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THE INTERNATIONAL SOCIETY



OF HYPNOSIS

NEWSLETTER
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14th Triennial Congress of Hypnosis, San Diego, USA, June 21-27, 1997

LETTER FROM THE PRESIDENT

As I gather in the reins of being your President through our next triennial meeting in San Diego, in June 1997, I find that ISH is blessed with a superb administrative staff and a loyal and growing membership. Under the ongoing guidance of Robb O. Stanley, D.Clin.Psych., now Secretary-Treasurer, ISH, our central office is running smoothly and skillfully since its establishment in Australia in 1986.

Let me tell you more about Robb's staff. Barry J. Evans, Ph.D., our new ISH Administrative Officer, devotes about a day a week to the Central Office. He is contributing his special organizing skills in the same position Robb held before his election to his current position as Secretary-Treasurer. Karyn Harte, ISH Administrative Assistant organizes the whole team in its day to day operations. She is doing a superb job and is quite willing to help any of our members with their own individual questions or requests. Our past President, Professor Graham D. Burrows, AO remains available for counsel to our Central Office staff and of course remains intimately active in ISH as a member of the ISH Executive.

For our members' convenience, our Central Office can now be reached using Compuserve e-mail: Karyn's direct Compuserve number is 100353,747 or via Internet is 100343.747@Compuserve.com. Documents can either be sent over e-mail or uploaded as a file from your word processor (She uses WordPerfect).

Since last fall, we have recently looked at the membership of ISH and found to our pleasant surprise that more than 1500 of our 2000 ISH members have consistently renewed their membership during the last five years. In January, 1995, I wrote personally to nearly 800 ISH members outside of Australia which have remained so loyal to thank them for this singular act of support. In addition, I am especially grateful to all the members of the Australian Society of Hypnosis who also continually support the ISH in aggregate as I hope many other countries will soon emulate. I now invite each of you again as well as our new members to become more involved in our great society – the world's largest meeting place for clinicians and scientists interested in hypnosis the world over.

Now let me tell you about my membership goals for ISH. I hope we can increase our membership to 3000 by the year 2000. Towards that end I wish to report on two activities:

First, I am happy to welcome two new Constituent Societies to ISH: The Italian Society of Hypnosis, (CIICS) whose President is Professor Franco Granone and the Mexican Society of Hypnosis joining ISH late last year whose President is Dr Jorge Abia. This brings our National Constituent societies to 30!! Congratulations to our new members.

Second, as you know, ISH has always been proud of its special relationship with the Australian Society of Hypnosis (ASH) whose entire membership are members of ISH. This kind of support may now be joined by the American Society of Clinical Hypnosis (ASCH), the sponsoring organization of the 14th International Congress. ASCH has recently experienced an explosion of new members. ISH has recently written these new members about the special benefits of also joining ISH and I hope Robb will be able to report to you soon that these recruitment efforts were fruitful.

I wish to once again report that we are fiscally sound. All our bills are paid, some for salaries are paid in advance for the calendar year 1995, and I even anticipate that within a year we will have money in savings certificates equal to a whole year's operating expenses. For all this, I again want to thank each of you – our most important resource.

In closing, I look forward to sharing with you in my future newsletters some of my ideas and activities on hypnosis and the law, collaborating more closely with the Ericksonian Foundation and societies around the world, and my own experiences in combining hypnosis and therapy in new and creative ways.

In the meantime, my best regards.

PETER B. BLOOM, M.D President, ISH
The Institute of Pennsylvania Hospital
111 North 49th Street, Philadelphia PA 19139, USA
March 1995

FROM THE SECRETARY/TREASURER

Following the successful meeting of the International Society of Hypnosis held in Melbourne Australia in August 1994 the Central Office has been extremely active in the process of assisting the President in his establishment of a number of committees to further develop the Society and protect the interest of its members.

We were very pleased to note that the Milton H. Erickson Society of Germany (MEG) volunteered at the Melbourne meeting to sponsor the Hungarian Society of Hypnosis joining the International Society as a Constituent Society Member. This act of International goodwill will ensure that the Hungarian Society of Hypnosis which would have difficulties in raising the annual Constituent Society Fee will be able to take part in the International relationship we are attempting to further throughout the world. If any other National Constituent Society feels incline to sponsor those who are unable to raise the funds or unable to get access to foreign funds to pay their Constituent Society membership they might like to contact the Central Office. We have a number of Societies who are potentially able to join or maintain their membership but are unable to do so at this time due to currency restrictions or the financial status of practitioners in their locality.

At the Council of Representatives meeting concerns were also raised as to a disturbing trend that is happening worldwide. A number of our well-known clinicians are agreeing, without realising the situation, to teach groups hypnosis who are not in good standing within their own national boundaries, (e.g. in some countries organisations which teach both lay and professional therapists are seeking to have senior members of our professional community teach to them). Unwittingly this then places the teacher in the position of training lay practitioners in the use of hypnosis. Many of these lay practitioners have no appropriate clinical or psychological training and may present a danger to those they treat. We would urge all members of the International Society of Hypnosis to note the motion that was passed at the Council of Representatives meeting. A motion that is likely to be incorporated into our Code of Ethics.

As a result from the Council of Representatives Meeting held on Thursday 11 August, 1994 in Melbourne, Australia, guideline 5 from the ISH Code of Ethics has been amended to read as follows: "A member of ISH shall not teach hypnotic techniques to any organisation whose hypnosis workshop participants include lay persons as defined by the relevant National Constituent Society of ISH"

On behalf of the Central Office of ISH I can once more confirm that the International Society of Hypnosis is in better shape financially now than what it has been in a number of years. We are continuing to contain our costs and through the strong support of a number of our Constituent Societies we have been able to further increase our membership. We would welcome other societies participating similarly and urge that you consider whether your society may be able to join up a large number of its members to ISH at a reduced fee. Please contact me should you wish to discuss this option further.

ROBB STANLEY
Senior Lecturer in Behavioural Medicine
Secretary/Treasurer, ISH

NEWS FROM CENTRAL OFFICE

Work in the Central Office has settled into a pleasant routine for 1995. We hope that requests for services from members and Constituent Societies are being dealt with promptly and efficiently – please let us know if not.

We send a warm welcome to our newest Constituent Society, the *Centro Italiano Ipnosi Clinica Sperimentale*, which became financial in February this year. We look forward to working with them and participation of their members in I.S.H. activities.

Our President, Peter B. Bloom MD has been very active in maintaining and fostering contact with individual members of I. S.H., to urge them to extend their involvement in the Society. We encourage each individual member of the Society to encourage your colleagues to join with I.S.H.

There are a number of national constituent hypnosis groups who, for a number of reasons, are unable to finance their application for membership of the Society. The Milton Erickson Group (M.E.G.) has recently decided to sponsor another national constituent group and pay their application fees. We invite other Constituent Societies to consider the possibility of such sponsorship. Please contact staff at Central Office if you would like further information regarding sponsorship and its costs.

The Society is planning to provide an Information Desk at many future international and national hypnosis congresses. We hope that such an Information Desk will be provided for the 2nd European Congress of Hypnosis, Munich, October 1995 and members attending that meeting should call by to introduce themselves. The Information Desk will provide news and information regarding I.S.H. and the 14th International Congress of Hypnosis, being held in San Diego, California, USA, July 1997.

As of 28 May 1995, there will be a slight change to telephone and fax numbers for the Central Office, as Telecom Australia introduces 8-digit telephone numbers throughout Australia. From that date, our telephone number will be (613) 9459 6499 and the fax number will be (613) 9459 6244.

BARRY J. EVANS, Ph.D
Administrative Officer

INTERVIEW WITH WALTER BONGARTZ

Walter Bongartz, Ph.D. is on the faculty of the University of Konstanz, Germany and has been for many years. He has been a member of the SCEH since his stay at the University of California and joined the ISH in 1980. In 1982 he was one of the co-founders of the German Society of Hypnosis, GSH, and its President from 1985-1987. In 1984 he founded the Journal of the GSH. He has also been a member of the M.E.G. since 1984 as well as other internationally known Societies of Hypnosis. He was president of the ESH from 1987 until 1990 and together with his wife, Barbel Bongartz organized the *5th European Congress of Hypnosis* at the University of Konstanz. Since 1990 he has been a Board member of the ISH and became its President-Elect in 1994. Walter Bongartz (WB) was interviewed by Burkhard Peter (BP) at M.E.G.'s Central Office in Munich.

BP: Walter, you are now President-Elect of ISH; that means that you will take over the presidency in 1997. Will you be the first German President of the ISH?

WB: Well, I would prefer to say the first European President of the 'new ISH', which was founded 22 years ago by Ernest Hilgard. Another society already existed before ISH (namely the International Society for Clinical and Experimental Hypnosis) whose President was the late Dietrich Langen from 1971-1973.

BP: How does it feel being President of ISH?

