you have cancer you've got a lot bigger things to worry about than if you get into one of these groups. I'm sure it was disappointing for some people but I just don't think it was that important to them.

BP: Given the case that the people of the control group had the strong belief that your treatment would help and cure their cancer, then not being in your group probably could be seen as a negative suggestion. As far as I know, however, you never told the patients that your intervention might have a positive effect on their survival time, you never mentioned hope. But instead you talked to them about their fears, about dying, about other negative aspects . . .

DS: . . . that's correct . . .

BP: . . . and seeing this the other way around, talking about their fears, about dying and death, this too could become a negative suggestion . . .

DS: . . . yes, you mean the ones that were in the treatment groups could be affected by negative suggestion? Yes, that's the other part. First of all we had no thought at that time that being in the groups would have any effect on survival. Even with what we know now – you used the word cure – it was not a cure; 83 of the 86 women did eventually die of cancer, so we didn't cure anybody of cancer. But we were in fact helping them face the dying and death of other women in the group, that's absolutely right. And it did not have the effect of being a negative suggestion.

BP: Isn't this a seemingly paradox; talking about dying and death, visiting and facing others who are dying and this has a positive effect on psychological parameters and (like, fear) prolonging the survival time? The pop literature about cancer usually says quite the contrary – think positive, fight for your life and combat your cancer.

DS: You make a good observation. Our approach is to help people stare death in the face, and emerge from that confrontation with a clearer idea of what the future holds, but stronger as well because they can make important and sensible decisions about how to use the precious time they have left.

BP: As far as you know is there already any replication?

DS: Yes, there is a replication trial under way in Toronto under the direction of Dr. Peter Brown. Others are planned in Knoxville, Tennessee, Denmark, Italy, and Switzerland.

BP: Do you consider it worthwhile to investigate more closely whether hypnosis can play a special role within a kind of study you have done?

DS: Certainly, it would be quite interesting to study the special role that hypnosis might play. I have been working for several years with a mind/body research network sponsored by the MacArthur Foundation to examine just this issue: how can hypnosis and other changes in mental state, such as sleep, influence health. We began with the question: 'how is it that warts can be cured with hypnosis?' We are also measuring hypnotizability using the Hypnotic Induction Profile in our current replication trial with metastatic breast cancer patients in order to see whether hypnotizability is a factor in treatment response.

BP: What kind are your ongoing studies?

DS: We are conducting a new randomized trial with metastatic breast cancer patients, looking to see whether or not those assigned to supportive/expressive group therapy survive longer than those assigned to routine care plus educational materials. We are also examining possible immune and endocrine mechanisms by which psychosocial support could influence survival time. In addition, we are conducting a multicenter trial of the effects of such group therapy on women with primary breast cancer. These trials are sponsored by the National Institute of Mental Health and the National Cancer Institute.

BP: Thank you for this interview, Dr. Spiegel.

CONFESSIONS OF A PSYCHOANALYST WHO BECAME A HYPNOSIS RESEARCHER AND A HYPNOANALYST

(by Erika Fromm, University of Chicago, USA)

I grew up in a very Orthodox Jewish home. One of the many rituals of Jewish Orthodoxy is that during the week of Pesach (the Jewish Easter) no bread could be in the house, not even a crumb. That requires very thorough spring house cleaning. But it also necessitated that every book in my parents library had to be shaken out so that no crumbs remained. After all, someone might have read a book while eating a sandwich, and a crumb might have fallen into the book. So one spring, when I was fifteen, I was delegated by my parents to clean up the whole large library, carefully dust each book, and shake out any crumb that might still stick between pages. In the process, I "discovered" psychoanalysis.

It was a large library with many bookshelves. On each shelf there was one row of books. On one of the highest shelves, quite out of reach of children, there were five or six books, behind that row, hidden from view. That was intriguing. I looked at them and found that the word sexuality appeared over and over again in the books. They were books by Sigmund Freud and other psychoanalysts. Clearly they were "forbidden" books which my father, a physician, did not want his children to read. That, of course, made it so much more intriguing. One after the other, I sneaked them to my bedroom and read

them at night from cover to cover. This is where my fascination with psychoanalysis started, at age fifteen. It has remained a deep interest my whole life long. I got part of my psychoanalytic training in Holland and full training in the United States, at The Chicago Institute for Psychoanalysis, and have been a psychoanalyst for a good 40 years. A psychologist I have been now for 60 solid years (starting out as an experimental researcher), and I have enjoyed all of it for all of this time.

How did I become a Hypnosis researcher and a Hypnotherapist? In 1958 the American Psychological Association considered giving Continuing Education Workshops to people who already were psychologists but wanted to expand and learn more. A committee of five, of which I was a member, was appointed to set up these first workshops. We were told to use our own best judgement and set up 5 concurrently running one week workshops.

There was no precedent. We discussed various possibilities, kind of brain-storming together, and at one point I said: "Well, let's send a letter to a representative sample of the American Psychological Association membership and ask them what topics they would like to be taught in these workshops. For the five that come out on top and get more votes than any other, we will find experts in the field to teach them."

High among the replies that came back was a request to have a workshop on Hypnosis. I was amazed and said: "Hypnosis is for the birds. It is quackery. We will not have such a workshop taught." My colleagues pointed out that I had come up with the democratic idea of asking the membership what they wanted and could not in an authoritarian way now say that we would not do it. "But", they said, "each one of us will be delegated to sit in on one of the workshops for the whole five days and afterwards will report to the Committee about the quality of this particular workshop and about the desirability of having such workshops in the future. We will delegate you", they said, "to sit in on the Hypnosis workshop."

