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THE INTERNATIONAL SOCIETY OF HYPNOSIS

'BUILDING BRIDGES OF UNDERSTANDING'

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From the Newsletter Editor

When you are reading this newsletter you are either very fortunate or not. You are fortunate, if you happen to go to Munich or are there when reading this between October 2 and 7, because you will be part of history that will be written there. If you are not among the fortunate ones that have been able to go, I hope this newsletter will prove to you that there is a lot happening at the start of this new Millennium.

The ISH is still strong and may well be at the start of an interesting new decade of more interest in hypnosis. We have an exciting era to come with a first female President, Eva Banjai, Ph.D. After her Presidency she will be followed by another female, Karin Olness, M.D. The Secretariat will be continued running smoothly by Robb Stanley, Ph.D. for the next three years. So, invest your money in ISH!

Thank you all for your contributions. The newsletter is open to a variety of contributions, I want to make this very clear. It serves as a forum for individual members as well as for Constituent Societies that have information that needs to be shared among colleagues.

In this issue another Mastermind is interviewed, Jeff Zeig. It was most appropriate to allow him to come out of the shade, since he is the one that deserves most credit for making the Erickson Foundations around the world so fertile. Munich has the oldest Erickson Foundation, that is true. As editor and interviewer I had the pleasure to meet with Mrs. Erickson and pay a visit to 1201 E Howard Street, the house where Milton Erickson had his private practice until the year he died. Go there and compare it with the Freud museum in London. No grandeur, Erickson was a modest man. Watch the gifts and let Robert tell you some anecdotes.

We are not yet one happy community. Some of us have different opinions and beliefs, a most vigorous debate demonstrated this at the last APA in Washington, where David Spiegel and Alan Schefflin debated with Paul McHugh, Oliver Barlett and Daniel Schacter over the issue of Recovered Memories. We have a follow-up in this newsletter with respect to the interview I had with David Spiegel, a letter by Campbell Perry and a reply by David Spiegel again.

‘Faces of Hypnosis in 21st Century’ continues to draw your attention to developments, opinions before they have been peer reviewed, so a forum for sharing ideas on concerns. If you are a returning reader you will be familiar with the rest which is stable across issues. Sadly we have to publish more obituaries.

I will leave you with an invitation to read with interest and pleasure. I want to reiterate Burkhard Peter again as he said in his first new newsletter ‘If you don’t like it, please let me know. If you like it, recommend this Newsletter to your colleagues – or better, just invite them to join the International Society of Hypnosis’.

Eric Vermetten, MD – Editor, ISH Newsletter

October 2000

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LMU
Ludwig Maximilians Universität München
15th Triennial Congress of Hypnosis, München, Germany, October 2000

M.E.G.
Milan Erickson Society For Clinical Hypnosis, Germany
LETTER FROM THE PRESIDENT

Dear Mrs. President, dear Eva:

Congratulations again and welcome to your new position as the first woman ever that has been President of ISH. In the beginning the presidential gavel might seem somewhat heavy but I assure you that, when you realize that you do not carry it alone, you might feel that floating sensation in your arm (even with the gavel) that you certainly know from the experience of an arm levitation. Those helping hands belong to the network ISH has woven to keep ISH going. During my term it were especially Robb Stanley, Karyn Harte and Simone Pakin from the Central Office as well as Peter Bloom, the ISH Past-President, who were members of this network that supported me. Many thanks to them once again.

Dear Eva, your new position is not an easy task but—with your Hungarian temperament and your sound scientific background—I know that you will enjoy it.

Prof. Dr. Walter Bongartz – President, ISH

LETTER FROM THE PRESIDENT*

Dear Colleagues,

I can hardly express how honored I feel to follow so eminent scholars and experts in the field of hypnosis as all of my predecessors in the Presidency of ISH have been, particularly, as I am the first woman in this post.

I feel that my active professional life and the newly founded International Society of Hypnosis have been intertwined from the beginning. In 1973, the very same year when ISH was founded by Professor Ernest R. Hilgard, I began my post doctoral research on active-alert hypnosis at his Stanford Laboratory of Hypnosis Research. This way I could have a personal experience of the sparkling and creative atmosphere that characterized both the Lab and ISH.

As an experimental psychologist I was deeply impressed by the methodological inventions serious hypnosis research created, as a result of which not only the phenomena of hypnosis could be better understood, but significant contributions have been made to the understanding of unconscious processing, voluntary and involuntary action, reality distortion in perception and memory, and other fields of psychology.

I feel it is very important to follow this fine research tradition, because despite the fact that hypnosis could greatly contribute to mainstream psychology, this line of thought is still not present enough in contemporary psychology. Although I was very glad to participate at a very high level and well-received symposium on hypnosis organized by Kevin McGonigle at the XXVII International Congress of Psychology held in Stockholm, Sweden, in July, 2000, nevertheless I was disappointed to see that hypnosis is still not represented in relevant areas of psychology like emotions, attention, attachment, control processes, autobiographical memory, interpersonal interaction, etc. My aim is to strengthen the cooperation between leading laboratories of psychology and neuroscience and those of hypnosis, in order to ensure that the findings in our field may have an inspiring effect on psychology, and vice versa.

* Holding this office from the end of the 15th Congress of Hypnosis on.

My other aim is to strengthen the cooperation between clinicians and researchers in the field of hypnosis, because it seems to me that hypnosis could contribute to our understanding of human nature particularly well if researchers could learn from the rich experience accumulated in the therapeutic use of hypnosis, and clinicians could apply research findings more effectively. This way, by bridging the gap between clinical and experimental hypnosis, we could reveal why hypnotic-like suggestive techniques have been so effective in healing for thousands of years. My personal experience is that the cooperation of medical doctors, dentists, and psychologists, of clinicians and researchers, of members of different schools may have a mutually enriching effect on the work of all parties. The promising possibility of cooperation has already become reality: this May, the British Society of Medical and Dental Hypnosis and the British Society of Clinical and Experimental Hypnosis held a joint conference. My first-hand experience was that among the ancient walls of Dartington Hall a new tradition was born, the tradition of dialogue between different traditions.

My hope is that the 15th ISH Congress this October will demonstrate that we have already stepped on the route of realizing my aims to strengthen cooperation, as the Congress in Munich has already elicited never-yet-seen interest in participation, making direct communication possible among many-many colleagues—and this is the first step towards cooperation, in order to have a more integrated view of human nature.

I hope we all will have an active role together in this enterprise.

Friendly yours,

Éva I. Bányai, PhD – President, ISH

BRIEF DER PRÄSIDENTIN

Liebe Kolleginnen und liebe Kollegen,


Als experimentelle Psychologin war ich von den methodologischen Neuerungen, die aus der seriosen Hypnoseforschung hervorgingen, tief beeindruckt. Diese Neuerungen führten nicht nur zu einem besseren Verständnis des Phänomens der Hypnose, sondern auch zu bedeutenden Erkenntnissen in verschiedenen psychologischen Bereichen, z.B. unbewusstes Verarbeiten, freiwilliges und unfreiwilliges Verhalten und Realitätsverzerrungen inbezug auf Wahrnehmung und Erinnerung.

Ich bin der Meinung, dass es sehr wichtig ist, diese großartige Forschungstradition weiterzuvollziehen, weil Hypnose heute immer noch zu wenig in der vorherrschenden Psychologie gegenwärtig ist, obwohl sie soviel dazu beitragen könnte. Es freue mich zwar,


carta de la presidenta

Estimados colegas,

No me es nada de fácil expresar lo honrado que me siento de seguir a todos los eminentes especialistas y expertos en el campo de la hipnosis que han precedido en la presidencia de la Sociedad Internacional de Hipnosis, especialmente por ser yo la primera mujer que ocupa este puesto.

Considero que mi activa vida profesional y la recientemente fundada Sociedad Internacional de Hipnosis, han estado entrelazadas desde el comienzo. En 1973, el mismo año en que el profesor Ernest R Hilgard fundó la ISH, comencé mi investigación postdoctoral de la hipnosis activo-alerta en su Laboratorio de Investigación de Hipnosis en Stanford. De esta manera pude tener una experiencia personal de la chispante y creativa atmósfera que caracterizaron tanto al Laboratorio como a la ISH.

Como sicólogo experimental me impresionaron profundamente las innovaciones metodológicas creadas por la investigación seria de la hipnosis, como resultado de lo cual no sólo se pudo comprender mejor los fenómenos de la hipnosis, sino que se hizo importantes contribuciones a la comprensión del proceso inconsciente, las acciones voluntarias e involuntarias, la distorsión de la realidad en la percepción y la memoria, y otros campos de la sicología.