WB: I am not yet President, but sometimes I think about what it would entail and what I would do. At first I would probably try to establish even closer ties to many of the colleagues involved in the field of hypnosis. This would mean more friendships and a broadening of my "hypnotherapeutic horizon". However, on the other hand I would have less leisure time but this would be counterbalanced by the human and professional experiences which come with the job.

BP: Do you have specific goals that you want to accomplish while being President? Didn't you mention specific objectives with regard to Eastern European Societies?

WB: That's right. I believe that the idea of "building bridges" among the different schools of hypnotherapy as promoted by the current ISH-President Peter B. Bloom, M.D can also be applied geographically as "building bridges" to the Eastern European countries. We already started doing this in 1990 at the *5th European Congress of Hypnosis* where we were able to invite quite a few colleagues from Russia and other Eastern countries. On my travels to these countries with my wife Barbel, we noticed that the colleagues there expressed extreme interest in the newer forms of psychotherapy. Moreover, we also realized that some questionable techniques were being used simply because these people did not have enough experience in this area. For this reason I believe that it would be the responsibility of the ISH to build serious hypnotherapy bridges in order to introduce interested colleagues into the field of Western hypnotherapy. Thus, the *7th European Congress of Hypnosis*, which is being organized by the ESH President Eva Banyai should be of great interest.

BP: At this point I would like to discuss a critical issue, namely finances. Our Eastern colleagues probably won't have money available necessary to finance their ISH objectives. Do you have any ideas or do you see any other possibilities of how to incorporate these colleagues nevertheless into the hypnosis community, even though they are currently unable to contribute much financially?

WB: That's right. Our Eastern colleagues will not be able to contribute much financially to the ISH consolidation at this time. However, most of this was already done by Graham Burrows, the Past President of ISH. The other point I would like to make is that one should not view the integration of our Eastern colleagues from a financial point of view. Nevertheless, there are financial aspects involved which have to be considered by the ISH. I thought that the idea espoused by the M.E.G, especially the idea that you and Dirk Revenstorf proposed at the Council of Representatives' Meeting of the ISH in Melbourne was quite ingenious and might provide a temporary solution by forming partnerships between eastern and western societies of hypnosis, whereby the western societies would sponsor the eastern ones.

BP: Now let's get back to Germany and specifically to your professional persona. At this time you are teaching Psychology at the University of Konstanz and have been doing research on white blood cells, hypnosis, and stress. You already mentioned in 1988 at the *11th International Congress of Hypnosis* in Leiden, Netherlands that the number of white blood cells is reduced after hypnosis. Walter, if I would find out that my white blood count goes down after hypnosis I would be frightened!

WB: That is exactly what happened to us. When my research assistant looked through the microscope and discovered this, she said: "My God, this can't be true, what happened!" However, after some additional experiments we discovered that the number of white blood cells in the blood sample are reduced immediately following hypnosis not because they are eliminated from the blood but because they stick to the walls of the blood vessels and consequently are separated from the rest of the circulating blood. Therefore the total amount of white blood cells remains constant. Animal experiments have shown that this adherence to the walls of the blood vessels occurs during the biochemical exchange process between the cell and the endothel and its function might be to improve the immunocompetency of the white blood cells.

BP: Does that mean, that hypnosis increases the immunocompetency of an organism at least in terms of white blood cells?

WB: I assume that it could be true – when mediated by the relaxation techniques used in trance – but we still have to verify this phenomena experimentally. Consequently, such beliefs are still based on well-founded speculations. In addition to the purely hematological studies and the effect of hypnosis on blood count we are starting a number of experiments where vitro cancer cells are incubated in blood samples taken from persons under stress, hypnosis and from control subjects. We are interested whether the different blood samples have an effect on the growth curve of cancer cells. We already did this study once before. At that time we used a culture containing calf serum and that did not work. In the meantime we are using human serum and are attempting to grow a culture in which the cancer cells can survive. This time we are not only using the growth curve as a dependent variable but also a test with which we can measure mitochondria activity within the cancer cells.

BP: In addition to these studies you also have been doing research in hypnosis and hypnotherapy. For example you just presented your findings on indirect suggestions at the *13th International Congress of Hypnosis* in Melbourne, Australia. Now we all know that there is already some research on indirect suggestions. In which way does your research differ from previous research? Maybe I should mention something funny that happened to me before you answer: An older, esteemed colleague of mine whose teachings are based on the old German tradition of

medical hypnosis defined the difference of direct versus indirect hypnosis in the following manner: Instead of saying "Your arm is lifting" one simply has to say "Your arm *might probably* lift by itself".

WB: Studies about indirect communications are problematic in that they lack a precisely defined criterion of what are indirect suggestions. Going back to your little story, in my opinion, this is not an especially good definition of indirect suggestion, it is more or less a permission. If one constructs an "indirect dummy" where being indirect simply means adding an additional modal operator, then it will be easy to say that indirect procedures are inefficient. This has happened in some experimental studies which have demonstrated that it does not make any difference whether the instructions were "Your arm is lifting" or "your arm might lift". My criterion for indirect suggestions is that the patient does not know what is being said and consequently the effect of indirect suggestions can be verified. For example, in our first study the subjects thought that they participated in a relaxation session. In one condition the relaxation text contained indirect suggestions about positive emotions and in the other indirect suggestions about negative emotions. After the relaxation the subjects viewed neutral pictures of peoples' faces and they were asked to judge whether their facial expressions reflected a positive or negative mood. All subjects thought that this was a totally new experiment. Our results showed significant differences between the negative and positive group. Subjects who were exposed to the subtle, indirect positive emotions tended to judge the facial expressions as more positive while those subjects who received the indirect negative emotions tended to interpret the facial expressions as sad or worried.

BP: In this connection I would like to ask the question which is probably of no great importance at this time but might be more so in the future: "Does this really have anything to do with hypnosis?" I am thinking, for example, about the legal question which might arise in the future when it becomes important to determine whether a patient was hypnotized or not. How would you answer this question if you used indirect suggestions?

WB: At the beginning of therapy one should discuss openly with the patient that modern hypnotherapy uses hypnotic elements which are not necessarily recognized by the patient. If the patient agrees to this procedure then it should be clear that every session could be a hypnotic session, even if the patient is unaware.

BP: Now it is probable that other psychotherapeutic schools, even classic and orthodox behavior therapy, use indirect suggestions. Let me ask you a very simple question: Why is this only a problem for hypnosis, whether suggestions were used in the therapy session or not? Whether the patient experienced an alternate state of consciousness or not? Was his/her free will manipulated or not? Why did this particular subject matter become such a major issue in hypnosis whereas it hardly finds any considerations in other schools of therapy?

WB: You are right. One just has to think about psychoanalysis. For example, consider the moment when an intensive transference situation is taking place where the therapeutic "father figure" frowns in response to the patient's wishes. This, of course, can be interpreted as a massive indirect suggestion. But really, this can happen in any and all therapeutic settings. However, if this happens within a hypnotherapeutic context then all existing biases regarding hypnosis in terms of affecting freedom of choice or free will surface.

BP: Let's go back and discuss something less complicated. The University of Konstanz and the University of Tübingen with Dirk Revenstorf are the two universities in Germany which are conducting most of the hypnosis and hypnotherapy research? Is that correct?

WB: I am sorry to say, but it is true. For reasons which I don't quite understand, in Germany, hypnosis research has not yet received the support and funding it deserves. However, we should not forget to mention Vladimir Gheorgiu, who has achieved international renown with his suggestibility research at the University of Gießen. I believe that the future of hypnosis research and development in Germany will depend on how hypnosis will establish itself at the university level.

BP: I agree with you and am of the same opinion that hypnosis only can survive as a discipline, both nationally and internationally, if we are allowed to teach and to conduct empirical research on hypnosis at the universities. At the moment very little research on hypnosis is being done in Germany, although I would like to say that attempts are underway. For example additional hypnosis research projects are currently being done by Oskar B. Scholz at the University of Bonn, Frank Hoppe at the University of Hamburg, Willi Neumann at the University of Bochum; and Christoph Piesbergen and I myself are trying some preliminary research here in Munich.

We are at the close of the 20th century and if we look back on the history of hypnosis we can say that each turn of the century always represented a critical point in the development of hypnosis. Do you think we might be too superstitious or exaggerate too much if we believe that hypnosis will again become as unimportant as it was before at the turn of the last century?

WB: I don't think so, because we have at least 80 empirical studies that verify the therapeutic effects of hypnosis. These findings have also been accepted by the German Ministry of Public Health which has recognized hypnosis as an effective therapy. This fact cannot simply be ignored, not even in the year 2001. I am sure that you have noticed that requests for hypnotherapy have increased significantly in Europe and Germany especially in those circles which formerly had a negative opinion about hypnosis. Recently my wife Barbel had a surprising success with an Austrian cancer patient. Because of that she was invited to Vienna by an Austrian medical association to report on the case. Such an incident demonstrates an opening for a treatment modality which formerly was not accepted by the medical profession. I am sure that this upward trend will be verified at the *2nd European Congress on Ericksonian Hypnosis and Psychotherapy* this October in Munich.