The Committee invited Dr. John G. Watkins to teach the workshop. He was a psychologist who had worked in the field of hypnosis since World War II and had written an excellent book on hypnotherapy, (*Hypnotherapy of War Neuroses*, 1949). He taught a very good Workshop, in a scientific way, with a good deal of demonstration. I became convinced of the reality of the phenomena; phenomena such as age-regression, hypermnesia, positive and negative hallucinations, hypnotic amnesia, etc. It also became apparent to me that hypnosis was an area wide open to do interesting research in; and in addition I realized that in hypnotherapy one could make close contact with the unconscious much faster than one can do in psychoanalysis. Thus, by using a combination of hypnosis and psychoanalytic methods of therapy, one probably could achieve therapeutic results much faster with hypnosis than with psychoanalysis alone.

I had felt for a number of years already, during the 1950s, that only the rich and the poor, but not the large middle class could afford psychoanalysis. The rich could afford to pay for it, and with the poor, it was frequently used in clinics by psychiatric residents

who wanted to learn it and were well supervised. My social conscience had always revolted against the M.D.s' high fees and against the great frequency of psychoanalytic hours. With hypnoanalysis, it seemed to me, one could greatly reduce the number of hours needed, and save the patient much money. John G. Watkins' own orientation was psychodynamic. He, too, worked with psychoanalytic methodology when he treated patients in hypnosis.

So, immediately after I had taken his course I started to do research in hypnosis. The experimentalist in me came first. After a while I used hypnosis and hypnoanalysis with patients. I have done both ever since.

In 1958 John Watkins and Bernard Raginsky founded the International Society of Clinical and Experimental Hypnosis. Watkins was ISCEH's President from 1965-1967. This Society was the predecessor of ISH.

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NEWS FROM THE WORLD OF CLINICAL AND EXPERIMENTAL HYPNOSIS

Informed Consent Forms and After-effects

(William C. Coe)

We have been investigating after-effects of experimental hypnosis, positive as well as negative. Our recent hypothesis was that the wording of the "Informed Consent Forms" (IFC) to subjects could result in more or fewer negative after-effects following their hypnotic experiences. Specifically, we postulated that the inclusion of warnings that subjects may experience specific after-effects, e.g., slight headaches, etc. may in fact create expectations which lead to such after-effects. In order to test our hypothesis we proposed varying the content of the consent forms in regards to the percentage of subjects who have reported negative sequelae, e.g., "50%", "20%", "a few" or "no warning". Our Institutional Review Board (IRB) would not allow us to alter the forms on the basis that they are an implied contract with the subjects. In other words, the same Board that insisted upon IFCs with warnings were not willing to let us test their decision! As a compromise we were allowed to vary the hypnotist's wording in the rapport section of the standard scale being administered (of course, subjects had already read and signed the IFC with warning included). Two studies have produced partial support for our hypothesis, i.e., the higher the percentage of after-effects reported by the hypnotist, the more likely subjects were to report them later. The studies have some problems which we are currently trying to correct and to test more carefully. It is frustrating, nevertheless, that we have been unable to receive permission to alter the IFCs themselves.

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Clinical Hypnosis as an Empirically Validated Procedure

(Irving Kirsch)

Clinical hypnosis, used as an adjunct to cognitive behavioural psychotherapy, is on its way to becoming an "empirically validated treatment," as that term is defined by a task force of the American Psychological Association Division of Clinical Psychology.

The effects of adding hypnosis to cognitive behavior therapy was evaluated in a meta-analysis that will soon be published as a "special feature" in the *Journal of Consulting and Clinical Psychology* (Kirsch, Montgomery, & Sapirstein, in press). The results indicated that the addition of hypnosis substantially enhanced treatment outcome, such that the average client receiving cognitive behavioral hypnotherapy showed greater improvement than at least 70 percent – and perhaps as much as 90 percent – of clients receiving non-hypnotic treatment. Effects seemed particularly pronounced for treatments of obesity, especially at long term follow-up, indicating that unlike those in non-hypnotic treatment, clients to whom a hypnotic induction had been administered continued to lose weight after treatment ended.

These results were particularly striking because of the few procedural differences between the hypnotic and non-hypnotic treatments. In many cases, the only difference was the use of the word "hypnosis." These were studies in which both treatments included relaxation instructions that were termed "hypnotic inductions" in the hypnotic treatment. The effect size in these treatments were as large as those in which there were other differences between the hypnotic and non-hypnotic treatments.

The task force Criteria for Empirically Validated Treatments included two requirements that were not followed in many of the studies we reviewed. These were that the studies be conducted with treatment manuals and that the characteristics of the client samples be clearly specified. Nevertheless, hypnosis seems to meet the stated criteria because only two good studies are needed for a treatment to be considered empirically validated.

Our meta-analysis was impeded by the failure to report standard deviations in many of the studies. Because of this, we had to estimate many of the effect sizes using procedures that are not as reliable as calculating them directly from means and standard deviations. The average effect size in the studies reporting means and standard deviations was .47 standard deviations, whereas that of studies in which standard deviations were not reported was 1.87.

The further acceptance of hypnosis as an adjunct to therapy can be promoted by more outcome studies of the kind we reviewed. These studies should be conducted with treatment manuals that can be made available to clinicians and researchers. Journal editors should require that all reports of outcome studies include clear specification of client samples and means and standard deviations on all measures for each treatment and control condition.

Kirsch, I., Montgomery, G., & Sapirstein, G. (in press). *Hypnosis as an adjunct to cognitive behavioral psychotherapy: A meta-analysis*. Journal of Consulting and Clinical Psychology.

Irving Kirsch, Ph.D.