Considero importante continuar esta excelente tradición de investigación, porque a pesar del hecho de que la hipnosis podría contribuir en gran escala a la sicología convencional, estos pensamientos todavía no están representados suficientemente en la sicología contemporánea. Me alegra mucho participar en el excelentemente bien recibido simposio de hipnosis de alto nivel, organizado por Kevin McConkey en el Vigésimo séptimo Congreso Internacional de Sicología realizado en Estocolmo en julio del 2000. Pero también me deslusionó ver que a la hipnosis todavía no está representada en áreas pertinentes de la sicología como las emociones, la atención, el cariño, los procesos de control, la memoria autobiográfica, la interacción personal, etc.

Mi propósito es fortalecer la cooperación entre los principales laboratorios de sicología y neurociencia y los de hipnosis, a fin de asegurar que los descubrimientos hechos en nuestro campo puedan tener un efecto multiplicador en la sicología, y viceversa.

Mi otro propósito es fortalecer la cooperación entre los investigadores clínicos y los investigadores en el campo de la hipnosis, porque me parece que la hipnosis podría contribuir a nuestro entendimiento de la naturaleza humana especialmente si los investigadores pudieran interiorizarse de la rica experiencia acumulada en el uso terapéutico de la hipnosis, y los investigadores clínicos pudieran aplicar más eficazmente los descubrimientos hechos en las investigaciones. De esta manera, salvando la distancia entre la hipnosis clínica y experimental, podríamos revelar por qué las técnicas sugestivas de tipo hipnótico han sido tan eficaces en las curaciones durante miles de años. En mi experiencia, la cooperación de médicos, dentistas y sicólogos, de investigadores clínicos y de investigadores, de miembros de diferentes doctrinas, puede tener un efecto enriquecedor mutuo en el trabajo de todos. La prometedora posibilidad de la cooperación ya se ha hecho realidad: En mayo, la Sociedad Británica de Hipnosis médico-dental y la Sociedad Británica de Hipnosis clínica y experimental, tuvieron una conferencia conjunta. Mi experiencia directa me convenció de que entre los antiguos muros del Salón Dartington nació una nueva tradición, la tradición del diálogo entre tradiciones diferentes.

Espero que el Decimoquinto Congreso de la ISH el próximo octubre demuestre que ya estamos en el camino de concretar mis propósitos de fortalecer la cooperación, ya que el Congreso de Múnich ha provocado un interés nunca visto hasta ahora por participar, haciendo posible la comunicación directa entre muchísimos colegas. Este es el primer paso hacia la cooperación, con el fin de obtener una visión más completa de la naturaleza humana.

Espero que todos tendremos un activo papel en esta empresa.

Amistosamente

Éva I. Bányai, PhD – Presidenta de la ISH
LETTERE DE LA PRÉSIDENTE

Chères consœurs, chers confrères,

Je ne sais comment exprimer combien je suis honorée de succéder à des érudits et des spécialistes aussi éminents que nos prédécesseurs à la présidence de l'ISH, et cela d'autant plus que je suis la première femme à occuper cette position.

Je pense que ma vie professionnelle active et l'International Society of Hypnosis, qui venait d'être créée, ont été liées dès le début. C'est en 1973, année même où l'ISH fut fondée par le Professeur Ernest R. Hilgard, que j'ai entamé mes recherches postdoctorales sur l'hypnose en alerte active, à son Laboratoire de Hypnosis Research, à Stanford. J'ai bénéficié ainsi personnellement de l'atmosphère étincelante et créatrice qui caractérisait aussi bien le laboratoire que l'ISH.

En tant que psychologue expérimentale, je fus profondément impressionnée par les inventions méthodologiques dues à la recherche sérieuse sur l'hypnose, qui ont permis non seulement une meilleure compréhension des phénomènes de l'hypnose mais ont également contribué, de façon significative, à la compréhension du traitement du traumatisme, de l'action volontaire et involontaire, de la distorsion de la réalité dans la perception et la mémoire, ainsi qu'à d'autres domaines de la psychologie.

Je pense qu'il est très important de poursuivre cette excellente tradition en matière de recherche parce que malgré le fait que l'hypnose est à même d'apporter une contribution importante à la psychologie traditionnelle, ce courant de pensée est toujours insuffisamment représenté dans la psychologie contemporaine. J'ai été très heureuse de participer à un symposium de très haut niveau et bien reçu sur l'hypnose organisé par Kevin McConkey, au XXVIème Congrès international de la psychologie qui s'est tenu à Stockholm, en Suède, en juillet 2000, mais en même temps j'ai été déçue de constater que l'hypnose n'était toujours pas représentée dans de domaines pertinents de la psychologie tels que les émotions, l'attention, l'attachement, les processus de contrôle, la mémoire autobiographique, l'interaction interpersonnelle, etc. Mon but est de renforcer la coopération entre les principaux laboratoires de psychologie et de neuroscience et ceux de l'hypnose afin de veiller à ce que les découvertes réalisées dans notre domaine aient un effet fécondant en psychologie et vice-versa.

Mon autre but est de renforcer la coopération entre cliniciens et chercheurs dans le domaine de l'hypnose, parce qu'il me semble que l'apport de l'hypnose à la compréhension de la nature humaine serait considérable si, d'une part, les chercheurs pouvaient tirer une leçon de la riche expérience accumulée au cours de leur utilisation thérapeutique de l'hypnose, et si, d'autre part, les cliniciens pouvaient appliquer les résultats de la recherche d'une manière plus efficace. De cette façon, en réduisant l'écart entre l'hypnose clinique et expérimentale, il deviendrait possible de découvrir la raison pour laquelle les techniques de suggestion voisines de l'hypnose se sont révélées si efficaces pour obtenir des guérisons pendant des milliers d'années. D'après mon expérience personnelle, la coopération des médecins, des dentistes, des psychologues, des cliniciens, des chercheurs, des membres de différentes écoles, peut avoir un effet mutuellement enrichissant sur le travail de toutes les parties. La possibilité prometteuse d'une coopération est déjà devenue réalité: au mois de mai de cette année, la British Society of Medical and Dental Hypnosis et la British Society of Clinical and Experimental Hypnosis ont organisé une conférence conjointe. J'ai pu constater personnellement qu'entre les murs anciens de Dartington Hall une nouvelle tradition était née, la tradition du dialogue entre des traditions différentes.

J'espère que le 15ème Congrès de l'ISH, qui se tiendra au mois d'octobre de cette année, montrera que nous sommes bien partis pour réaliser les buts que je me suis fixés pour renforcer la coopération, car le Congrès de Munich a déjà suscité des manifestations d'intérêt sans précédent, ce qui a rendu possible la communication directe entre de très nombreux confrères et consœurs — et c'est là le premier pas vers la coopération, en vue d'avoir une vue mieux intégrée de la nature humaine.

J'espère que vous jouerezons tous un rôle actif dans cette entreprise.

Cordialement vôtre,

Éva I. Bányai, PhD — Présidente, ISH

LETTERA DEL PRESIDENTE

Cari colleghi,

Mi è difficile esprimere pienamente quanto mi senta onorata di essere la prima donna ad assumere una carica così prestigiosa come la presidenza dell'ISH (Società Internazionale D'Ipnotici), in cui si sono susseguiti eminenti scolari ed esperti nel campo dell'ipnosi.

Io credo che la mia attività professionale e la riscoperta dell'ISH si siano intrecciate sin dall'inizio. Nel 1973, lo stesso anno in cui la ISH veniva fondata dal Professore Ernest R. Hilgard, io iniziavo la mia ricerca post-dottorale sull'ipnosi attiva-quivile nel suo laboratorio di ricerca sull'ipnosi di Stanford. Questo mi ha permesso di avere un'esperienza diretta dell'atmosfera brillante e creativa che caratterizzava sia il laboratorio che l'ISH.

Nella veste di psicologo sperimentale fui profondamente colpita dall'invenzioni metodologiche che la sera ricerca sull'ipnosi andava creando, e dal fatto che con le stesse, non solo i fenomeni ipnotici potevano essere meglio compresi, ma si sono potute avere importanti contributi verso la comprensione dei processi inconsci, dell'azione volontare ed involontarie, della distorsione della percezione e memoria del reale, e di altri campi della psicologia.