BP: Finally in the year 2000 the *15th International Congress of Hypnosis* will take place in Munich. Walter, that will be your congress. Let's hope and pray that your prognosis will come true and that the interest in hypnosis will remain at least the same as it has been and it would be nice if the current upward trend continued. Walter, thank you very much for the interview.

WB: You are welcome.

NEWS FROM THE WORLD OF CLINICAL AND EXPERIMENTAL HYPNOSIS

News from the University of Milan, Italy

(Giuseppe De Benedittis)

Hypnosis has been generally considered a condition characterized by a reduced sympathetic tone and an enhanced parasympathetic activity, a physiological state which is comparable to the relaxation response. Physiological investigations of hypnosis showed that this state is associated, at least in part, with decreased heart rate, respiratory rate and blood pressures, suggesting an involvement of the autonomic nervous system (ANS), and in particular of the parasympathetic nervous system.

Yet, despite the relevance of this research area, previous studies have been inconclusive, since the ANS has proved to be rather elusive for study purposes in dynamic conditions, because of the inadequate sensitivity of most tools used and the various interactions between the two efferent systems.

Our research group, in collaboration with the *Department of Bioengineering of the Politecnico* and the *S. Raffaele Hospital* of Milan, has been studying the relationships between hypnosis and the autonomic nervous system (ANS) and has recently published the results (De Benedittis, et al., 1994).

We have utilized a novel technique, the spectral analysis of beat-to-beat variability in electrocardiography as a simple, non-invasive method to analyze sympatho-vagal interaction in man. The electrocardiogram (ECG) is analyzed with an automatic autoregressive modelling algorithm to provide a quantitative estimation of R-R interval variability by the computation of power spectral density. Two major peaks are recognizable in this spectre: a low-frequency peak (LF, ~ 0.1 Hz), related to the overall autonomic activity (ortho + parasympathetic) and a high-frequency peak (HF, ~ 0.25 Hz), representative of the vagal activity. The LF/HF ratio is an index of the sympatho-vagal interaction.

This technique has been applied to 10 healthy volunteers (5 high and 5 low hypnotizable subjects; SHSS: C) during wake and neutral hypnosis in a randomized order, using a computer-assisted electrocardiograph.

Preliminary results showed that hypnosis affects heart rate variability, shifting the balance of the sympatho-vagal interaction toward an enhanced parasympathetic activity, concomitant with a reduction of the sympathetic tone. A positive correlation between hypnotic susceptibility and autonomic responsiveness during hypnosis was also found, with high hypnotizable subjects showing a statistically significant increase of the vagal efferent activity greater than low hypnotizables.

In sum, the present results support the notion that the relaxation response, spontaneously observed in neutral hypnosis and in other discrete states of consciousness, is likely to be associated with a functional reorganisation of the autonomic balance, in terms of parasympathetic hyperactivity and/or reduced sympathetic tone.

In recent months, our work has focused also upon clinical research, and particularly, on the use of hypnosis in treating dystonia. I gave a lecture on this topic at the *13th International Congress of Hypnosis* (Melbourne, Australia, August 1994).

Dystonia is a syndrome dominated by involuntary, sustained muscle contractions frequently causing twisting and repetitive movements, or abnormal postures that may be sustained or intermittent. Common examples of focal dystonia include blepharospasm, oromandibular dystonia, writer's cramp and, most commonly, spasmodic torticollis or "idiopathic cervical dystonia" (ICD). Even though today most neurologists do not consider ICD to be a psychogenic disorder, but rather a neurological disorder, on the other side, more recent psychoanalytic studies re-emphasize the role of psychodynamics and personality patterns in ICD patients. Dystonia and particularly ICD are neuromuscular disorders extremely resistant to most therapies (physical, medical and surgical). More recently, the injection of botulinum toxin into cervical muscles has gained a widespread popularity as treatment of choice for focal dystonias and spasmodic torticollis. However, the treatment is symptomatic only, significant side effects are not infrequent, and the outcome is equivocal.

Torticollis is also one of the most difficult problems to treat with hypnosis. Anecdotal reports of successful treatment of ICD with hypnosis have been published.

The author reports 4 cases of ICD successfully treated with hypnosis, two of them in combination with EMG-Biofeedback. In all cases psychogenic causes were involved. Denial, suppressed aggressiveness, somatization and avoidance learning represent some frequent, defense mechanisms observed in these patients. Obsessive-compulsive patterns were most common in our group of patients, providing additional support for the theory of a link between basal ganglia related involuntary movement disorders and psychiatric disorders, namely obsessive-compulsive disorders.

Because of the risk of psychotic breakdown, classic hypnoanalytic approach with insight therapy was discarded in favor of a hypno-behavioral model. Postural hypnosis (i.e., hypnosis in standing position) was successfully employed to counteract and minimize muscle spasms due to postural reflexes.

Hypnotic strategies included hierarchical desensitization, sensory-imaging conditioning, ego-boosting suggestions, combined with hypnosis-facilitated differential muscle retraining.

In two cases, the hypnotic approach fostered the EMG-biofeedback training to better re-equilibrate the neck muscles' unbalance and to differentially re-train the affected muscles. Though the hypnotherapeutic process was usually gradual and slow, taking several months to induce and stabilize significant changes, immediate and long-term results were good-to-excellent in all cases, with marked reduction of the torticollis and the hypertrophy of the neck muscles as well as a reduced interference in normal patterns of daily living.

In conclusion, the present study demonstrates that hypnosis, alone or combined with EMG-biofeedback, may be a useful therapeutic tool in the treatment of idiopathic cervical dystonia.

De Benedittis, G., Cigada, M., Bianchi, A., Signorini, M. G., & Cerutti, S. (1994). Autonomic changes during hypnosis: a heart rate variability power spectrum analysis as a marker of sympatho-vagal balance. *International Journal of Clinical and Experimental Hypnosis*, 42 (2), 140-152.

Giuseppe De Benedittis, M.D., Ph.D., Università degli Studi di Milano, Centro per lo Studio e la Terapia del Dolore, Via F. Sforza 35, 20122 Milano, Italy

Hypnotizability in Bulimic Patients

(Manfred M. Fichter)

After Pierre Janet called attention to the effectiveness of hypnotic forms of treatment for eating disorders almost 80 years passed until the first experimental studies on this issue. Existing clinical evidence and studies lead us (Kranhold, Baumann, & Fichter, 1992) to the formulation of the following hypotheses: Bulimic patients have higher dissociative abilities and a higher hypnotizability than healthy controls. In addition, it was investigated whether the two groups (bulimics vs healthy controls) differed in specific hypnotic phenomena. Thirdly the hypothesis was tested that self-ratings of the hypnotic phenomena were in agreement with the observer ratings.

The patient group consisted of 15 persons with bulimia nervosa according to DSM-III-R criteria who were consecutively admitted to the hospital for behavioural medicine *Klinik Roseneck* in Prien, Germany. The control group consisted of 15 healthy females; they were assessed in an unstructured interview and with questionnaires (Eating Disorder Inventory (EDI), and SCL-90-R) and persons who had scored above a certain threshold were excluded. The control group was comparable to the patient group concerning age and education. Hypnotizability was measured with the German version of the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS: A).

A comparison between the bulimic and the control group showed a significant difference in the scale measuring hypnotizability (U-test, two-tailed, $p < 0.05$): a) bulimics ($N = 15$): mean = 7.1, $SD = 3.1$; b) control persons ($N = 15$): mean = 4.5, $SD = 2.5$. Only three of 15 control persons showed scores of 7 and above (high-medium or high hypnotizability). In comparison this was the case in nine out of 15 bulimic patients ($\chi^2 = 3.5$; $df = 1$; $p < 0.10$). Concerning specific items there was a significant difference at the 5% level for two items (finger lock and inhibition). An additional item (arm rigidity) showed a trend for differences between groups (10% level). These three items all belong to the group of challenge items. Like Barabasz (1991) we did not find higher score for bulimics in the items of cognitive and perceptual response which require strong ability for hypnotic experience and dissociation. For expert rating, hypnotic sessions were recorded on video tape and rated thereafter.

Results indicate a high agreement between self and expert scoring.

Basically all three hypotheses were substantiated by our findings. In agreement with Pettinati et al. (1985) a higher hypnotizability was found in bulimic patients. This finding raises a number of questions concerning the etiology of eating disorders (dissociative abilities, conformity with social norms resulting from higher suggestibility). Results also are of relevance for hunger conceptualisations of treatment for bulimic eating disorders.

Barabasz, M. (1991). Hypnotizability in Bulimia. *International Journal of Eating Disorders*, 10, 117-120.

Kranhold, C., Baumann, U., Fichter, M. M. (1992). Hypnotizability in Bulimic Patients and Controls. *European Archives of Psychiatry and Clinical Neuroscience*, 242, 72-76.