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Future Focused Hypnotherapy

(M.S. Torem)

Recently, I have become more involved in using hypnotherapy techniques focused on the future. In these hypnotherapy interventions I have used at times age progression, at other times, hypnotic imagery, and, with some, a special technique of 'Back to the Future'. I have found these techniques helpful in the sense they may help the patient transform the focus of treatment from the past to the present and future. This goes, in many ways, contrary to all I have learned from psychoanalysis, whereby I was taught that one must explore the past in order to understand the present and plan for a better future. However, the experience of working with patients has taught me that spending too much time in exploring the past may contribute to dysfunctional regression and may unnecessarily prolong therapeutic progress.

The following is a case history that demonstrates this point: John was a 52 year-old married man who was referred to me for therapy by his general internist due to obesity, high blood pressure, diabetes, and osteoarthritis. In addition, he had been smoking two packs a day and was told by his primary care physician that he must stop smoking and lose weight if he wants to live to a ripe old age. On examination, John also showed signs of depression in a sense of hopelessness and helplessness. Following five sessions of general supportive psychotherapy, John learned to use self-hypnosis for relaxation and was able to stop smoking with the help of hypnotherapy focused on cognitive restructuring and reframing. John was pleased with his accomplishments and wanted to continue his hypnotherapy and apply it for weight loss. His height was 173 centimeters and his weight was 107 kilograms. I asked John if he would be willing to transcribe his life to me once he accomplished his goal of weighing 72 kilograms, being free of smoking and from his depressed mood. He was not clear about what he would do with his life once he accomplished these goals. Upon my suggestion, he agreed to explore his life in five years from the present by taking an imaginary trip in a time machine. This was set up in advance in such a special way whereby my positive suggestion and ego strengthening were employed. In the hypnotic session associated with guided imagery, he landed in his time machine in front of a beautiful house in the country. He met with the 57-year-old John, who looked slim, energetic, and in a good mood.

He was instructed to engage in a conversation-type interview with the 57-year-old John and told him that he was the 52-year-old John visiting from the past. He was instructed to ask the 57-year-old John to describe his life, his accomplishments, and, specifically, what he had done to achieve them. The patient was instructed to ask the 57-year-old John if he would have dinner with him. The 57-year-old John replied that, in fact, dinner was ready for them in the dining room and that he had prepared all the favorite dishes that 52-year-old John had always liked but they were prepared in a special, healthy way. They set down to eat and as they were chewing and swallowing the delicious and healthy food, the 57-year-old John instructed the 52-year-old John that he must address his marital relationship with his doctor and the key to his recovery is hidden in the nature and quality of his marital life. When John came back from this hypnotic session, he remembered most of what took place and was asked to write an essay about what he had learned from this imaginary trip to meet himself at the age of 57. John brought the letter with him to the following session. In it, he described details of his imaginary trip to the future and what it was like for him to meet himself at the age of 57. The patient used the past tense in describing events that had not yet taken place in the external reality of his life. That was an indication to me that John had internalized the imagery of the future into his conscious and subconscious mind and for him, the reality already had taken place. It was now a matter of changing his external reality to match this new internal reality that he had a chance to view and experience.

Psychotherapy continued with a new focus on his marital relationship. John revealed a sad saga of marrying a woman that resembled his own mother who was described as a cold-blooded, narcissistic bitch. His marital relationship was filled with verbal and

emotional abuse, laced with put downs and double binds. "No matter what I did", said John, "I could never be right about anything." John decided to take action and insisted that he and his wife begin marital therapy. When his wife refused and ridiculed the whole idea, John moved out and separated from his wife. She responded in an abusive manner, predicting that he was not going to survive more than a month without her and he would come back begging her to accept him into the house. The trial separation ended in a formal divorce. In the process, John continued to grow emotionally and psychologically and gained further confidence in himself as a worthwhile person. His depression lifted, he continued to move towards his goal of healthy slimness at a body weight of 72 kilograms, and joined a social club at his church.

The above story has in it several elements of the benefits of using future-oriented hypnotherapy. In this case, the patient was able to see that the future had in it a better and healthier life, and, in addition, he was able to communicate with a stronger, healthier part of himself who became his internal advisor and internal guide as to a variety of issues and decisions involved with healthier living on a daily basis. In addition, I would like to point out that I deliberately have used the scene of a meal, whereby John and his future, healthier self eat together and John symbolically internalized the images, feelings, sensations, and sounds of health, self-actualization, and positivity.

I have used this technique for a variety of conditions for patients before surgery, for women with hyperemesis gravidarum, for patients with eating disorders, and for students before exams and graduations. I wanted to share this with the readership in the hope that others will find it as useful as I have.

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Death after Stage Hypnosis?

(Michael Heap)

Michael Heap amongst others has been involved in advising on the case of a normal healthy 24-year-old woman who died the night following her taking part in a stage hypnosis show. The pathologist's opinion as to the cause of death was 'pulmonary oedema associated with inhalation of gastric contents'. No drugs were evident and blood alcohol was only 78mg per 100ml. A high level of blood prolactin raised the question of an epileptic fit (no previous history). Does anyone know of any similar cases?

Dr. Michael Heap

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NEWS FROM THE CONSTITUENT SOCIETIES

American Society of Clinical Hypnosis

(ASCH)

ASCH held their annual meeting in Philadelphia, Pennsylvania, on March 12-16, 1994. The meeting was highly successful with over 600 registrants attending. Dr. Dabney Ewin, the society President, turned the gavel over to William C. Wester, Ed.D., the society's President for 1994-1995. The new Executive Committee also consists of Richard P. Kluft, M.D., Ph.D., President-Elect; Gary Elkins, Ph.D., Vice President; Catherine Fine, Ph.D., Secretary; Valerie Wall, Ph.D., Treasurer. Members at large: J. Henry Clarke, DMD, M. Michael Marcum, M.D., Ph.D., and Philip Appel, Ph.D., Jordan Zarren, M.S.W., Masters Level Representative, and D. Corydon Hammond, Ph.D., Chairman of Education Research Foundation.