Io credo che sia molto importante continuare questa brillante tradizione di ricerca, poiché nonostante il fatto che l'ipnosi potrebbe fortemente contribuire alla psicologia classica, essa non è ancora abbastanza presente come disciplina di pensiero nella psicologia contemporanea. Sebbene sia stata molto compiaciuta di partecipare ad un ben accolto simposio sull'ipnosi ad alto livello, organizzato da Kevin McConkey al XXVII congresso internazionale di psicologia, tenutosi a Stoccolma in Svezia nel Giugno del 2000, sono rimasta delusa nel constatare che l'ipnosi non e ancora presente nei campi rilevanti della psicologia, come quelli delle emozioni, attenzione, affettività, processi di controllo, memoria autobiografica, interazioni interpersonali, etc. Il mio obiettivo e quello di rafforzare la cooperazione tra i laboratori di psicologia e neuroscience all'avanguardia e quelli dell'ipnosi, al fine di assicurare che le scoperte nel campo possano avere effetti fondeanti sulla psicologia e viceversa.

L'altro abietto è quello di rafforzare la cooperazione tra i clinici e i ricercatori nel campo dell'ipnosi, poiché mi sembra che l'ipnosi potrebbe contribuire molto bene alla nostra comprensione della natura umana, se i ricercatori facessero tesoro della ricca
FROM THE SECRETARY/TREASURER

As Secretary/Treasurer of the ISH, I want to thank you for your ongoing support of the Society. The Society is here to represent and support you in your interest in Clinical Hypnosis. Without you we have no role. Thank you for your loyalty and for maintaining your membership. We look forward to your ongoing support.

As the Secretary/Treasurer over the past three years, I can also confirm that the Society continues to be in a good financial position. Your Board of Directors has taken great care to ensure that the expenditure of funds on your behalf has been handled with diligence and care.

The recent reduction in membership dues rates has resulted in a small increase in membership numbers only. We may not be able to sustain this lower membership fee in the long term unless we can attract new members. The current membership numbers are between 1600 and 1700 with the majority of those being from Australia, Europe and the United States. Please assist us in attracting colleagues who are currently not members of ISH. Encourage them to join ISH not only to support our international collegial relationship but also to maintain our international strength in pursuing the effective and ethical use of clinical hypnosis.

Shortly you will receive the most recent ‘Directory of Members’ of the International Society of Hypnosis on CD-ROM. This directory represents those whose dues we had received at the time of publication. If you are not in the directory this means your membership dues have not been received in the Central Office of ISH. To be included in the next directory ensure you pay the 2001 dues promptly. It is important to note that the membership details published in this directory were as confirmed by you. We sent you details of our records for your comments and corrections. If you did not change things, the directory contains those records as currently recorded in our database.

We are looking forward to one of most exciting International Congresses that our society has ever held. I understand from our German colleagues that up to 1600 registrations are expected for the meeting in Munich in October this year. This is a superb effort and our German colleagues and in particular Burkhart Peter are to be congratulated. The program shows that the meeting will be of the highest standard with over 120 workshops and over 300 papers being presented.

I remind you that the next Congress of the International Society will be held August 2-8, 2003 in Singapore. Singapore is a transport hub for Southeast Asia and easily accessible from all over the world. Flights from the United States, Europe and Australia are frequent. Come and experience this modern, clean and friendly Southeast Asian city. A post-congress workshop will be held on a resort island in Thailand for those of you who need to recover fully from the rigors of the international meeting in Singapore (or was it the shopping?). The post-Congress workshop programme will provide ample opportunity for relaxation and collegial sharing of knowledge.

Robb Stanley, D.Clin.Psych. – Secretary/Treasurer
rstanley@medicine.unimelb.edu.au

FROM THE CENTRAL OFFICE

The beginning of August was quite an exciting time here in the Central Office as the election for the positions of President-Elect and Secretary-Treasurer was closed and votes were counted under the supervision of the ISH auditors, Prof. Graham Burrows, ISH Past-President and from afar Peter B. Bloom, Immediate Past-President and Chairman of the Election Committee. My congratulations go to the winners Karen N. Olness and Robb Stanley.

Even more exciting is the 15th International Congress of Hypnosis in Munich, which will be held just at the time this newsletter is published. It has a fantastic and extensive programme. Looking at the number of registrations it is also going to be a very big meeting, so there will be lots of chances to meet people, exchange ideas and ‘build bridges’ (and hopefully to get a lot of new members for the International Society). I am certainly looking forward to meeting many members there.

At this congress we will also provide information about the host city of the next International Congress in three years time. Singapore is a very colourful and interesting place to visit and should you need to wind down after a week of congress, join us at the post-congress in Thailand, where you can combine workshops and holidays at a beach resort. Isn’t it an enticing thought? Don’t forget that great prizes can be won for early registrations to this 16th International Congress of Hypnosis. (see congress-folder in this newsletter)

You will receive the updated version of the ISH membership CD-ROM soon. The data represents all ISH members who were current by July 15, 2000. Should you not
have the facilities for using the CD-ROM please let me know, and I will send you a hard copy.

Finally let me remind you that you are very welcome to ‘use’ the Central Office for any queries you might have in regard to the International Society and hypnosis. I am always very happy to bring people from different parts of the world in contact or answer questions.

Simone Pakin – Administrative Assistant, ISH
s.pakin@medicine.unimelb.edu.au

RESULTS OF THE ISH ELECTIONS

On behalf of the Board of Directors, ISH, I am happy to report that the ballots have been counted and audited by PricewaterhouseCoopers and witnessed by Graham D. Burrows, MD, AO, Past President, ISH, in Melbourne on August 10, 2000. 465 ballots were received representing 29% of the current ISH membership of 1611. The following candidates were elected by a clear margin:

- Karen N. Olness, M.D.
  (USA) has been elected President-Elect, ISH, and

  (Australia) has been re-elected Secretary-Treasurer, ISH

Each will begin their service on behalf of the ISH membership at the conclusion of the 15th International Congress of Hypnosis in Munich in October 2000. At this same time Eva Banyai, PhD (Hungary), will take office as President, ISH and Walter Bongartz, PhD (Germany) will become, Immediate Past-President, ISH. All will serve in these capacities until after the meeting in Singapore, 2003.

I would like to take this opportunity to thank the other candidates who stood for the election. Burkhard Peter, PhD (Germany) and Camillo Loriato, M.D. (Italy) for President-Elect, and Eric Vermetten, M.D. (The Netherlands) for Secretary-Treasurer. As in all elections, the membership is honored when Karen, Camillo, Burkhard, Robb and Eric, all highly qualified candidates, support the democratic process in such tangible and personal ways.

I wish to thank the Council of Representatives, the Board of Directors, and above all the Membership for supporting this triennial election with their thoughtful deliberations and participation throughout the entire process. We are certainly a vibrant and vigorous Society.

Hearty congratulations to Karen and Robb.

Peter B. Bloom, M.D. – Chairman, Committee for Nominations and Elections, Immediate Past-President, ISH

INTERVIEW WITH JEFF ZEIG, PH.D.

Milton Erickson Foundation, Phoenix, AZ, July, 2000
Interviewed by Eric Vermetten, M.D.

Above all Dr. Jeff Zeig is founder and director of the Milton Erickson Foundation Inc. in Phoenix, Arizona. He established the Foundation in 1979, shortly before Milton Erickson died. He is also a clinical psychologist in Phoenix and engaged in private practice and consulting. He is President of Zeig, Tucker & Theisen Publishers, a publishing company dedicated to psychological and psychiatric themes. He has edited, co-edited or co-authored fifteen books and five monographs covering Ericksonian psychotherapy, hypnosis, brief therapy and eclectic psychotherapy. His most recent book, the ‘Letters of Milton Erickson’, was edited with Brent Geary. His books have been translated into nine languages.

Jeff Zeig is architect and organizer of the Evolution of Psychotherapy and the Brief Therapy Conferences. He organized six International Congresses on Ericksonian Approaches to Hypnosis and Psychotherapy. He is Fellow and Approved Consultant for the American Society of Clinical Hypnosis, and Fellow of the American Psychological Association. He is a globetrotter, who has taught in more than 35 countries. His biography can be found at www.zeitgucker.com/jkzeig.htm

Jeff Zeig is not a scientific psychotherapist. He does not come from the mainstream of the MRI, solution-focused therapy, or the psychobiological schools of thinking. No, he can be considered a true Neo-Ericksonian for he continued Erickson’s work more than most of the others. He joined this mainstream together with Stephen and Carol Lankton, Michael Yapko, and Stephen Gilligan at a moment when Erickson was in the twilight of his career. He has taught Ericksonian psychotherapy, and gave tribute to this man in every possible way. He picked up immediately that this man was an explorer “who worked his way through the jungle of human communication to discover or uncover uncharted aspects of human responsiveness” (cf. Zeig and Geary, 2000). Zeig trained in other forms of therapy, Gestalt, Rogerian therapy, and family therapy.