Pettinati, H. M., Horne, R. L., & Staats, J. M. (1985). Hypnotizability in patients with anorexia nervosa and bulimia. *Archives of General Psychiatry*, 42, 1014-1016.

Manfred M. Fichter, M.D.

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The Second International Symposium on Suggestion and Suggestibility: Cognitive Processes and Behaviour

Rome, 26-29 October 1994

(Vladimir Gheorghiu)

This symposium, sponsored by the *Universita di Roma La Sapienza* and the *Consiglio Nazionale delle Ricerche*, was the second one of the international conventions on suggestive phenomena (Gheorghiu et al., 1989). With representatives from social, cognitive, clinical, and forensic psychology, and psycho-physiology the program covered the following themes:

1. *Theoretical issues* (with D. Fourie, University of South Africa, Pretoria; V. Gheorghiu, University of Gießen; J. Kirsch, University of Connecticut, Storrs; L. G. Lundh, Stockholm University; V. Ruggieri, Università di Roma). The discussions dealt with definitions, taxonomy, and the role of suggestive actions from the perspective of cognitive, systemic and psycho-physiologic approaches. The connections between placebo-effects and suggestion/hypnosis were discussed.

2. *Suggestibility: memory and imagination processes* (with G.H. Gudjonsson, University of London; H. Hembroke, Cornell University, Ithaca; S. J. Lynn, Ohio University, Athens; F. Marucci, V. De Pascalis, Università di Roma; F. Strack, University of Trier; P. Sheehan, University of Queensland, Brisbane). These contributions dealt with forms of memory distortion that occur under the influence of indirect and implicit suggestion.

3. *Social and cognitive aspects of suggestion and suggestibility* (with K. Fiedler, University of Heidelberg; V. Gheorghiu, E. Koch, W. Pieper, H. Fialkowski, University of Gießen; R. F. Pohl, University of Trier; E. Schwanenber, University of Frankfurt/Main). The various themes of this section included questions about the importance of suggestion as a social influence, the influence on social judgements, the effects of feedback on "hindsight" bias, and the changes of perception of warmth and motoric actions caused by suggestion.

4. *Psycho-physiology of suggestion and suggestibility* (with V. De Pascalis, F. Marucci, Università di Roma; P. Jasiukaitis, D. Spiegel, Stanford University; V. Ruggieri, Università di Roma; W. J. Ray, Penn State University; I. Wickramasekera, Eastern VA Medical School, Norfolk). In this section results of research with primarily psycho-physiological aspects of suggestive phenomena under hypnotic conditions were presented.

General problems of suggestion research were discussed, too. It is intended to shorten the interval between these interdisciplinary symposia and to organize such conventions also within national and international psychological congresses.

Gheorghiu, V., Netter, P., Eysenck, H.J., & Rosenthal, R. (Eds.) (1989). *Suggestion and suggestibility: Theory and research*. Berlin: Springer.

The results of the convention in Rome also will be published in a special volume. For more information contact:

Prof. Dr. V. De Pascalis, Università di Roma, Dept. of Psychology, Via dei Marsi 78, 00185 Roma, Italy, or

Prof. Dr. V. Gheorghiu, Institut für empirische und angewandte Sozialforschung, Otto-Behagel-Str. 10, 35394 Gießen, Germany.

A further case of the misuse of hypnosis in a police investigation

(Hamilton B. Gibson)

Mr. E. O. Browning who was sentenced to life imprisonment for murder in October 1989 appealed against conviction in 1994. The main grounds for appeal were that the chief witness for the Prosecution had been hypnotized and had made certain statements in the hypnotic interview that were damaging to the Crown's case, but this was not made known to the Defence at the trial. They were not informed that he had been hypnotized, or of the nature of the statements that he had made. When the Defence were granted leave to appeal, the police asked me to study the videotape of the hypnosis session and to comment on it. I did this and gave them a fairly lengthy Report. Later, I was asked to comment on a criticism of my Report which had been made by the expert witness hired by the Defence, Dr. Graham Wagstaff. Later still, after an interview with the Q.C. for the Crown, I was asked to write an addendum to my commentary.

This was the notorious "motorway murder case". A heavily pregnant woman was abducted and stabbed when she was seeking help for her broken-down car at a roadside telephone. A motorist (who happened to be an off-duty policeman) had reported that he had seen another driver approach the woman at the roadside telephone. Partly because of this witness' statement, they tracked down Mr. Browning and charged him with murder.

A lot had depended on the police witness identifying the car that Mr. Browning was driving, and in the hope of improving their evidence, the police had their witness subjected to a hypnosis session that was largely devoted to endeavouring to get him to remember the license plate of the car. He came up with a definite registration number during this session, and gave a description of the car. Later research showed that no such license plate existed, and his description of the car did not quite fit that which Mr. Browning drove, but all this was not revealed to the Defence at the time of the trial.

An extraordinary feature of this case was that my evidence was not at all favourable to the Crown's case although I was engaged by them, and Dr. Wagstaff's evidence was not very favourable to the Defence, although he was hired by them! I held that the police witness was probably influenced by the hypnosis, and hence dreamed up a totally fictitious license number (which he would have been unlikely to do in a normal waking state of consciousness), and I further maintained that if a witness has been hypnotized the evidence he would give subsequently might be contaminated. Dr. Wagstaff held that the witness had not really been influenced by "hypnosis" (note the inverted commas) and hence the hypnosis session was entirely irrelevant to the case. This, of course, reflected our different theoretical positions. In this situation, both Crown and Defence decided not to call upon their expert witnesses to give evidence. The appeal against convictions was allowed, the judges deciding that if at the original trial the jury had been allowed to hear all the relevant evidence they would probably not have brought in a verdict of "Guilty".

I hope that this case will be a salutary lesson to the police not to mess about with having witnesses hypnotized to try to improve their memories. They have been warned by the Home Office of the dangers that attend this practice. I, together with other colleagues in the BSECH, spent about 8 years trying to get the Home Office to formulate sensible guide-lines for the police – which they eventually did in 1988. These guidelines are not mandatory, and it is left to the discretion of individual police forces just whether they resort to hypnosis or not. We are currently

pressing the Home Office to set up a panel of experts knowledgeable in hypnosis who could advise the police with respect to any one case. It is unfortunately true that many professionals, well qualified in medicine or psychology, who may use hypnosis quite effectively in their therapeutic practice, have little real knowledge about how memory is affected by hypnotic procedures, and how they may unwittingly cue witnesses during a hypnotic interview. Such individuals may undertake to hypnotize witnesses for the police very readily, unaware of their own limitations. What is needed is an independent committee of professionals who, by study and experience, are qualified to advise as to when hypnosis should and should not be used in a forensic context, and to see that it is always employed in an appropriate and responsible manner.

Hamilton B. Gibson, Ph.D.

10 Manhattan Drive, Cambridge, CB4 1JL, England

Dissociative Disorders, Post-traumatic Stress Disorder and Memory

(Richard P. Kluit, M.D)

I have been studying the phenomenology and treatment of the dissociative disorders for over two decades. Inevitable, this has involved the exploration of post-traumatic stress disorder, which often occurs with dissociative identity disorder (DID), previously called multiple personality disorder (MPD). It also has necessitated sustained attention to the vicissitudes of memory, especially memories of alleged traumatic events.

Over that period of time I have had many opportunities to study patients whose memories to traumata, both those spontaneously offered and those that have emerged in response to hypnotic or drug-facilitated interviews, could be confirmed. I have also studied instances in which both spontaneously offered and elicited memories could be disconfirmed, and situations in which the veracity of patients' accounts neither could be prove nor disproven.

In this context, I have found the recent furor surrounding the so-called "false memory syndrome" extremely disconcerting, both scientifically and clinically. Many authorities have rushed to make extremely strong and overgeneral statements about the credibility or lack of credibility of repressed and/or dissociated memories, statements that are seriously inconsistent with clinical data and experience. In the United States, such vociferous differences of opinion have become a favourite sport for the media and have been widely exploited, often in a sensationalistic manner. This has had widespread deleterious effects and obscured rather than furthered the pursuit of knowledge. It has also tarnished the reputation of hypnosis, and cost our field much hard-won credibility.

I am beginning to study the different constructs of dissociation and repression and memory employed in the studies and clinical materials that are cited to sustain extreme and polarized views, and to explore the impact of the paradigms of thought employed explicitly and/or implicitly therein. My initial impression is that often experimentalists and clinicians are not actually discussing the same phenomena, but are behaving as if they were.

It is extremely important to give serious thought to whether we are not experiencing in inadvertent confusion of tongues in our scientific and clinical societies and in our publications. It is a painful possibility that we will discover that many of the polarized and often rancorous points

of view espoused in the clinical and experimental literature of hypnosis are the natural consequence of the paradigms endorsed by different individuals and the subtle demand characteristics and expectancies that experimentalists' and clinicians' adherence to those paradigms may entail. Perhaps the findings in one area of exploration will lack ecological validity when extended beyond the condition that generated those findings.