ASCH will hold its next annual meeting in San Diego, California, on March 4-8, 1995. This is the meeting site that will also be held for the ISH meeting in 1997. San Diego is a beautiful city with many desirable attractions and a beautiful year-round climate. Mark your calendars.

There is a growing concern in the United States about the issues on false memory syndrome. A number of lawsuits have generated, and as a result, Dabney Ewin, ASCH President, appointed an Ad Hoc Committee to investigate the scientific literature and formulate guidelines. The committee is co-chaired by Charles B. Mutter, M.D., and Richard Garver, Ed.D. Many of the committee members are also active in SCEH, and proposed guidelines will be forthcoming.

Australian Society of Hypnosis

(ASH)

The Australian Society of Hypnosis which operates in all the states of Australia continues to focus most of its attention on the training and accreditation of clinicians in the practice of hypnosis. Most states of Australia have some regulations controlling the

practice of hypnosis and in only a few states is it possible for lay practitioners to practice. As part of our maintenance of the highest possible standards we operate a part-time training program spread over two years which includes 30 hours of didactic teaching and 50 hours of supervision. At the end of this process associate members of the society complete a three stage examination to become full members of the Society and be awarded the Post-Graduate Diploma of Clinical Hypnosis. This process of peer reviewed accreditation we believe to be very important in maintaining the highest possible standards.

The society has also been heavily involved in the promotion and development of the 13th International Congress of Hypnosis which is to be held in Melbourne at the World Congress Centre. The Workshop Program and Scientific Program are well advanced. We hope that you will all join us in Melbourne in early August and subsequently in Cairns, Queensland for a post congress satellite meeting. This will give the opportunity for many of you to take time to explore Australia in between the two meetings.

The other most visible activity of the National Society of Hypnosis is the change in the editorship of the Australian Journal of Clinical and Experimental Hypnosis. For many years (more years than I am sure she wishes to remember) the Journal for the Australian Society of Hypnosis was edited by Dr Wendy Louise Walker in Sydney. Firstly, in her academic position and later in her private practice. Over the years Wendy-Louise Walker contributed such an enormous amount to the society and the Australian Society of Hypnosis is eternally grateful for her contribution. We are very lucky to have had her elected as the next President of the Australian Society of Hypnosis and she is currently the President-Elect. She will take up her position as the President in August 1995 at the meeting of the Society in the beautiful snowy mountains of Tasmania. If you are interested in skiing we would welcome International visitors to this meeting also in mid 1995. With her taking on the position of President-Elect we are fortunate to welcome to the editorship of the Journal, Dr Barry Evans. Barry, who has worked with the Australian Society of Hypnosis in various positions including Federal Treasurer, has already devoted an enormous amount of time to the coordination of the next two issues of the Journal and additionally, with Robb Stanley who is currently our President, is publishing two anthologies relating to "Hypnosis and the law: Principles & practice" and "Hypnosis in the management of anxiety disorders". These volumes of more than 250 pages of articles that have appeared in the Journal with additional invited chapters will be published in paperback form and available for sale at the Congress, for US\$24.50. After that date, additional mail orders for these anthologies can be ordered for approximately US\$35.00 per volume including postage. If you are interested in either of these anthologies (or both) you could write to Dr Barry Evans, AJCEH Journal Editor, Edward Wilson Building, Austin Hospital, Heidelberg, Vic, 3084, Australia.

Best Wishes from Australia.

Greg Coman, Federal Treasurer.

Austrian Society for Autogenic Training and General Psychotherapy (ÖGATAP)

Together with the other two Austrian hypnosis societies (ÖGWH and MEGA) ÖGATAP has great reason to celebrate: Based on the Austrian Law of Psychotherapy, the Austrian Ministry for Health officially accepted hypnosis as a psychotherapeutic method. This is an important highlight in the Austrian history of hypnosis. The main part of the necessary work was done by Erik Bölcs, M.D., Hans Kanitschar, Ph.D., and Wolfgang Ladenbauer, M.D.

ÖGATAP will celebrate its 25th anniversary. The founding president, Heinrich Wallnöfer, M.D., is busy in Austria and abroad – last autumn he was invited to speak about his Analytic Advanced Autogenic Training in Japan. For the coming autumn he promised to present a paper and a workshop at the 25th Seminar of ÖGATAP in Badgastein, Austria.

Henriette Walter, M.D. is energetic and busy in publishing the proceedings of the 6th European Congress of Hypnosis in Vienna, 1993. She will be one of the Austrian colleagues participating in the 13th International Congress of Hypnosis in Melbourne.

British Society of Experimental and Clinical Hypnosis (BSECH)

The Department of Psychiatry of the University of Sheffield (M. Heap) offers a one-year part-time Diploma Course in Clinical Hypnosis, and the University College London (D. Oakley) a Diploma in Applied Hypnosis. The taught part of both courses consists of eight weekend teaching blocks with additional supervision sessions in the trainee's locality. Applicants must be members of a recognised therapeutic profession within which hypnosis has a legitimate application. Successful completion of the Diploma courses enables students to apply for continuation to Master's level.

The BSECH Annual Conference will be held at University College London from June 30 to July 2. Speakers will include Professor Judith Rhue of Ohio. Phyllis Alden and Marcia Degun-Mather will be leading a workshop on post-traumatic stress disorder.