I met Jeff Zeig after some e-mail correspondence. A previous time I wanted to go to Phoenix, the flight had been cancelled because the temperature had reached a critical limit of 125F, a temperature where it is unsafe for some planes to land. This time it was slightly cooler, the temperature remained just a few degrees under this critical zone! My plane landed and I rented a car with A/C. Phoenix is a boomtown, the sixth largest city in the US, with 1.6 million inhabitants. In summer perhaps more than half of them leave because of the temperatures, the city changes from boom to ghost. It is a city in the desert. There is literally nothing close. Los Angeles is about 8 hours by car, same for Las Vegas; Tucson is a pretty fast growing town about three hours south; four hours north is the Grand Canyon and just before that you pass through Sedona. Phoenix is much larger than one would think: 35 miles long and 50 miles wide, surface an area of 475.00 square miles – larger than Los Angeles. With an average temperature of 72F and 212 average days of sunshine one is sure to live well there. No wonder it is nicknamed ‘The Valley of the Sun’. It has 27 public swimming pools and 1112 sworn firefighters.
So there I was in the heat, well prepared for my first trip as a third generation, or maybe fourth generation ‘students’. Part of the trip was also an invitation to meet Mrs. Erickson. I was somewhat nervous and intimidated; would I be disappointed, or would I find some enthusiasm that was reminiscent of a weighty and important era in the history of hypnosis?

The Milton Erickson Foundation is located just outside the heart of Phoenix, a one story building along a busy avenue. Three buildings next to each other make up the MEF. From the outside it reminded me of the MRI Institute in Palo Alto, where Don Jackson, Paul Watlzwicket and Richard Fisch worked. Though I had met Jeff Zeig before, I was nervous and had some flashbacks of my first readings of the ‘Hypnotic Realities’ while I was a medical student. At that time, I had no idea who Erickson was, but liked the fifth chapter much that I read it over and over. The managing director of the Evolution Conferences showed me around: no big training facilities and modest offices with lots of reminiscences of Erickson in the form of pictures and other memorabilia, e.g. a famous photo where Gregory Bateson and Milton Erickson sat together. When Jeff came in his first remark when he saw me was somewhat embarrassing, but broke the ice, if there was any “what a nice guy this Eric is, Linda, we should sell the Erickson Foundation to him.” I soon learned that there had been a tragedy, since for the second time in three days there had been a robbery, the second of the three buildings of the Foundation had been broken into, and several items had disappeared. After some speculations about the whereabouts of this and after appropriate action was taken Jeff Zeig and I sat down.

Jeff’s office was well organized. A large bust of Milton Erickson immediately caught my eye. I had planned not to start my interview about Erickson, my purpose was to meet the man behind this enormous movement. A difficult task, impossible maybe. So few really met Erickson, and the majority of enthusiastic students and therapists, have been motivated by the careful, descriptive work of especially Jeff Zeig, Jay Haley and Ernest Rossi.

I had planned not to talk about Erickson as long as I could, but already when we talked about Jeff’s college period in Michigan, I heard that Erickson had also been in Michigan in 1954. He was the director of research at the Eloise Hospital. Erickson had also been on the faculty of Michigan State University, which was where Jeff did his undergraduate training years later. Let me pick up on the interview at this point and run it as a conversation that unfolds very much like a multitude of stories:

JZ: (...) However, Erickson was there (at MSU) more than a bit before I was, so I did not know anything about Erickson during my undergraduate years. I had never heard about him. It was only in 1970 that I had some peripheral contact with Erickson because I met one of his daughters, Roxann, who happened to be a friend of my cousin, Ellen. They were together in Mexico on a college archeological or anthropological expedition. In 1970 or there about I was visiting San Francisco. And Roxie and Ellen and myself and my friend Paul went out together. I remember in retrospect that my cousin pulled me aside and said: “Roxie’s father is a famous psychiatrist.” And I answered: “Well, I won’t hold that against her”, because I really wasn’t interested in psychiatry at the time.

I started working in the psychotherapy field in about 1968. I was part of a group that started a crisis intervention center called ‘The Listening Ear’, which still exists today. It was a 24-hour call in service. I was very active in student politics and I had established a drug education committee at Michigan State University. My drug education committee merged with two other groups and worked together to establish the Listening Ear. We were trained to staff telephones and help people in crisis. It was at that time that I learned empathic listening skills. It opened up a new world. Previously I hadn’t been so psychologically minded. When I started to get training in Rogerian skills, I became really interested in psychotherapy as a profession.

After I graduated from Michigan State I took a job working as a psychiatric technician in a hospital. I worked from 1969 to 1970 with psychotic patients. And then, when I moved to California where I also worked with psychotic patients. Although, when I moved to California, I really moved there to work with Joan Baez’s Institute for the Study of Non-Violence. This was 1970 and part of 1971.

EV: These were the years of the anti-Vietnam movement

JZ: Yes. The Institute was a non-violent political organization. I moved to California with Ellyn Bader. She subsequently has written books on Couples Therapy. Ellyn was at Michigan State and she was also connected to the 'Listening Ear'. She was the girlfriend of a dear friend of mine. And also, Stephen Lankton was at Michigan State. I met Stephen probably in 1970 as part of 'The Listening Ear' because he became one of the councillors there. We have been friends ever since.

EV: Can we go back a little bit? Initially when I prepared the interview I thought I want to leave Erickson out of it as long as I can, because I wanted to get to know the man behind the Foundation. Let’s go back a little bit more. One of the questions: who is Jeff Zeig? May I ask you that?

JZ: Sure, but I was hoping you would tell me. I haven’t known myself for 52 years and I am not likely to find out right now.

EV: Let’s start traditional, from birth on, all right?

JZ: I was born in New York on November 6, 1947. I went to public school and in high school I started doing organizing. I have two younger sisters. One sister is three years younger, one sister is nine years younger. My father, when I was growing up, worked for the post office. He delivered mail in New York City. Then we moved to Long Island and my father delivered mail on Long Island. My mother was a stay-at-home mother and eventually worked as a bookkeeper. Neither of my parents had any college education. I think only one cousin proceeded me in going to college.

EV: Where does your family originate?

JZ: My grandparents were from Poland. Zeig was actually spelled Cag. In Polish caig is a kind of peasant’s coat, a cloth from the country. My father’s side was from Poland. My grandparents were basically illiterate. When the immigration officials asked: “What’s your name?” they said “Zeig”, which is the Polish pronunciation, and they wrote down Zeig. And so that’s the name.

EV: Is there a Jewish connection?

JZ: Yes, from the Warsaw ghetto. My grandparents came over around World War I. My uncle was born in Poland, my aunt and my father were born in the United States. My
mother’s parents were from Russia, from the Ukraine. They came over at around the same time. My parents are alive. They are living in Florida, in the West Palm Beach area. They came to every conference that the Erickson Foundation has organized, since 1980. They are the official conference parents.

EV: How did you get interested in emotional processes as you just described before. Put differently, when you were growing up, what was your outlook on life?

When I was in high school I volunteered and worked with emotionally disturbed children on Saturdays. I can still remember vividly. I was working with one little boy who was autistic. He was pretty close to my age and I was helping him with a puzzle. The puzzle was fruit. There was a big apple, and you had to put it into the apple shape and a big banana that you had to put into a banana shape. It was a puzzle that a four-year-old could do. But this young boy, who must have been about 13, could not do it and he could not connect with me either. I was helping him and suddenly he stood up and started hitting his head into the wall in an autistic rage. I was shocked, because I had never seen this kind of behavior before. It started a fascination with psychotherapy and psychiatry.

Then I worked with volunteer organizations when I was in high school. I volunteered my time working for the Key Club. The Key Club was an offshoot of a service organization that did good things in the community. I was its president when I was in high school. So my organizational leanings were apparent in high school. When I went to college I then majored in extracurricular activities. Probably in the yearbook of 1969 at Michigan State University I had more extracurricular activities than anyone else who graduated that year because I was so active in student government. I was a member of the student governing board, I was doing many, many activities, organizationally.