I am working both to develop approaches that will allow the clinician to remain empathically involved with his or her patients in dealing with the complexity of traumatic memories while conducting psychotherapy, and to establish clinical and experimental studies to further explore these challenging areas.

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111 North 49th Street
Philadelphia PA 19139, USA

The experience of hypnosis and attitudes towards hypnotherapy

(Graham F. Wagstaff)

A number of studies have indicated that subjects who have never experienced hypnotic induction often possess inaccurate and negative preconceptions about the experience of hypnosis, such as suspicions and anxieties about loss of awareness and control in the hypnotic 'state'. Consequently, having experienced hypnotic induction, subjects can be surprised to find that their experiences of hypnosis are not as unusual or exaggerated as expected. We predicted therefore that, prior to an experience of hypnotic induction, potential clients might be more apprehensive about seeking help through what are presented as 'state' or 'trance' approaches to hypnotherapy, than 'non-state' or cognitive-behavioural approaches to hypnotherapy that do not imply or assume the existence of a state or 'trance' during hypnosis.

To investigate this possibility, we assigned subjects, who had no previous experience of hypnosis, to two groups. Both groups received an identical three part questionnaire and a standard hypnotic induction procedure; the only difference being that one group was required to fill out the questionnaire *after* receiving a standard hypnotic induction procedure, whereas the other received the questionnaire *before* the hypnotic induction. Part one of the questionnaire gave a brief, general description of each of five methods of therapeutic treatment. These were, hypnotherapy from a state perspective, hypnotherapy from a cognitive-behavioural perspective, spiritual healing, and medical treatment. Part two of the questionnaire consisted of twelve disorders for which individuals might seek therapeutic treatment through hypnosis; e.g. anxiety, addictive behaviour, insomnia, pain and stress. Subjects were asked to rate how likely they would be to seek treatment through each of the five treatments, if they had these disorders. Part three of the questionnaire consisted of a series of questions designed to measure people's attitudes towards hypnotherapy and hypnosis, and some characteristics hypothesised to correlate with such attitudes.

The results indicated, as predicted, that subjects who had not experienced hypnotic induction before the questionnaire, expressed a preference for the cognitive behavioural approach over the state approach in seeking treatment; in fact, unlike the cognitive behavioural approach, the state approach also fared poorly against counselling and medical treatment. However, these differences did not emerge for those who had experienced hypnotic induction before. Furthermore, the questionnaire responses gave some support to the view that the experience of hypnotic induction tends to change attitudes toward hypnotherapy from a state approach partly by decreasing suspicions about hypnosis and worries about being controlled. Indeed, low hypnotic depth was related to a tendency to dislike being controlled by others, and concern about appearing easily influenced.

If these results have any generality, from an applied 'recruiting perspective', they would seem to support the view that the public stereotype of hypnotherapy from a classic 'state' perspective may actually be more offputting to potential clients than hypnosis presented from a non-state perspective. However, the experience of a standard hypnotic induction/relaxation procedure appears to eliminate this discrepancy.

Jan, N. & Wagstaff, G.F. (1994). Attitudes towards state and cognitive-behavioural approaches to hypnotherapy before and after hypnotic induction. *Contemporary Hypnosis*, 11, 2, 66-70.

Graham F. Wagstaff, Ph.D.
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News from the University of Queensland, Australia

(Peter W. Sheehan)

Work on the relationship between memory and hypnosis continues at The University of Queensland, Australia. It has been programmatic in character and attempted systematically to explore the nature of memory distortion in hypnosis across the application of different methodologies of hypnosis. The overall logic of this approach has been to assume that the strongest inferences about the utility of hypnosis can be based on effects that are relatively consistent across different procedures and methodologies. If, for example, memory distortion or enhancement of memory occurs uniformly when different procedures of testing are adopted we can be more confident about the generality of effects and the likely probability of their influencing what happens in other settings such as the court room, or in witness interrogation.

Looking across the program of work that has been carried out, there are three main thrusts. First, there is the issue of the consistency of experimental data on the matter of memory distortion in hypnosis. We know that no reliable memory enhancement occurs in hypnosis, though there are conditions that can produce increased accuracy of recall. Second, it is as well to keep in mind that memory is probably more fallible than accurate and memory distortion characterises recall out of hypnosis as well as inside it. Third, it is obvious by now that many variables or factors influence the extent of memory distortion will occur in the hypnotic setting; type of memory test, level of suggestibility and even the rapport between hypnotist and subject are all relevant determinants. Fourth, it is also clear that the nature and extent of memory distortion will depend on the way in

which incorrect information is injected into the situation in the first instance. False cues may be suggested, either by leading questions or by procedures to induce pseudomemory (for example) and the methodology employed to study memory distortion will frequently shape the kinds of effects we observe. In all the effects that occur, however, certain variables merge as more consistent than others in their effects. Two such variables (one on the dependent, and the other on the independent side) are the hypnotic aptitude of the person who remembers, and the confidence expressed in the recall that results. As to skill, these variables appear to exert more consistent effects than others across different paradigms that are employed and for the most part (as one would expect) high suggestible people are more prone to memory distortion than low suggestible people, where there are cues for false information carried by the test situation. As to confidence, the influence of confidence seems to be more pervasive than accuracy. This has forensic significance. The research tells us that the greatest risk to using hypnosis in the legal setting is perhaps the tendency to misinterpret the accuracy of what is being reported because of the level of confidence that witnesses express. This confidence effect offers us the strong grounds for limiting the utility of hypnosis in the real life legal setting.

In looking at the meaning of the above generalisations, one has to consider the complexity of the real life courtroom setting. With a proper understanding of this complexity, however, it is possible to draw conclusions about the application of the above inferences to the real life courtroom setting. Toward that end, Kevin McConkey and I have been involved in a project that analyses closely the nature of investigative hypnosis and witness interrogation in a range of real life forensic cases. No doubt that will be reported on separately in this column by Kevin McConkey. It seems useful to say here, however, that the generalisations provided above seem to fit well the cases that we have examined. It is also clear, however, that current guidelines to guide us through the complexity of forensic inquiry underestimate the exigencies that can occur and the needs of the person being hypnotised. Our work tries to come to grips with this problem and offers extended guidelines we think might help. That work will be published early in 1995 by Guildford Press in a book we have titled "*Hypnosis, Memory and Behaviour in the Forensic Setting.*"

Peter W. Sheehan, Ph.D.

The University of Queensland, Cumbrae-Steward Building, Research Road, Brisbane Qld 4072, Australia

The Interaction of Hypnotic Ability and Neuroticism as Risk Factors for Psychopathology and Pathophysiology According to the High Risk Model of Threat Perception

(Ian Wickramasekera)

The High Risk Model of Threat Perception (HRMTP) was first proposed in 1979. The 7 multidimensional risk factors of the model are composed of predisposers, triggers, and buffers. *Predisposers* are (1) high or low hypnotic ability, (2) catastrophizing and (3) high explicit neuroticism or high implicit neuroticism (repressors). *Triggers* are (4) major life changes, and (5) minor hassles. *Buffers* are (6) number and level of satisfaction with support systems, and (7) coping skills.

The model to date has been empirically shown to identify people apparently at risk for (1) high levels of subjective distress in response to cognitive stress, (2) strong sympathetic reactivity (e.g. EDR response) and slow recovery in response to cognitive stress; (3) to predict high levels of EDR reactivity to cognitive stress, where high hypnotic ability and high neuroticism coincide, even when there is no subjective or conscious (verbal report) perception of distress; (4) to predict moderate obesity measured by B.M.I., (5) EEG defined psychophysiological insomnia, with pathophysiology (sleep apnea etc.) excluded; (6) the frequency of somatic vs. psychological symptoms in chronic somatizers; (7) low hypnotic ability and non-organic chest pain in a primary care medical setting; (8) morbid obesity and low hypnotic ability in a medical surgical setting; (9) chronic pain in somatizers; (10) chronic pain in an anesthesiology pain clinic; (11) cardiac surgery patients who scored in the "mid range" stabilized more quickly in the intensive care unit than patients who scored "high or low" in hypnotic ability.

The HRMTP proposes that the essence of "dissociation" is the coincidence of high hypnotic ability and high neuroticism, which can generate and amplify psychopathology, somatization and perhaps eventually pathophysiology. A hundred years ago, Charcot proposed, and Bernheim opposed, the theory that high hypnotic ability generated disease. I have proposed that it is not hypnotic ability *per se* but its interaction with other high risk factors, particularly neuroticism, that can generate disease.

Greenleaf, M., Fisher, S., Miaskowski, C., & DuHamel, K. (1992). Hypnotizability and recovery from cardiac surgery. *American Journal of Clinical Hypnosis* 35(2), 119-128.

Wickramasekera, I. (1979). A model of the patient at high risk for chronic stress related disorders: Do beliefs have biological consequences? Paper presented at the *Annual Convention of the Biofeedback Society of America* San Diego, CA.