British Society of Medical and Dental Hypnosis (BSMDH)

Chairman of BSMDH, Don Hobbs, will be standing down at the AGM in May. Don has chaired the Society through a very difficult period, with level headedness and good humor and common sense. The only nomination so far received to place him is that of Mary Mc Kenna who we are sure is capable of following on where Don left off.

The Society is taking an active stance on the question of stage hypnosis and regulation of the practice of hypnosis in the U.K. We are also beginning to reestablish links with our medical and dental colleagues throughout the British Isles.

This year's AGM is to be held at Stratford on Avon on May 21st, and will be accompanied by an Advanced Course and, of course, a visit to the Theatre.

Canadian Society of Hypnosis

(CSH)

The CSH, Alberta Division, has had a very successful year. Membership in the society continues to increase. In September, Dr. Charles Mutter from Miami, Florida gave a very useful three day workshop on the use of Hypnosis in Psychosomatic Medicine. In May this year, Dr. Claire Frederick from Lake Tahoe, California will be giving a workshop at the Banff Centre on Ericksonian approaches to the treatment of childhood trauma and dissociation.

Plans are far advanced for the meeting in May 1995 of the Federation of Canadian Societies of Clinical Hypnosis Fourth National Assembly. Invitations to the following have been accepted: Alan Schefflin, J.D., on the Misuse of Hypnosis; Dr. Karen Olness on Psychoneuroimmunology; Dr. Kay Thompson on the Language of Hypnosis; Dr. Lars-Erik Unestahl on Mental Training; Dr. Lee Pulos on Beyond Hypnosis; Dr. Ernest Rossi on the New Mind-Body Therapy and Dr. Bruce Lipton on Memory at the Cellular Level. In addition to this a special presentation on Shamanistic Healing will be given by Armand Huet de Grenier. Between twenty and twenty-five workshops are planned. This meeting will be held at the Banff Centre in Banff, Alberta. This is the premier resort in the Canadian Rocky Mountains and the program allows plenty of time for recreational activities. More information can be obtained from the Chair of the Organising Committee, Dr. Neill Malcolm, 4721- 47 Avenue, Leduc, Alberta. T9E SYI. ph: (403) 986 1400; fax: (403) 986 - 9759.

Indian Society for Clinical and Experimental Hypnosis

(ISCEH)

A centre for hypnotherapy has been started at the Sri Ramachandra Medical College and Research Institute, Porur, Madras, where Dr. Peter Fernandez is presently Professor and Head of the Department of Psychiatry. This centre is the first of its kind to be established in a private or public hospital in this region. Patients with neurotic and psychosomatic disorders are being treated there. Along with Dr. Fernandez, three young assistant psychiatrists (trained by him) are practising hypnotherapy. Additionally, about 15 psychiatrists have been given training in hypnotherapy in the recent past. Their experience and progress in practice of hypnotherapy is observed through regular contact, and guidance is provided as and when needed.

Israeli Society of Hypnosis (IsSH)

IsSH representatives were busy overseas last summer and this winter. Nachi Alon, the President of IsSH paid a second and third visit to Athens, giving lectures and workshops and thereby assisting to form the soon to be born Greek Society of Hypnosis. Avraham Hirshfeld complemented a busy year of giving courses all over the country with a lecture and a workshop in hypnoresistance at the U.I.M. Congress in Milano, Italy. A significant number of our members participated in the 6th European Congress in Vienna, Austria: Delano, Eshcol, Kleinhauz, Livnay and Somer contributed to the program.

The main event of the year was the Society's 5th Scientific Congress, which was held in Herzlia in the beginning of March. The Congress was especially gratifying, as it was structured in an interactive format of panel discussions and workshops, with the focus upon presenters-audience-interaction. While most of our experienced professionals took part in presenting, Prof. Karl Fuchs was missed as he was recuperating from a heart attack. We are all relieved that he is feeling better again.

The Dalai Lama just completed his first visit to Israel. Among his hosts were Nachi Alon, who made his acquaintance through his efforts to find the common bases of hypnosis and buddhism.

Japanese Society of Hypnosis (JSH)

It is our great honour and pleasure that Japanese Society of Hypnosis (JSH) could join ISH as a Constituent Society last year. This is the first message from JSH with a brief introduction of its history and current situation.

Since its establishment in 1956, JSH has contributed to the development of scientific studies on research and clinical application of hypnosis in Japan. It seems that there are roughly three stages of development in JSH passage.

The first 15 years could be characterized as the most lively and stimulating period in which experimental studies such as the ones concerning depth of hypnosis and hypnotic susceptibility were actively conducted, and clinical applications were also made mainly to various psychosomatic diseases as well as neuroses with notable results. The leaders such as Dr. G. Naruse and Dr. S. Maeda enthusiastically engaged in giving hypnotic training to many mental health professionals. A lot of educational books appeared. The activities culminated in sponsorship of the 2nd International Congress of Psychosomatic Medicine and Hypnosis held in Kyoto in 1967, presided over by Prof Y. Ikemi and Prof. G. Naruse.

In the second stage, hypnotists' interest gradually shifted toward several derivative therapies such as autogenic training, image therapy, and movements therapy, and also toward clinical application of hypnosis as an adjunct to other psychotherapies including psychoanalysis and behaviour therapy. The standard heterohypnotherapies became less popular.