After I graduated I engaged in political organizing. I supported myself working at an inpatient facility in Mountain View, California. I worked with psychiatric patients as a psychiatric technician. I applied to San Francisco State University for their masters program in Clinical Psychology. I got accepted in 1971 and got my masters degree in 1973. While I was at San Francisco State University I worked setting up a crisis center similar to ‘The Listening Ear’. I was the director of a crisis center in Redwood City, which is how I supported myself while doing part of my graduate school training. Then I did some of my internship with psychiatric inpatients again. I was interested in schizophrenia very early. When I first started working as a psychiatric technician in 1969 I developed a love affair with schizophrenia.

In about 1972 Eric Greenleaf came to San Francisco State University and did a lecture on hypnosis, active imagination, and Jungian therapy. I and a couple of other students were really fascinated with his work. So we invented a seminar outside of the classroom where we hired Eric to teach us about hypnosis and about his work with active imagination. My initial introduction to hypnosis was through a psychiatrist who was my supervisor, Charles O’Connor. I was working with inpatients in my second year of my masters program and wanted to continue my work with psychotic patients. I asked Charlie O’Connor to teach me something about hypnosis. He offered to hypnotize me and I said: “That would be fascinating.” We met on a Saturday I think. I was nervous because I had never been hypnotized before. Charlie started the induction and unconsciously I must have been drumming my fingers on the chair and he said to me:

“Drum your fingers faster.” And so I started drumming my fingers faster. Then he said: “Watch as your fingers start to slow down.” And so I started to go into a trance. And that was my introduction to hypnosis and my first introduction to utilization. Then I asked: “Charlie, tell me how do I learn about hypnosis?” And he said: “Read Erickson.” I said: “Who?” He said: “Read Milton Erickson.” And I said: “Well, what’s available?” He said: “There is only one book, which is ‘Advanced Techniques of Hypnosis and Therapy.’” So I hunted out a copy of ‘Advanced Techniques of Hypnosis and Therapy’ and I started reading it. This was in the second year of my masters program at San Francisco State. I was fascinated with what Erickson was doing. It was just so riveting that anybody would think so uniquely and creatively and effectively about psychotherapy. And then I met Eric Greenleaf and started taking the class with Eric.

I wrote a paper on using hypnosis in therapy, utilizing techniques to cure schizophrenia with auditory hallucinations. That was my second published paper and the first paper that I published on hypnosis. Before it was published, after it was accepted, I wrote to my cousin Ellen who was studying nursing in Tucson, I had been living in the San Francisco Bay Area at the time: “Ellen, I just started studying about hypnosis. If you ever go to Phoenix visit Milton Erickson; this is a genius.” I wrote that postcard on a whim. I had no reason to write it. And she wrote me back and said: “Do you remember my old room-mate, Roxanna Erickson?” So I wrote to Erickson and sent a copy of the paper that I wrote about utilization methods with psychotic patients. I asked: “Can I please come and be your student?” “This was at the end of 1973. He wrote me back and said: “No.” He said that he was too old and too ill, he wasn’t taking any students, and that he was retired. But in the letter that was typed by his secretary he must have dictated it—at the end of the letter he said: “When you read my work (presuming that I would) do not pay attention to the pages, to the wording of suggestions. The really important thing is motivation for change and the fact that no human being ever fully knows his own capabilities”. And I was stunned and even to this day I still get a chill. I read the sentence many times, because it seemed so wise. It was shocking to me that this genius would be writing a letter and personalizing it to an admiring student. So I must have written him back and said: “I don’t care if I can be your student, can I just visit you?” And he agreed.

In November of 1973 I made my first visit to Phoenix. Erickson was not that well known. ‘Uncommon Therapy’ came out in 1973. Somehow I learned that it came out. And so at the end of ‘73 I special ordered from the bookstore a copy of ‘Uncommon Therapy’. I picked up my copy and drove to Phoenix to visit Erickson. I stopped on the way in Newport Beach because SCEH was having a meeting and Herbert Spiegel was doing the advanced workshop. Rossi happened to be there, so I met Rossi for the first time. Bob Pearson was there. I had met Bob before because I had attended some of the ERH workshops in San Francisco — Education and Research Foundation workshops (the ASCH work component is administered by the Education and Research Foundation of ASCH). I was completely intimidated—I drove from Newport Beach to Phoenix to visit Milton Erickson, I had no idea why I was going there. I knew that he had x-ray eyes and he was going to see through me and understand me better than I understood myself. I drove to Phoenix and was to be Erickson’s houseguest. I read ‘Uncommon Therapy’ on the way. I still have my copy with the notes that I made in the margin about the different
techniques that Erickson used. My intent at that time was to categorize and understand the methods, which were new to me at that time.

You know, Erickson had three careers: His first career was in research. He was the director of research in Eloise. When he came to Phoenix in the late 1940s, he worked at the State Hospital. And then after a year he went into private practice on Cypress Street. His second career was as a clinician. And Erickson's third career was as a teacher. He started teaching seminars in about 1975. Groups came to Phoenix from 1975 to 1980.

EV: So when you came back from Phoenix what was on your mind. You had met this man that meant so much, what had changed for you?

JZ: Well, I thought I might never see him again. He was very old and very ill. I enjoyed the three days that we spent together. I was just mesmerized by him. My encounter is reported in 'Experiencing Erickson'. When I entered his office – and you will see it, because we will go over to the office later – Erickson pushed himself painfully from his wheelchair into his office chair. It was terribly difficult for him to balance his legs, because he had limited use of his legs and arms. So, painfully he pushed himself up from his wheelchair, stood up momentarily and flipped back into his office chair. You could see the pain that this action cost. Then he started to talk with me about therapy and about enjoying life. It was just so amazing that he was spending his precious time and the few precious hours that he seemed to have left trying to help me be a better Jeff Zeig and to enjoy life more. He encountered his pain, encountered his limitations and laughed from moment to moment in spite of all of this pain and in spite of all of those limitations and struggled to be the very best Milton Erickson could be. It made me want to be the best Jeff Zeig I could possibly be. I just wanted to hang around with him because I truly felt like I was watching someone who, moment to moment, was mastering his life. And then I stopped caring about the technical comments that I had made in 'Uncommon Therapy'. I just wanted to watch how he lived because he was just so interesting and so happy and glad to be alive, in spite of, or because of, all of the limitations and pain. That aura of being glad to be alive permeated the atmosphere. The second day of that was there I remember I said to him: "Dr Erickson, you are the most impressive human being that I have ever encountered." To which he instantaneously replied: "I am just another old bozo along the path of life." He didn't want to be on a pedestal; he didn't want to be made a marvel.

I was there for Erickson's 72nd birthday. It was interesting the way he introduced his birthday to me. He came into the room on December 5th of 1973 and he began by saying, that he was lecturing in New Orleans: he went to a restaurant and ordered two dozen oysters. When the waiter came back with the two dozen oysters, he said: "Bring a third dozen." The waiter was incredulous. But after he finished the third dozen, he had a fourth dozen. After he finished the fourth dozen, he had a fifth dozen. He said to the waiter: "Sixty oysters for sixty birthdays." I replied: "Happy birthday, Dr Erickson." He told me that day was his birthday by telling me an anecdote. Then for the rest of his life I sent him oysters on his birthday.

Shortly after I went back to California, I got an invitation to Erickson's youngest daughter's wedding. I was shocked because it was in Erickson's home, a small family wedding! I believe that was in February, just a few months later in 1974. I couldn't understand why I was invited? Of course I went back. I flew back this time. Mrs. Erickson would come to the airport and pick me up. I slept on the couch in Erickson's office. I think, because I did not have any money. Even the taxi fare from the airport to Erickson's home was a burden, so Mrs. Erickson would come to the airport and pick me up. In retrospect I realized that it was like a way of re-parenting, you were 'adopted' into the Erickson's family.

I became hooked. I returned to Phoenix regularly until 1978 when I moved to Phoenix. During that time I went to Georgia State University in Atlanta (from 1974 to 1976) and studied Gestalt Therapy. Still to this day I use things on a regular, daily basis in my practice that I learned from Transactional Analysis, when studying with Joen Fagan and Irma Shepherd. I became interested in family therapy when I was training in Transactional Analysis with the Gouldings and I developed a love affair with Carl Whitaker. When I was at San Francisco State University, Whitaker did a workshop in the Bay Area. I didn't have any money, so I worked as a student volunteer. I ran the camera while Whitaker saw families. And Whitaker came up to me after the conference, looked at me, and thanked me for helping. It was shocking, it was an eerie, personalized encounter that I never forgot.