Wickramasekera, I. (1986). A model of people at high risk to develop chronic stress related somatic symptoms: Some predictions. *Professional Psychology: Research and Practice* 17(5) 437-447.

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Wickramasekera, I. (1993). Assessment and treatment of somatization disorders: The High Risk Model of Threat Perception. *Handbook of Clinical Hypnosis* (pp. 587-621). Washington, DC: American Psychological Association.

Wickramasekera, I. (1994). Psychophysiological and clinical implications of the coincidence of high hypnotic ability and high neuroticism during threat perception in somatization disorders. *American Journal of Clinical Hypnosis* 37(1), 22-33.

Wickramasekera, I. (1995). Somatization concepts, data, and predictions from the High Risk Model of Threat Perception. *Journal of Nervous and Mental Disease* 183(1), 15-23.

Ian Wickramasekera, Ph.D.

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News from the Constituent Societies

American Society of Clinical Hypnosis (ASCH)

The ASCH has just concluded its *37th Annual Scientific Meeting and Workshops* in San Diego, California where close to 400 people enjoyed an outstanding program. The society's membership has grown to 4900 and new member applications are still arriving in the National Offices on a regular basis. We look forward to announcing the receipt of our 5000th member during the next 12 months.

The certification program now has over 1200 persons registered as either certified or as a consultant in the program which continues to move forward.

The 38th Annual Meeting will be held in Orlando, Florida, March 23-27, 1996 at the Sheraton World Resort and the chairs of both the scientific and workshops program will entertain proposals for workshops and scientific papers. They may be sent to the National Offices.

The ASCH will offer 9 regional workshops starting in May 1995 through January 1996. More information may be obtained by contacting the society.

Finally, the plans for the *14th International Congress of Hypnosis* in San Diego, California, June 1997 are moving forward. Registration information, and information on any other of the above items, may be obtained by contacting the National Offices:

Chair:	Richard P. Kluft, M.D., Ph.D.
Treasurer:	Dov Glazer, D.D.S.
Scientific Chairs:	Edward J. Frischholz, Ph.D., Marlene E. Hunter M.D., F.C.F.P. (C)
Workshop Chairs:	Gary R. Elkins, Ph.D., Charles B. Mutter, M.D.
Administrative Officer:	William F. Hoffman, Jr

American Society of Clinical Hypnosis
2200 East Devon Avenue, Suite 291
Des Plaines, IL 60018, USA. FAX: (708) 297-7309

Australian Society of Hypnosis (ASH)

The Australian Society of Hypnosis continues to run its extensive training programs in all states. As is usual our training program is the first part of the process of accreditation to becoming a full member of the society. This process culminates with the examination for full membership that is held twice yearly and comprises assessment of case histories, a written examination and a brief oral examination.

The society is currently negotiating for the possibility of its training program to become part of a graduate diploma of one of the largest Universities. If this happens the training in hypnosis and the accreditation of practitioners will become more professional and will be based in a University environment while overseen and supervised by appropriate clinicians. It may be the first step in the ongoing professionalism of the training of hypnosis within Australia.

Many visitors from overseas come to Australia to teach hypnosis. Their input is most welcome but we would urge all practitioners to take note of two aspects. First, on occasions, senior practitioners have been invited to teach groups who do not have appropriate credentials for the training of hypnosis, even within their own state. Unwittingly these senior figures from the international community are drawn into a complex political situation and end up teaching to practitioners who would not otherwise be recognised or accepted even within their own country. Secondly, many senior figures visit Australia and teach groups associated with individual members of our society rather than teaching to the Society as a whole. The Australian Society of Hypnosis which has over 1200 members welcomes the involvement of visitors in their teaching program and we would urge all visitors to consider teaching for the Society during their visit rather than for a select group thereby excluding many of the potential beneficiaries of their training from receiving their teaching. If you wish to visit Australia, please contact the Secretary of the Australian Society and we will endeavour to establish the most enjoyable visit with your teaching being available to the widest possible numbers.

I would like to thank the Victorian Branch and acknowledge their tremendous work in holding the 13th International Congress and the subsequent satellite meeting on Stress Management and Hypnosis that was held in North Queensland. Both meetings were successful and we acknowledge the work that was put in by those involved. We strongly support the 1996 Eurohypnosis meeting to be held in Budapest and look forward to meeting many of our colleagues and friends once more at the 14th International Society of Hypnosis meeting in San Diego in 1997.

DR MARK EARL
Federal Secretary, ASH

British Society of Experimental and Clinical Hypnosis (BSECH)

Hypnosis has recently hit the headlines in the UK. There have been a number of cases of stage hypnotists being sued. In one of them a young woman died after being a volunteer at a stage show. Dr Michael Heap of BSECH was asked to comment on the possibility of hypnosis being responsible for her death. However, this could not be proved, and his paper on the subject will be published in July's *Contemporary Hypnosis*. This particular issue of the journal is devoted to the proceedings of the BSECH 1994 Conference.

As a result of these cases, the Home Office is undertaking a review of Stage Hypnosis although it is not clear where this will lead. The last time there was an attempt to ban Stage Hypnosis, it failed. On that occasion in 1981 the late David Waxman was heavily involved.

The BSECH 12th Annual Conference is rapidly taking shape. The venue, St Edmund Hall, Oxford, promises a pleasant ambience. The Keynote Address will be given by Dr Irving Kirsch of the University of Connecticut whose topic will be "Hypnosis in Psychotherapy: Efficacy and Mechanisms". The Conference will consist of one day of workshops, and two days of paper presentations. Half day workshops will be held on Eating Disorders, Working with Clients with Communication Disorders, Exploratory Techniques and Smoking Cessation. BSECH welcomes visitors from overseas; so if you would like to attend please contact:

Hon Secretary BSECH, Phyllis Alden, Psychology Consultancy, District General Hospital, Scartho Rd, Grimsby DN33 2BG, England. Tel: 01472/875287 Fax: 01472/879238

Israeli Society of Hypnosis (IsSH)

The IsSH has been busy reorganising branches (new branch formed in the Sharon, headed by A. Hirshfeld, new local committee in Jerusalem, headed by Y. Neria). A one day conference on mind-body is planned from the end of April in conjunction with the Dental, Medical and Psychological Associations in order to extend the interest in hypnosis locally. The same day, new elections will be held, along with a discussion of the new ethical guidelines and issues in the limelight around recovery of early memories.

Plans for an extension of the official training curriculum as prescribed by law are in high gear: a two year intensive course at the Hebrew University, sponsored by the IsSH, with an emphasis on background training for the separate professions using an integrative model, as well as a full year of advanced training. This year, an emphasis has been placed on year long advanced courses with smaller groups to answer the needs for intensive, personal as well as ongoing support. Several such courses have been opened in Jerusalem and the Tel Aviv areas (Golan, Hirshfeld, Livnay, Kleinhauz and Delano).

On the international arena, Nachi Alon has continued to train the new Athens group toward the setting up of a Greek Society of Hypnosis. The whole group have been accepted as adjunct members to the IsSH. Morris Kleinhauz and Viorika Delano had a busy year abroad. They gave workshops in Zurich, Rome and Bad Salzuflen (Germany), while Kleinhauz gave a workshop in Barcelona.

Avraham Hirshfeld arranged a highly successful workshop with Peter Zivnay at the new Sharon Branch.

The new Israeli Journal of Hypnosis is finally coming out this month, after extended birth pangs. Foreign contributors are heartfully invited to submit clinical and experimental articles.

Israeli Society of Hypnosis, C/O Shaul Livnay, Ph.D
Kaf Tet B'November St. 30, 92105 Jerusalem, ISRAEL

Italian Society of Hypnosis (SII)

The Italian Society of Hypnosis (Società Italiana di Ipnosi; SII) has recently joined the ISH as a Constituent Society (January 1995). The SII was established in Rome in 1993. It is currently directed by Camillo Loredi, M.D. (President) and Giuseppe De Benedittis, M.D., Ph.D. (Vice-President).

During this period, the SII has spread the use of hypnosis among health professionals throughout the country. The SII is currently offering a 4-years comprehensive training course in hypnosis in Rome. Seminars and workshops were given by distinguished colleagues of the ISH (J. Zeig, J. Barber and P. Bloom), whereas introductory, basic courses have been held in Milan at the S. Carlo Hospital. Furthermore, advanced level courses on "Hypnosis for chronic pain control" and "Hypnosis in Psychosomatic Medicine" have been organised during the period of November 1994 until February 1995 in Milan. More than 200 registrants attended the courses during the past year. The 1st National Congress of the SII has been scheduled for February 1996 in Rome.

Società Italiana di Ipnosi, Viale Regina Margherita 37, 00198 Rome, Italy

Ontario Society of Clinical Hypnosis (OSCH, Canada)

The current President of OSCH is Claude Brodeur, Ph.D., who assumed the Presidency in June 1994. Adam Stein, M.B., B.Ch., F.R.C.P. (C), was elected Secretary and Charles Pierce, Ph.D., Treasurer. Frances Kelly, M.D. has been appointed Chairperson of the Research, Library and Resource Centre. The Administrative Vice-President is Patricia Derragh.