Then came the third stage, the period of decline continuing up to now. The number of presentations at the annual congress has decreased, especially since the establishment of the Japanese Society of Autogenic Training in 1979. Such serious tendency made JSH hold a symposium entitled "How to Reactivate Hypnotic Studies" at the 32nd Congress in 1986, and the following reasons for the decline were speculated: persistent difficulty in clearing up people's misunderstanding despite the professionals' sincere effort against it, low fee system for the therapies, more responsibility on the side of hypnotists compared with other kinds of psychotherapists. As the newly established societies of derivative therapies have drawn the attention of the mental professionals, the hollowing of hypnotic studies seems to have occurred. However, it also should be emphasized that there are still a considerable number of able researchers as well as clinicians who stick to hypnotic studies in JSH.

Under such circumstances JSH's participation in ISH would be a valuable stimulation for revitalization of hypnotic studies in Japan.

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

This year, M.E.G.'s German Journal "Hypnose und Kognition (HyKog)" celebrates its 10th anniversary. Founded in (and edited since) October 1994 by Burkhard Peter and Christoph Kraiker, HyKog holds a circulation of 2000 minimum, some back-copies, due to reprints, more than 3500. The anniversary issue of April 1994, co-edited by Burkhard Peter, Alida Iost-Peter, and Moris Kleinhauz, contains selected papers of the Joint Conference, held in 1992 in Jerusalem as a pre-congress to the 12th International Congress of Hypnosis. An article "On the scientific grounds of clinical hypnosis" by M.E.G.'s president Dirk Revenstorf is added, contributing to the ongoing discussion about the scientific legitimization of the many psychotherapeutic techniques here in Germany. Hypnosis, as it is shown, can easily compete with the best investigated techniques like behaviour therapy and cognitive therapy. This discussion is due to a legislative initiative on psychotherapy. Once this Law for Psychotherapy has passed, the way is open for hypnosis to be given to competent hands only.

Netherlands Society for Hypnotherapy **(Nvvh)**

The scientific part of the next annual meeting of the Nvvh, on March 23, 1994, is dedicated to the actual topic: truth, memory and hypnosis. Prominent members of our society, like Prof. Onno van der Hart, Dr. Eric Hoencamp and Dr. Casper Koene will give a lecture.

With this subject our society shows to strive for the best quality in hypnotherapy. Improving of quality is a main point of our society's policy for the next years. Twice a year we organize a general workshop for members and non-members. The next

workshop will be on May 20, 1994, on the subject of metaphors and storytelling in (hypno)therapy.

We are still examining training possibilities for other health professionals, such as nurses, social workers and speech-trainers. Regular trainings and membership we will only realize as we succeed to guarantee the best standards of quality. Using hypnotic instruments may never lead to a mixture of professional competencies.

Society for Clinical and Experimental Hypnosis, USA **(SCEH)**

David Spiegel, M.D., was recently elected President of the SCEH. He is actively working on co-sponsorship of the ISH meeting in 1997 in San Diego by the ISH, American Society for Clinical Hypnosis (ASCH), and the SCEH. ASCH has undertaken the initial planning for the meeting with ISH, and SCEH is working with ASCH to combine all annual meetings and share planning and financial responsibilities.

Rodger Kessler, Ph.D., has been organizing the Education Committee around the important and thorny task of creating a standard curriculum for hypnotic training. As we know, the need for more sophisticated training has become increasingly apparent in recent years, but there has been no concomitant updating of standards for training. Dr. Kessler is remedying this.

In his Letter from the President of the SCEH's Newsletter 34(1), February 1994, Joseph Barber, Ph.D., makes the following statement: "I am aware of a rumor that declares that SCEH is associated with the False Memory Syndrome Foundation. There is no truth to that rumor. SCEH has liaison with ASCH, with ISH, with AAAS, APA, AMA, ADA, and other professional and scientific organizations. The FMS Foundation is not one of them."

SCEH's 45th Annual Workshop and Scientific Meeting will take place on October 4-8, 1994 at San Francisco's Miyako Hotel, an unique meeting site in San Francisco's Japantown near Union Square, Nob Hill, Chinatown, Fisherman's Wharf and Golden Gate Park.

Society of Scientific Hypnosis in Finland **(SSHF)**

SSHF has celebrated: Its 35th Annual Meeting was held on March 19-20. The venue was Naantali Spa and the participants had time to relax in Roman pools and to enjoy a Finnish sauna as well as a Turkish bath between and after the scientific program. The officers were elected: Matti-Pekka Harri, M.D., will continue as the President and Timo Heinonen, D.D.S. is the new Secretary. The number of members has been increasing and is now over 100. However, the real challenge is the plan to edit the first Finnish text-book on Hypnosis. More in the next issue.

Swedish Society of Clinical and Experimental Hypnosis (SSCEH)

This year the Southern Branch of the SSCEH was the host for the SSCEH Annual Meeting, held in the old university town of Lund (March 12-13). Lund is situated just across the sound from Copenhagen, a "strategic" place because about half of the members of the section are Danish. To cross the sound is an easy ferry trip of 45 minutes only. Besides the usual workshop program, Eugenius Laurinaitis, M.D., Ph.D. gave a one-day course entitled "Hypnosis and other therapies in Lithuania." Dr. Laurinaitis who is Assistant Professor of the Institute of Psychology, University of Vilnius, is President of the Lithuanian Society of Hypnosis.

The recipients of the 1993 research grants of the SSCEH Milton H. Erickson Memory Fund, Björn Enqvist, D.D.S., Doris Johansson, D.D.S., Ramon Sato, clin.Psych. and Ingrid Österberg, M.Sc., M.N. lectured on their respective issues in a Special Research Symposium.

The probably most northern hypnosis society is a section of the SSCEH; it was formed in the town Luleå, close to the Arctic Circle, on the same parallel as Anchorage in Alaska and Verchojansk in Siberia. With Christina Schroder, D.D.S., it offers basic and intermediate courses within the 3-years education program of the SSCEH.