So in 1978 I decided that I would organize a conference to commemorate Erickson, because he was my mentor and he trained me for free. He put a lot of time into me and I wanted him to have one more opportunity to see his friends. So I scheduled the First International Conference on Ericksonian Approaches. Hypnosis and Psychotherapy to coincide with what would have been Dr. Erickson's 79th birthday. I presented him the idea in March and finally in June he agreed that I could do the congress. So I typed an invitation letter from Erickson to his colleagues. My soon to be wife, Sherron Peters, typed at the State Hospital, where I was working, some 60 invitation letters. Each one was typed individually. People agreed to come. Haley was the keynote speaker and Erickson was the featured speaker. I invited Bateson, but he did not respond. We had to go to press with the brochure, so I called him and said: "We are having a conference, to celebrate Erickson. Would you come and give a keynote speech?" And he said: "No, I can't, I am too old, I have cancer." We talked for a little bit and he finally said: "O.K., I'll do it." I was overjoyed and said: "We are going to press with the brochure. Can you tell me the title of your speech?" And off the top of his head he said: "Call it: Science or Power." I was stunned. That was such a great title for a keynote speech to describe Erickson's work – Science or Power. I used that title when I gave an invited address last year to Division 30 at the American Psychological Association.

Some nine months before the congress Erickson died. He got some of the gift because 750 people were registered for the conference, and 750 people had not been to a hypnosis conference before to my knowledge. Four months before the meeting Bateson died. More people cancelled when Bateson died than cancelled when Erickson died. Still 2000 people came to the first congress, making it the largest meeting ever held on the topic of hypnosis, I think, to this day. I called Whitaker and said: "Carl, Bateson has died, Erickson has died, would you give the keynote speech?" He said: "What, are you crazy?"
But he liked Bateson the way I liked Erickson, so he came and presented a brilliant keynote speech, which I have read and reread many times. It is published in The Proceedings.

We needed a financial arm to administer the conference. That's when we established the Erickson Foundation. So the Foundation was established with myself, Sherron, Mrs. Erickson and Dr. Erickson as the Board of Directors. Sherron and I married immediately after the congress. And when Erickson died, Kristina, who is a phystician in Tucson took over on the Board of Directors, where she served a number of years. Roxanna is now on the Board of Directors and Mrs. Erickson continues to serve. On the Board of Directors are also myself, Camilllo Loriedo, Bernhard Trenkle, and also Chuck Theisen.

EV: All right, let’s go back again. These are interesting historical anecdotes. Listening to you I wonder how all these choices fit together, and what connections and dynamics were involved in all this, how for instance you started working with emotionally disturbed children, and how you later turned to these charismatic people and became an organizer and therapist.

JZ: My mother has always been a great believer in psychotherapy. She was in therapy when I was growing up, which was very unusual then, because there was a stigma associated with being in therapy. She is a psychologically minded person. She enjoys reading about psychological issues. She gave me an opportunity to be in therapy, when I was about 13. I was in group therapy for a few months. I remember the therapist was not very good. I thought that if I ever was a therapist that I would be much better and understand how to relate to people.

The connection? There has always been a psychologically minded theme in my family and also an altruistic theme, of being of service. And, I have always had some organizational abilities.

EV: You started the Evolution of Psychotherapy conferences, first in 1985. You started to bring together people who invented psychotherapy, who have had and some still have to the present day such a major impact in the way we think about and treat mental disorders. Where did you get the idea from?

JZ: I hatched the idea of the Evolution of Psychotherapy Conference years before I actually organized the first Evolution Conference, which was 1985. It must have been 1983 that we sent out the invitations for the conference in 1985. We sent them out two years in advance. I invited Carl Rogers and Carl Whitaker and Virginia Satir and Murray Bowen and R.D. Laing and Bob Gaulding and Joseph Wolpe and Rollo May – I am just naming the people who are deceased. A total of 26 major contributors came to Phoenix in 1985 in December for The Evolution of Psychotherapy. The idea was to bring together disparate schools and have leaders discuss the commonalities that underlie their clinical work.

I remember, at the Hyatt here in Phoenix in my suite, I had the pre-conference faculty meeting. I watched as 83-year old Carl Rogers went over to the then 78-years old Joseph Wolpe and said to him: “I guess we never met before.” And Wolpe said: “I guess we haven’t.” I watched as the leader of behavior therapy and one of the most famous psychologists in history met for the first time, which gives you some idea of how far the field has come since 1985. The Evolution of Psychotherapy conference was sold out in September at Labor Day. In December 7200 people came. I don’t know how many people would have come if we had left it open. We used 19 hotels and an elaborate bus system to get people to the convention center. It was the biggest conference held in Arizona that year. So that established the Erickson Foundation as not only teaching about Erickson but as an organization that is interested in effective psychotherapy. Subsequently I organized the first multidisciplinary Brief Therapy conference. So the Foundation has supported itself very unusually. We don’t have a membership base, we are not a membership organization, people can’t belong to the Milton Erickson Foundation, and they don’t pay dues. We have a newsletter. We send it out three times a year to 13,000 people around the world. It is sent free in the U.S. We ask for donations of $20 a year from foreign subscribers, which basically pays for the postage and printing. We have supported ourselves by organizing conferences. Most organizations hope that their annual meeting breaks even and they support themselves by their membership dues.

EV: Again, with respect, why do you do all this?

JZ: Why do I do it? Well, originally, financially, it was to endow the Erickson Foundation into perpetuity. We have a very important archive of Erickson. It is an im-portant legacy historically in the field of psychotherapy. We also have an incredible archive from the Evolution Conferences. Another reason was to help therapists. We have a terrible job, a difficult job, which is to help patients with their personal struggles. Part of my work is to inspire, motivate, and train psychotherapists. I taught psychotherapy in some 35 different countries and I continue to travel on a regular basis to teach. I have a corpus of knowledge about Erickson that I want to make known to the world.

EV: There are so many different interpretations and styles in Erickson’s work, or in the work that others, you too, have written. What is your take on that?

JZ: I think Erickson was very good at spawning intellectual heirs. Experts from very different facets of psychotherapy came to Erickson. Certainly one of Erickson’s prime intellectual heirs is Rossi. Steven Gilligan, Steven Lanyon, Carolyn Lanyon and lots of other intellectual heirs studied and taught about Erickson. Many of them have developed their own unique style. I have stayed true to Erickson. I have not developed my own school of psychotherapy and do not plan to do so. I still find so many interesting things in Erickson, different ways of thinking, of doing psychotherapy. So I don’t fashion myself as an inventor. I have my own style, my own way of teaching, and my own spin on things. I don’t have the drive that Erickson had to do self-development. He was so remarkably dedicated to training himself, to develop his perceptiveness, developing his abilities to communicate on multiple levels.
EV: How do you see your career in 10 years or more, e.g. you recently started a publishing company. You have different jobs, different positions, where are you going?

JZ: The number of jobs that I do: One is that I do practice. I see a limited number of patients now, maybe 10 a week. I enjoy doing private practice very much, so I will always continue to do that. I see individuals, children, and families. I especially enjoy seeing families, like doing systemic work. I see people who want to stop smoking and I see people with more severe personality disorders. I have to limit my practice because I travel so much. A second facet of my work is that I travel and teach. I am on the road twice in any given month. The third aspect of my job is being the director and the founder of the Milton Erickson Foundation. What we do primarily here is organizing conferences, although we also have an intensive training program on site. People come from around the world to study one week of fundamental, one week of intermediate, and one week of advanced hypnosis. My other job is that I am the founder of a publishing company Zieg, Tucker & Theisen. My publishing company has published about 25 books and 30 videotapes. It's a generic publishing company in psychotherapy.

I am curious about what works in therapy. I am interested in learning the different twists and turns people have on what psychotherapy should be about.

EV: What are your criterion for meeting all these people, people who have moved the field along. You have spoken to them, have you contacted them, are they any commonalities in these people?

JZ: Most of these people are remarkably passionate. I remember having dinner with James Masterson. He was talking about working with a very low-level borderline patient. The patient had a dream, something like climbing a mountain. And Masterson was passionate about the patient's accomplishment. When you consider the psychodynamics of a borderline personality, activation is a problem. And this man finally activated, although the minimal activation was a dream of climbing a mountain. But it meant activation. Masterson was just so passionate about the patient's ability that I was infected by his passion. In the same way, Wolpe was tremendously passionate about desensitization and Behavior Therapy. Minuchin is tremendously passionate about the drama of human systems. Satir was tremendously passionate about contact. All these people infused their therapy, their lives, and their students with a particular passion that was really unique.

EV: Is passion the essence in teaching?

JZ: That's one of the facets. It is underlying across the spectrum of some of the masters whose work has influenced the development of psychotherapy in the 21st century.