Workshop Initiatives. Several new initiatives have been approved by the Executive. We now have regularly scheduled ongoing Basic/Introductory week-end workshops throughout the year. Coordinator of these workshops is Dr. Eileen Alexander; she is assisted by a team of volunteer faculty. These workshops have been extremely well attended and have been effective in increasing membership in the Society. Meanwhile a program of Intermediate Level workshops has also been scheduled for the year. These are two kinds: a one-day workshop, held on a Saturday at the University of Toronto, and a series of limited enrolment evening workshops. The first one-day workshop presented by Dr. Edgar Barnett addressed the topic of "Common Problems Facing the Neophyte Hypnotherapist."

Evening workshops. The series of evening workshops has been well subscribed and serve, to be a much needed, immediate follow-up to the Basic/Introductory Level workshops. We find that beginning practitioners welcome the opportunity to get more training in the use of hypnosis as soon as possible after their basic/introductory training and are more likely to use hypnosis in their practice if they have frequent opportunity to learn from our more experienced faculty.

Faculty Training. Dr. Eileen Alexander has been appointed Coordinator of the Faculty Development Committee which will be responsible for a program of faculty training. She will be assisted by Dr. Claude Brodeur.

President's Breakfast Series. Another new initiative is the President's Sunday Breakfast Series being held at the prestigious King Edward Hotel in downtown Toronto from 10 am to 12:30 pm. Talks are given by distinguished colleagues of the Society. The first one was held October 16 on the False Memory Syndrome. The speaker was Dr. Graham Turrall. These Breakfast Talks are open to colleagues, family and friends for a nominal cost. On November 20, Dr. Dennis Chong spoke on NLP and Hypnosis; January 22, Dr. Arnold Rubenstein on Forensic Hypnosis; February 19, Dr. Eileen Alexander on Managing Depression Successfully. Breakfast talks are scheduled for March 19, with Dr. Frances Kelly speaking on MPD-Magical Personality dynamic; April 16, Dr. Frieda Martin (Founding Director, Hincks Centre) on Investing in Children; May 14, Dr. Victor Rausch on Hypnosis, Subtle Energies & Energy Medicine - The Connection; and June 4, Dr. George Fraser on Cults and Hypnosis: Extending the Boundaries of Trance Phenomena. This Breakfast Series has proved popular and are well attended. More are being scheduled for the Fall of 1995 and Winter/Spring of 1996.

New Committees. The President of the Society has named two new committees. Dr. Harvey Armstrong has been appointed chairperson of the Ethics and Standards Committee to draft a policy on ethics and standards to apply to membership in the Society. Dr. Charles Pierce has been appointed chairperson of the By-laws Committee to examine and recommend changes in the structure of the Society.

Fall Workshop. On the weekend of October 29-30, Joseph Barber, Ph.D. was the presenter at the Annual Fall Workshop in Toronto on "Complications of Hypnosis Encountered by Physicians, Dentists and Psychotherapists." The second day was devoted solely to complications encountered by the psychotherapist.

Regional Workshop Coordinator. Dr. Ron Lloyd, a past president of OSCH, has been appointed Workshop Program Coordinator - Eastern Region. He will be responsible for coordinating Basic/Introductory Level and one-day Intermediate Level Workshops in the Eastern part of the Province. Participants in any workshop held in the Eastern Region will receive a coupon for a substantial reduction for any future workshop they would attend in Toronto to offset cost of transportation/hotel accommodation.

Special Workshop. On Saturday evening, February 18th, OSCH sponsored a special evening at the theatre. The production was *My Father's House*, held in the Studio Theatre at the Ford Centre for the Performing Arts, North York. The play is a stage adaptation of Sylvia Fraser's book called *My Father's House: A Memoir of Incest and Healing*. The sponsorship was an opportunity to promote our future conference on "Wife Assault, Sexual Assault and Sexual Abuse," scheduled for later this year. The Society has received a Government Grant of \$15,000.00 to organize this workshop dealing with "Hypnosis in the Treatment of Sexual Abuse Victims." The workshop is tentatively planned for the Spring of 1996. Members of the planning committee are Dr. Marcia Weiner, Dr. Harvey Armstrong, Dr. Deborah Fisher and Dr. Frances Kelly.

HIV/Aids Workshop. We are applying to government and other granting agencies for funds to sponsor a workshop on hypnosis in the treatment of those infected with the HIV virus and those living with AIDS. We are looking for names of potential presenters who could be called upon to participate in this workshop. If you know of anyone, please communicate with us.

New Location. The Society has relocated its offices, increasing its space by more than two-thirds. The new address is:

OSCH, 3170 Lake Shore Boulevard West, Suite 303, Toronto, Ontario M8V 3X8, Canada. Tel: (416) 251-2442, Fax: (416) 251-6566.

Society for Clinical and Experimental Hypnosis (SCEH)

The SCEH is unhappy to report that EUGENE LEVITT, Ph.D., Secretary and long-time member of SCEH, died in January.

The SCEH Scholarship program is again soliciting applications. If you know a student who needs financial support to attend the SCEH meeting, encourage the student to write to SCEH for information.

SCEH held an unusually interesting and clinically provocative Annual Meeting in San Francisco last November. Don't miss the next Annual Meeting, Nov 7-11, 1995, in San Antonio, Texas. For information, write to SCEH's new address:

The Society for Clinical and Experimental Hypnosis
8335 Allison Pointe Trail, Ste 250, Indianapolis, IN 46250, USA, FAX: (317) 578-9073

President Joseph Barber's email address: 76136.556@compuserve.com

News of Members

Joseph Barber, Ph.D. has contributed the chapter, "Hypnosis and Memory: A Cautionary Tale." In Frazer, G., (Ed.). *Ritual Abuse: A Therapist's Guide*. Washington, D.C.: American Psychiatric Association Press. This chapter examines the clinician's proper role in dealing with a patient's report of memories of early childhood abuse. Dr. Barber has just begun work on a book tentatively titled, *Hypnosis and Suggestion in the Treatment of Pain*, to be published by Norton in 1996. In March, 1995, he concluded a three-part training workshop on the hypnotic management of pain in Heidelberg, Germany. He also taught a workshop on dealing with complications of hypnosis in Paris and in Rome. He and Mary Pepping, Ph.D. offered a workshop on personal issues of therapists to the North Carolina Society for Clinical Hypnosis in April. They will also be offering this workshop in Grimstad, Norway, in August, and in St. Etienne, France, in September.

Peter B. Bloom, M.D. President, International Society of Hypnosis (ISH), presented a two day workshop followed by a one day advanced seminar sponsored by the Italian Society of Hypnosis in Rome, Italy, January 13-15, 1995. Dr. Bloom spoke on Clinical Methods in Hypnosis and Psychotherapy and The Creative Process in Hypnosis and Psychotherapy. Camillo Loredio, M.D., member of the ISH Board of Directors hosted Dr. Bloom and his wife Marcia during their stay at Dr. Loredio's Center for the Psychotherapy of couples and families.

John F. Chaves, Ph.D. was given the Morton Prince Award by SCEH and the American Board of Psychological Hypnosis for "distinguished contributions to the development of hypnosis in the science and profession of psychology" (October, 1994).

Gary R Elkins, Ph.D., ABPP, ABPH, was recently elected President Elect of the American Society of Clinical Hypnosis. In addition Dr. Elkins will serve as co-chair of the Workshop Committee with Dr. Charles B. Mutter for the 14th International Congress of Hypnosis to be held in San Diego, California in 1997. Dr. Elkins, with Dr. Mutter, presented a workshop on "Mind-Body Healing and Hypnosis" in Dallas, Texas, USA, October 9, 1994. He presented an advanced workshop and co-coordinated the Clinical Workshops for the American Society of Clinical Hypnosis Annual Meeting in San Diego, California. He presented a one day Advanced Workshop on "Brief Psychotherapy Approaches" sponsored by the North Texas Society of Clinical Hypnosis in Dallas, Texas, USA, March 31, 1995. Dr. Elkins was also recently awarded the Diplomate from the American Board of Professional Psychology (ABPP) in Health Psychology and the Diplomate from the American Board of Psychological Hypnosis (ABPH).

Betty Alice Erickson, M.S., L.P.C. gave a 3-day workshop on Ericksonian Hypnosis and Psychotherapy and lectured at the University of Novosibirsk School of Medicine in Siberia. Eighty-five mental health professionals were eager to learn Western techniques on hypnosis and psychotherapy. The workshop was organized by Inga Topesco, Anatoly Tkachew and Boris Zakharow.

E. James Lieberman, M.D. published an article "Prehypnotic Suggestion" in the Bulletin of the History of Medicine, 68, 1994; also Jerome M. Schneck, M.D. had his article "S. Weir Mitchell: Physician and Poet" come out in The American Journal of Psychiatry, April 1994.