Swiss Society for Medical Hypnosis (SMHS)

The SMHS and the GHypS (Society for Clinical Hypnosis of Switzerland) had their third joint Hypnosis Seminar in Biel on the 19th of March organised by J. Philip Zindel and Claude Beguélín. The talks and workshops were altogether bilingual, either French or German. The event as a whole is dedicated to dialogue, in some respects to "multidimensional bridge-building". Not only was the gulf between the Ericksonians and the traditionalists bridged; guests from abroad were invited to bridge national boundaries, too.

After France, Austria and Germany in previous years, this year it was the turn of Belgium. The founder of the Belgian Milton Erickson Society, Dr Yves Douatrelugne, invited us to cook with him in the Palo-Alto kitchen. In contrast, Prof. Walter Perrig, Professor of Psychology at the University of Basel reported on his experimental research on unconscious and subliminal processes. It was extremely interesting to hear from a competent speaker what is actually known about this subject and what is simply purported. The psychologist Markus Haener reported on his work with hypnosis in a prison service, the anaesthesiologist Alain Forster described a case in which the hypnoanaesthesia worked well in an emergency situation but didn't work later on under normal conditions and, finally, the child psychiatrist Romano Torriani described two creative treatments of obsessive-compulsive disease. The next joint Seminar will be in two years' time. In the mean time talks will be appearing in "CH-Hypnose", the joint Bulletin of both Swiss hypnosis societies, SMHS and GHypS.

Echoes From the Past Some notes on Magnetism

The big German dictionary of Jacob and Wilhelm Grimm (1885, Vol. 12, p. 1447) doesn't say anything about the word 'magnetism', only the word 'magnet' is mentioned: "stemming from the name of a stone from Magnesia in Thessalia [Greek] and adopted by the Middle High German since the 12th century". Concerning the adverb 'magnetic', however, there is given the explanation, that "a magnetic cure has an effect on an assumed magnetic power within the animal body".

Recently I was happy to buy a book by Gilles de la Tourette, translated into German: "Der Hypnotismus und die verwandten Zustände vom Standpunkt der gerichtlichen Medizin" (Hypnotism and similar states from a viewpoint of forensic medicine), published in Hamburg, 1889. In a footnote on page 2, Alida, my wife and co-worker found an etymologic definition of the word magnetism:

"The Greek word for magnet is 'mághes lithos'; abbreviated 'mághes'. Literally 'mághes lithos' means stone of the fluid, the effluvium or magic spirit. The word 'mághes' is composed of the two phoenician words 'mag-nad'. In the orient 'mag' means high priest, priest, magician, a man on a high level of power and knowledge; from that the Greek and Latin words 'mághos, magus' and 'mégas, magnus' are derived. The second word 'nad' has its root in what in Hebrew and Arabic means 'being in a state of flux, influencing everything what is outside'; this is the root of the Greek word 'nóos' meaning spirit, cognition, soul. Magnetism, therefore, exactly means magic influence of the spirit. Mesmer, however, didn't know this meaning of the word ..." (our translation).

Firstly, we cannot explain why Gilles de la Tourette used the adjective 'phoenician' even though he writes the word 'mag-nad' in original Hebrew types. Secondly, given the case that this etymologic definition of magnetism, meaning the "magic influence of the spirit" is correct, and that Mesmer would have known about, we doubt that he would have subscribed to it. He considered himself being in the tradition of a strict Materialistic Mechanicism, but not in that of the former magnethopaths and iatroastrologists like Paracelsus (1493-1541), Helmont (1577-1644), Goclenius (1472-1621), or Kircher (1601-1680). The cornerstone of his theory was the materialistic Fluidum, a stream of particles responsible for the general gravity and for the effectiveness of his cures. He probably wouldn't have been damned in Paris, 1784, if he had accepted the former astromedical ideas that man is influenced by immaterial means, e.g., by the "spiritus mundi" which stems from the stars, by sympathy or by imagination (cf. Ego, 1991). We are eager to learn more about this issue from Pattie's new book (see next column "New Books").

Ego, Anneliese (1991). *Animalischer Magnetismus oder Aufklärung: Eine mentalitätsgeschichtliche Studie zum Konflikt um ein Heilkonzept im 18. Jahrhundert*. Würzburg: Königshausen & Neumann (500 Seiten; DM 98.-).

Burkhard Peter & Alida Iost-Peter, D.Psych.
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NEW BOOKS

Pattie, F.A. (1994). *Mesmer and Animal Magnetism: A Chapter in the History of Medicine*. Hamilton: Edmonston Publishing (320 pages; \$39.50)

This book is a biography of Franz Anton Mesmer, written from primary sources in Latin, German, and French. The book covers Mesmer's theory and practice, his influence on other physicians of his day, and corrects a number of historical errors.

It offers details not found in other biographies of Mesmer; e.g., a chapter on "Mesmerismus", Mesmer's last work, much ignored and indeed unknown by some writers on mesmerism; a demolition of the theory of Thouret that Mesmer's ideas were taken from the magical-magnetic medicine of the seventeenth century, especially from Maxwell; a discussion of the dominant medical theory of the eighteenth century, humoral pathology, and its woeful lack of success. A full account of the pamphlet war between Mesmer's supporters and his detractors, which peaked in 1784, is also included.

Pattie paints his subject within the social and political context of his time offering much contextual information; e.g., Mesmer's relations with the Mozart family, Benjamin Franklin, and even George Washington. Mesmer's stormy professional interpersonal relationships, even with those attempting to further his cause and his ideas, are fully explored. The final chapter assesses Mesmer's personality and his place in the history of medicine.

* * *

Spiegel, D. (1994). *Living Beyond Limits: New Hope and Help for Facing Life-Threatening Illness*. New York: Times Books (316 pages; \$23).