EV: Let's shift to another topic: Managed Care and Psychotherapy. What do you see happening here?

JZ: I am glad that I lived part of my professional career in a heyday of psychotherapeutic creativity. My take on Managed Care is 'L.C.D.', practice by 'lowest common denominator'. So therapists are being relegated to the role of technicians. You make an assessment, you find a protocol to work with that diagnostic category, you apply the protocol and you have only so much time to do it. Managed Care is not conducive to the kind of therapy that I enjoy, which is very much individually based and can't be turned into a rigorous protocol. Lucky I don't have to practice in Managed Care.

EV: A lot of people have to. The whole field seems to struggle with the impact of this. As a spokesperson for the movement of the field how do you address this?

JZ: Well, I don't see that we have much ability to nudge that lumbering dinosaur off its path. Fortunately psychotherapy is not in danger of extinction although the field has become more bureaucratized. I can't see that the pendulum will swing back. I think that the role of the technician will become more and more important in therapy. I fashion myself more as an artist. I am interested in developing what I can develop in the moment.

EV: Power over Science?

JZ: I am not very oriented towards a scientific psychotherapy. I am much more interested in the art of psychotherapy. You can develop a psychotherapy from many different fountains. You can develop a psychotherapy out of a theory of personality. You can develop psychotherapy out of research. You can develop psychotherapy out of a philosophy. You can develop it out of an existential position. You can develop psychotherapy out of a morality, for example as has Thomas Szasz.

EV: As everybody does I started spending some time trying to understand capture what hypnosis is about by trying to define it. I wanted to have a perspective and wanted to understand what the object was and what it is not, before I could move on, trying to define it: Is it a state of consciousness or not? Erickson defined hypnosis so differently from the others, as a 'communication of ideas'. Let me say that this is an interlude to the question where is this field of hypnosis going to? You are sort of the third generation or so?

JZ: Second. Because Kay Thompson and Jay Haley were first generation students. Erickson was a dominating figure. Even in the 50-ies, 60-ies he dominated the field of hypnosis. There is no dominating figure that currently exists who is adding concepts or further developing old ones. The field of hypnosis has been somewhat stagnant. Many times there is a singular figure who drags the field with him. I don't see that in the world right now. There is always going to be some interest in hypnosis. It just awaits some new impetus.

EV: Where do you see new movements occurring? Brazil, Italy, Austria, Mexico, Germany to name just a few countries?

JZ: The Milton Erickson Society in Germany is very strong. It is one year older than the Milton Erickson Foundation. It is obvious from the wealth of research and clinical reports that the field of hypnosis keeps on evolving. Now, how does it change? Well, I can remember back 25 years about the way in which demonstrations were done in hypnosis. There was more of a tendency to demonstrate deep trance phenomena, more the tendency to use hypnotic phenomena. I can remember watching William Kroger doing a demonstration of regression in the lobby of a hotel, or Kay Thompson putting a needle through a fold of skin and asking how many drops of blood to bleed. Or Franz Baumann holding out a microphone to an asthmatic child and asking the child to imagine floating up in the air on a plane and flying down through a field of hay and trying to listen for bronchial signs of asthma. Now I don't see so much of the development of deep trance phenomena.
Just to diverge a bit: Erickson was fluid in his definitions of hypnosis. He didn’t just define hypnosis as being the elicitation or the communication of ideas. He defined hypnosis sometimes as being the warmth of one person stimulated by the warmth of another. He defined hypnosis sometimes as a tool, sometimes as a state of focused attention. He seemed to have many different lenses that he used to examine hypnosis. And he didn’t seem to feel dogmatic about choosing one particular lens to define hypnosis.

EV: When you are talking to therapists, do you sense that they in general are becoming more defensive, e.g. informed consents? Are they more careful in throwing in challenging ‘creative’ concepts? Are they playing safe and are they afraid of being sued? Erickson unbuttoned a blouse of a female in the presence of her husband, had a boy urinate through a sort of ring or round piece of metal. He would have some opposition in this era. So many in the US are being sued for malpractice, we need to use evidence based strategies, practice therapies that are proven and predictable.

JZ: In the USA we have a very litigious society. When I started – I got licensed as a psychologist in 1978 – my malpractice insurance was a couple of hundred dollars, if it was even that much. But now it has grown because psychotherapists have been successfully sued for malpractice. At our conferences we have panels on ethics. I always put myself as one of the speakers on the ethics panel. I am very interested in professional ethics. I wrote one book about ethics in hypnosis. Modern practitioners are being pressured to practice a standard of care. And the standard of care may be a protocol for a specified DSM entity. I don’t tend to think in terms of DSM entities and I don’t tend to think about protocols for specific patients. I try to individualize my therapy.

We stopped the interview here, had lunch, drove in his A/C car, and kept talking about things I did not address. I came back to the office to watch some videos, not about Erickson, but about Jeff Zeig. He is a fascinating man. No academia for him, no research studies, all ‘powerful encounters’, each and every one different and always new. I tried looking behind, to put the finger on the dynamics that could explain his efforts.

Jeff Zeig is a wonderful storyteller and knows to attract your attention. He is a man who deserves a huge amount of credit for continuing constructing the framework of the Erickson Foundation. He is an individualist, yet brings together so many people. He has never gotten tired of it. I could tell the last question of the interview was somewhat bothersome one, you can’t read it between the lines, but it is. I had not addressed other delicate or same-sort-of-issues, and decided not to address them. He did not want to be bothered. He wants to move forward in an opportunist way. He has a good right to do so. The Gods were not with us these days: first there was the burglary at MHE, when I visited his house there happened to be a water leak, and the camera that I borrowed, broke when I was at the Grand Canyon. So next interviewees, be aware! All the rest went fine. Did I climb Squaw Peak? No, I did not. I imagined the climb would be hard, but the view magnificent. But at 115F it is better to stay inside as much as you can. If not for the videos of the Evolution Conferences that I did not see, I still have another reason to go back.

VISITING MRS. ELIZABETH ERICKSON
1201 E Hayward, Phoenix, AZ, July, 2000
By Eric Vermetten, M.D.

The same day I had interviewed Jeff Zeig, I had the opportunity to go to 1201 E Hayward and visit Mrs. Erickson and one of her children, Robert and his wife. Mrs. Erickson was waiting for me at the door, and appeared in very good health. She is 85 now. She talked for two hours when showing me around. Robert joined when I was given my tour. They did not ask many questions, but told me all about the paintings, the woodwork, the gifts etc. There is an abundance of woodwork in the house. Erickson seemed to like the artistry of a particular tribe of Mexican Indians who carved this wood. It is the hardest wood available, very tough to cut, and yet, wings of birds are carved so delicately that it almost seems impossible that this wood had ever been part of a tree. I was shown the living room, bathroom end even the bedroom.

Mrs. Erickson was born in 1915. She met Erickson after his divorce and married him, a psychiatrist who had three children. They had five more together. Mrs. Erickson sometimes served as a subject, e.g. when Erickson and Margaret Mead looked at the recordings of Balinese Trance Dance, and they needed a good hypnotic subject to give descriptions of the hypnotic elements that could be seen. The Batesons and the Ericksons became good friends later.

Early in the 70-s the family moved to the house where Mrs. Erickson still lives. This house was suited better for modification of bedroom and bathroom so that a wheelchair could be used. It had cost the family a fortune to manage the health of Milton Erickson, with some major hospital admissions, and modifications to the house. I was amazed at the sight of the private practice. It looked as if the next patient could be seen in just a few minutes. The desk was there, the books, the chairs. All translated books were lying proudly on his desk, only Erickson himself was missing. Erickson had received many different gifts and they all come with a story. One funny one: a round resin glass with a variety of bolts, large and small, he received with the question: ‘look at what’s missing?’ The answer had of course a double meaning, for it was the nuts that were missing. So the perfect answer was: ‘No nuts’. Another present was a pillow for Erickson to rest his elbows upon his desk when he was listening. (I had to think of a comparison with the Freud museum in London. Freud also liked these little objects and had been able to collect a vast quantity that was displayed there.) The interior decoration was modest. Erickson was not a rich and wealthy doctor, and a household with 8 kids is hard to manage financially. He always asked $40, saying he was interested in the life of his patients, not in their shackles. Central in the calming garden was a full-grown version of a Palo Verde, a tree that usually does not get beyond 9 feet. Here it was now approx. 20 feet tall. This tree and other objects were reminiscences of the
multitude of stories that are described in the books of Haley, Rossi and Zeig and others.