John and Helen Watkins presented two-day workshops on their Ego State Therapy at Gothenburg and Lund, Sweden, and also at Copenhagen, Denmark.

Dr. Michael Yapko's book *Suggestion of Abuse: True and False Memories of Childhood Sexual Trauma* (1994) was listed by the New York Times as "one of the best books of 1994". Dr. Yapko also has been asked to write an updated section on clinical hypnosis for the new *Encyclopedia Britannica Annual Medical Review*.

New Books

Yapko, M.D. (1995). *Essentials of Hypnosis*. New York: Brunner/Mazel (184 pages; \$19.95).

Ernest R. Hilgard, Ph.D. states about this new book of Michael Yapko: "An information-packed introduction . . . *Essentials of Hypnosis* can be recommended not only for the beginner but for the more experienced . . ."; and Jeffrey K. Zeig, Ph.D. says: "Yapko has a gifted ability to comprehensively present building blocks that will edify the novice and serve as important reminders for the experienced practitioner."

There are two books from Marlene Hunter off the press now:

Hunter M.E. (1995). *Creative scripts for hypnotherapy*. New York: Brunner/Mazel [220 pages; US\$ 21.95].

Hunter, M.E. (Ed.) (1995). *Frontiers of Hypnosis - Vol. II: The Proceedings of the 3rd National Assembly of the Federation of Canadian Societies of Clinical Hypnosis*. West Vancouver, B.C.: SeaWalk Press [193 pages; CDN \$10.50 + 4.00 mailing costs: SeaWalk, 1835 Ambleside Lane, West Vancouver, B.C., Canada V7V 4W4].

Erika Fromm and Michael Nash have just finished the manuscript of a new book which International Universities Press will publish in July or August this year:

Fromm, E., & Nash, M.R. (1995). *Psychoanalysis and Hypnoanalysis*. Madison, Connecticut: International Universities Press.

Another manuscript is nearing completion: **Watkins, J., & Watkins, H.** (1995). *Ego states: Theory and therapy*. New York: Guilford.

FORTHCOMING MEETINGS

1995

May 21-26: 5th Greek/Australian International Legal & Medical Conference in Crete, Greece. Contact: Conference Associates Pty Ltd., 335 Moray Street, South Melbourne, VIC 3205, Australia.

June 2-30: Summer Program in Social and Cultural Psychiatry. Contact: Graduate Secretary, Dept. of Psychiatry, McGill University, 1033 Pine Avenue West, Montreal, Quebec H3A 1A1, Canada.

September 7-12: Australian Society of Hypnosis meeting at Cradle Mountain Tasmania, Australia. Contact: David Henty, PO Box 546, Launceston, Tasmania 7250, Australia.

October 3-7: 32nd European Congress of Ericksonian Hypnosis and Psychotherapy at the University of Munich, Germany – immediately after the famous "Munchener Oktoberfest" (September 16 - October 1). Contact: M.E.G., Konradstr. 16, 80801 Munich, GERMANY.

October 16-17: 1st African Congress of Hypnosis at Sun City Holiday Resort near Johannesburg. Contact: South African Society of Clinical Hypnosis, Isabel Street 29, Kilner Park XI 0186, South Africa.

December 13-17: Evolution of Psychotherapy Conference in Las Vegas. Contact: Milton H. Erickson Foundation, 3606 N. 24th Street, Phoenix, AZ 85016-6500, USA.

1996

June 23-28: XXth C.I.N.P Congress in Melbourne, Australia. Contact: ICMS Pty Ltd., 84 Queensbridge Street, South Melbourne, VIC 3205, Australia.

August 17-23: Eurohypnosis 96: 7th European Congress of Hypnosis in Budapest, Hungary: organized by the Hungarian Association of Hypnosis (HAH): under the auspices of the European Society of Hypnosis (ESH), the International Society of Hypnosis (ISH), and the Eotvos Loránd University, Budapest: Chairs Éva I. Bányaí and István Mészáros. Contact: Secretariat Eurohypnosis 96, Pf4, 1378 Budapest 64, Hungary.

December 11-15: Brief Therapy Conference in San Francisco. Contact: Milton H. Erickson Foundation, 3606 N. 24th St., Phoenix, AZ 85016-6500, USA.

1997

June 21-27: 14th International Congress of Hypnosis in San Diego, USA. Contact: ASCH, 2200 East Devon Avenue, Suite 291, Des Plaines, Illinois, 60018-4534, USA

1998

October 25-30: 2nd World Congress on Stress in Melbourne, Australia. Contact: ICMS Pty Ltd, 84 Queensbridge Street, South Melbourne, VIC 3205, Australia.

IN MEMORIAM

It is with deep regret that we record the death of **Guantiero Guantieri, M.D.** A pioneer of hypnosis in Italy, Guantieri founded in Verona the Centre for Research in Clinical Hypnosis in 1965. His curiosity of prominent researchers led him to explore with excellent results diverse topics with special interest in psychosomatics, but also in obstetrics, surgery and psychotherapy. He was also a talented teacher and produced many publications, mostly on psychosomatics, and an important book on medical hypnosis. Guantieri promoted hypnosis in the Italian academic culture and for a long time since, been actively involved in both ISH and ESH. He became very popular not only in Italy but also in other countries where a great number of colleagues and friends will continue to remember his competence and kindness.

Camillo Lorio, M.D., Board Member, ISH

The Society for Clinical and Experimental Hypnosis has lost a devoted member and a keen mind in the tragic death of **Eugene E. Levitt, PhD.** He served for many years as an officer, and was our official and unofficial parliamentarian. In the midst of heated debate, he could always be counted on to identify and clarify the correct procedural means of leading us out of the particular morass we had found ourselves in. Gene focused on facts: he asked hard questions and insisted on clear answers. His research was similarly direct. He showed that hypnosis could play a role in pushing people across the boundaries of customary social behaviour. Gene was a man who saw things the way they were rather than the way they should be, and we shall miss the harsh light of his intellect.

David Spiegel, M.D., President-Elect, SCEH

Allen B. Sachs, M.D. died September 29, 1994 at the age of 82. He practiced surgery for 45 years. After serving in the US Army Medical Corp during World War II, he became Professor and Chairman of Department of Surgery at the Michael Reese Hospital and the University of Chicago. In 1949 he accepted a position as Chairman of then the Department of Surgery in the Group Health Cooperative of Puget Sound in the state of Washington where he lived with his wife until his death. Dr Sachs used hypnosis extensively in his surgical practice, in his own health management, and in enhancing his competitive swimming. From 1988 until 1993, he was national swimming champion in free-style and backstroke in his age group. His wife, Bernice C. Sachs, M.D., a member of the Board of Directors, ISH met her husband while she was a medical student and he was a surgical resident at the Michael Reese Hospital. They were engaged two weeks before Pearl Harbor and married two weeks after Pearl Harbor in 1941. Their marriage of 53 years shined brightly and warmed all of us who knew them. We miss him and look forward to sharing our memories of him in the years to come with Bee.

Peter B. Bloom, M.D., President, I.S.H

Dr David Waxman died on the 1st October, 1994. It is with great sadness that we announce his death. Dr Waxman was founding member and past-president of the British Society of Medical and Dental Hypnosis (BSMDH), and the first president of the Section of Medical and Dental Hypnosis of the Royal Society of Medicine. He played an important role in the founding and development of the European Society of Hypnosis (ESH), and he was a member of the International Society of Hypnosis (ISH).

Burkhard Peter, Dipl-Psych, Editor, ISH Newsletter

14th INTERNATIONAL CONGRESS ON HYPNOSIS
SAN DIEGO, CALIFORNIA, U.S.A.
21-27th JUNE 1997

This meeting will be totally self-contained in the Town and Country Hotel in San Diego. You will find it a fine meeting venue with a resort atmosphere.

The City's mild climate makes it an ideal year-round destination. The average daytime temperature is 70 degrees fahrenheit (21 degrees celsius) and most days are sunny. Humidity is generally low and average annual rainfall is less than 10 inches and primarily between December and March.

San Diego's revitalized central city offers a mix of historic preservation in the Gaslamp Quarter and state-of-the-art architecture with Horton Plaza, a dramatic 6.5 block shopping and entertainment complex in the heart of downtown. Near Horton Plaza, the Paladion San Diego, downtown's upscale fashion center, is designed in the manner of great department stores created in the first third of the century. Parks and mixed-use commercial complexes, many in historic landmark structures, complement modern high-rise office and residential buildings. The San Diego Concourse, located in the heart of downtown, is a meeting and exhibit facility featuring a flexible design that can handle a wide range of gatherings. The Civic Theatre, part of the Concourse, is home to the San Diego Opera, and various stage and musical productions.

14th INTERNATIONAL CONGRESS ON HYPNOSIS
JUNE 21-27, 1997

SAN DIEGO, CALIFORNIA, U.S.A.

Please send me further information on the 14th International Congress as it becomes available:

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Please complete this form in **block letters** and return it to:

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Administrative Office
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