Dr. Spiegel's new book has recently been published. In it he describes his research on the effects of group support and hypnosis on cancer patients (see Interview with David Spiegel; this issue). Principles of Supportive/Expressive Group Therapy are described, including forming a support group, detoxifying dying, reordering life priorities, improving communication with friends, family, and physicians, and training in self-hypnosis for pain and anxiety control. He reviews data from his and other studies showing that cancer patients given psycho-social support may live longer as well as better. The book is intended for the public as well as for health professionals.

* * *

Yapko, M.D. (1994). *Suggestions of abuse: True and false memories of childhood sexual trauma*. New York: Simon & Schuster (256 pages; \$21.50)

This book addresses the controversial subject of illusory memory and sexual abuse, and offers guidance to both the accuser and the accused. Elizabeth Loftus, Ph.D., recommends: "A powerful and disturbing discussion of the hazards of using hypnosis and other suggestive procedures to recover hidden memories. Yapko skillfully shows how rational and decent people can get caught up in accusations based on recovered memories that (mis)explain many everyday problems. The painful life stories that he so beautifully describes will make readers realize that we live in dangerous times."

MEMBERS IN THE NEWS

Erika Fromm, Ph.D., received her third Book Award from the Society of Clinical and Experimental Hypnosis for "Contemporary Hypnosis Research" (see ISH Newsletter 16(2), February 1994, p. 29), edited in 1992 together with **Michael Nash**. Her first Award, in 1987, was for "Hypnotherapy and Hypnoanalysis", written together with Daniel P. Brown, and the second, in 1990, for "Self-hypnosis", published together with **Stephen Kahn**.

Harold B. Crasilneck, Ph.D., was invited to give a guest lecture on the October 1993 meeting of the France Mental Health Society. In front of physicians, psychologists and many psychoanalysts he spoke on "Hypnosis and Pain" at the Sivadon Psychiatric Center Hospital de la Rocheforcauld in Paris.

Dabney M. Ewing, M.D., F.A.C.S., now Past President of the ASCH, was presented the SCEH Roy Corcas Award for the best clinical paper on hypnosis in 1993. The paper on "Hypnosis for Warts (Verruca Vulgaris)" was presented at the 12th International Congress of Hypnosis in Jerusalem in 1992 and published in the American Journal of Clinical Hypnosis, 35(1), 1992. Recently, Dr. Ewing has received an invitation to be the Royal Society of Medicine Anglo American Visiting Professor and will spend 2 weeks in England in 1994.

Drs. K.E. Le Page, D.W. Schafer, and A. Miller, for their article "Alternating Unilateral Lachrymation" (AJCH, 34(4), 255-260) received the William Inman Prize, presented by the British Psychological Society for the best psychosomatic ophthalmological paper in 1992.

Campbell Perry, Ph.D., presented papers to the Sexual Dysfunction Unit of the Allan Memorial Hospital (on False Memory Syndrome) and to the Montréal Children's Hospital Dept. of Psychology (Hypnosis and pain in children). He will be spending May at the University of New South Wales School of Psychology in Sydney, Australia (with **Kevin McConkey**) as Visiting Fellow. Currently he chairs the Awards Committee of SCEH.

Kay F. Thompson, D.D.S., was elected to the position of the American Dental Association (ADA) Trustee for District 3 (The Commonwealth of Pennsylvania) during the November, 1993 Annual Session of ADA. Dr. Thompson is the only woman who served as the President of the Pennsylvania Dental Association, and she is the second woman who served as a ADA trustee.

John and Helen Watkins from the University of Montana will be in Scandinavia next September to present workshops on Ego-state Therapy for the Swedish Society of Clinical and Experimental Hypnosis in Göteborg (Sept 2-3) and Lund (Sept 10-11). There will also be workshops for the Danish Society of Clinical and Experimental hypnosis in Copenhagen (Sept 17-18).

FORTHCOMING MEETINGS

June 30 – July 2: 11th Annual Conference of the BSECH in University College, London. Contact: Dr D. Oakley, Department of Psychology, University College, Gower Street, London WC1E 6BT, England.

July 27 – 31: Evolution of Psychotherapy – A Conference in Hamburg, Germany. Contact: M.E.T., Bernhard Trenkle, Bahnhofstr. 4, D-78628 Rottweil, Germany.

August 6 – 12: 13th International Congress of Hypnosis in Melbourne, Australia. Contact: Congress Secretariat, PO Box 29, Parkville VIC 3052, Australia.

August 15 – 17: Asia Pacific Congress of Hypnosis in Cairns, Australia. Contact: Congress Secretariat, PO Box 29, Parkville VIC 3052, Australia.

August 26 – 27: The Global Reach of Brief Therapy – MRI Summer Conference. Contact: MRI, 555 Middlefield Road, Palo Alto, CA 94301, USA.

December 6 – 11: 6th International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, in Century City, a suburb of Los Angeles: Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500, USA.

1995

May 4 – 9: 4th National Assembly Frontiers of Hypnosis in Banff, Alberta. Contact: Elizabeth A. Spurrer, The Banff Centre for Conferences, Box 1020 – Station 11, Banff, Alberta T0L 0C0, Telephone: (403) 762 6234, Facsimile: (403) 762 6388,

October 3 – 7: 2nd European Congress of Ericksonian Hypnosis and Psychotherapy at the University of Munich, Germany – immediately after the “München Oktoberfest” (September 16 – October 1): M.E.G., Konradstr. 16, 80801 Munich, Germany.

1997

June 21 – 27: 14th International Congress of Hypnosis in San Diego, USA

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

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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

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

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