It would be very unfortunate if Erickson's practice would be lost. It is very much like a museum. His wife and children are happy to tour you around! I felt somewhat sad, like a voyeur, for the house is still where Mrs. Erickson lives, and because we were talking about her husband, and she is the widow. I also felt I wanted to contribute with admiration, for it were Erickson's ideas, viewpoints and beliefs, which had filled me with fascination through medical school; fascination for the uniqueness of human responsibility and for the powers to unlock mechanisms. Just read page 12 of the 'Letters of Milton Erickson', and see how careful this man was in his observations, descriptions, drawing conclusions, in a letter he wrote to Margaret Mead.

I left two hours later. I had seen more than I anticipated and heard lots of anecdotes. There was no guest book, I opted to get one, because busloads of people have been visiting. There is no entrance fee. All yet to come, perhaps. Just go when it is a little cooler. It's not about how good or bad Erickson was, whether you like him or not, he was a prominent contributor to the way we think about psychotherapy and human behavior. He is justifiably made into a legend by several students and colleagues among whom, anno 2000, Jeff Zeig is still the most prominent carrier.

LETTERS TO THE EDITOR

Letter from Campbell Perry, Ph.D.

In a recent interview, you report David Spiegel, MD, as saying that the FMS Foundation of Philadelphia (FMSFP) consists of "some well-intentioned people who just have a point of view that emphasizes the role of social influence, and I think that some of this false memory crowd aren't well intentioned at all." He added that FMS Foundation's "goal is to bring psychotherapy to a halt."

As a member of the Scientific Advisory Boards of both the FMS Foundation of Philadelphia, and the Australian False Memory Association (AFMA), I take deep exception to these remarks. Readers, however, can judge the matter for themselves, simply by looking at the names of people who are members of the Philadelphia and Australian Advisory Boards. For FMSFP: David Dingee, Fred Frankel, Ernest Hilgard, Robert Karlin, Emily Carota Orme, Martin Orme (now listed as deceased member), Theodore Sarbin and Margaret Singer. For AFMA: Graham Burrows and Robb Stanley.

This is a most unlikely crowd of the ostensibly well-meaning and of the ill-intentioned. Is it possible that 4 Past Presidents of ISH, 1 former Newsletter Editor, and the current Secretary/Treasurer are attempting to sabotage all clinical practice? I do not know why any of these colleagues (many of whom are highly respected clinicians) support the FMSF, because I have not asked them. I know why I do.

Many of the false accusations of childhood sexual abuse that have surfaced in recent years stem from the belief of certain (often self-styled) therapists that all psychic malfunctions, from abulia to zoophilia, are the result of repressed incest memories; often, they employ hypnosis to "recover" such memories. To point this out, as the FMSF does, is not to malign all psychodynamically-oriented clinicians - it is simply to indicate that the clinical (?) approach of such texts as The Courage to Heal is dangerous to some patients. It is, also, a matter of how simplistic beliefs about etiology, masquerading as clinical wisdom, can put innocent people in jail.

Campbell Perry, Ph.D.

Reply to Campbell Perry (from David Spiegel M.D.)

I stand by my comments. Dr. Perry's displeasure notwithstanding. He provides a list of FMSF Advisory Board members whom I did and would characterize as "well-intentioned". However, another member of that same Board, Ralph Underwager, resigned after publishing an article that characterized pedophilia as a "choice". Furthermore, by definition the Scientific Advisory Board of the general membership of the FMSF.

Organizations devoted to political action with similar names and membership to the FMSF have put forward legislation in many states to require the signing of a consent form detailing supposed 'dangers' of psychotherapy before any psychotherapy begins that would scare many people away from needed therapy and create an unwarranted atmosphere of mistrust among others. Lawsuits conducted by members of the FMSF have had the effect of intimidating therapists, both good and bad, dissuading them from treating patients who report histories of sexual and physical abuse.

There are a million reported cases of sexual and physical abuse of children in the United States every year, and an estimated 3-4 million occur. The vast majority of perpetrators of this terrible damage to children escape accusation, let alone punishment. Millions of true memories of abuse go unreported or unbelieved. Furthermore, for every false memory of abuse that did not occur, there must also be false memories that abuse did not occur when it did. While there is injustice in any false accusation and conviction, there is also injustice in the failure to indict and convict those who torment children, and in making it difficult for abuse victims to obtain needed treatment.

David Spiegel, M.D.
ECHOES FROM THE PAST

About the early evolution of hypnosis and psychotherapy, Munich 1775. Part III:

Franz Anton Mesmer gives his opinion against Father Gassner and is paid the honour of membership in the Bavarian Academy of Sciences in Munich).

Burkhard Peter, Ph.D., D.Psych.

For those of you who did not or could not attend the 15th International Congress of Hypnosis, October 2 – 7 in Munich, here is the last part of the story.

The first part of the episode about the Ludwig-Maximilian-University (LMU) in Munich and its connection to hypnosis described the Father of Hypnosis, Franz Anton Mesmer. He studied in Munich and graduated with a PhD. In 1759 he went to Vienna for further studies in medicine. There he developed his system of the ‘Animal Magnetism’.

The second part told of a rather unbelievable story about four professors of the Munich University (today’s LMU). Of all people, these four professors investigated Father Gassner’s exorcism and were enthusiastic about it. Their written records became public and this raised the suspicion that the university, ex officio, approved of Gassner’s healing methods. The enlightened Bavarian Elector Max III. Joseph could not tolerate this situation. There was a reprimand, a clarification and the matter was settled.

This latest episode continues to deal with the events of the year 1775 in Munich - the dispute about Father Gassner’s exorcism. With the help of Franz Anton Mesmer, an end was put to the medieval doings of Gassner’s exorcising the devil, which meant a breakthrough for the Enlightenment. Ellenberger (1985, p. 33) sees this as the start of modern psychotherapy...

In 1775 the father of modern hypnosis, Franz Anton Mesmer, was urgently called to Munich, to the Bavarian Academy of Sciences, to give his expert opinion about the theory and practices of the exorcist Johann Joseph Gassner. According to Ellenberger (1970, p. 33) this is the beginning of modern psychotherapy. Who was this Father Gassner?

Johann Joseph Gassner was the parish priest at Klosterle, a small village deep in the Austrian Alps (behind the Arlberg seen from Munich) which at that time belonged, for a short time, to the diocese of Chur in Switzerland. In 1760 he became severely ill with headache combined with nausea and vertigo. These symptoms showed mainly whilst doing his duties as a priest - today one would most probably diagnose an aequlesicogenic neuritis with the manifest symptom of a migraine - and these symptoms resisted adamantly every treatment with conventional medicine. So he prayed to God fervently. One day he happened to pick up a book that dealt with exorcism. With the idea, that his illness would not have a natural cause, he used exorcism on himself and was actually successful after prolonged efforts.

To be sure that it really was Satan who was involved and not an ordinary ‘natural’ cause, he commanded the devil in the name of Jesus to produce the symptoms again. They promptly reappeared and with the help of the exorcism-formula, Gassner ‘freed’ himself again. When he was certain of his method, he used it on the people of his parish and was just as successful. He became famous. He commenced travelling as the ‘miracle man of God’ through what is today Vorarlberg (the most western Austrian state) towards Lake Constance.

In 1774 he started to carry out his miraculous healings in Meersburg – Mesmer’s last home and place of death (1815) – until Anton Ignaz Graf von Fugger, Bishop of Regensburg, invited him to continue his exorcising in Ellwangen in the Allgäu. This happened from October/November 1774 onwards. Soon daily up to 1500 sick people and curious onlookers came – more than twenty thousand until April 1775. A hustle and bustle developed that, before long, became too much for most of the enlightened ecclesiastical and especially also worldly dignitaries. The medical profession considered itself in danger. Even the ‘Curtariischen Intelligenzblätter’ (a Bavarian paper) wrote: ‘Good night, physicians, if it is now possible to be healed through exorcism’ (12.11.1774).

At the beginning of 1775, Franz Anton Mesmer, who graduated in medicine in Vienna in 1776, had sent his theories about the Animal Magnetism (Mesmer, 1775) to the scientific academies in Paris, Berlin and Munich. From Berlin he received a disapproving answer and from Paris he got no answer at all. But the Munich academicians reacted promptly. In 1775 the Bavarian Elector Maximilian III. Joseph and the Munich Academy of Sciences invited Mesmer to come to Munich, to demonstrate his method, to describe his theory and to give his opinion on Gassner’s exorcism. “On returning to Vienna towards the end of 1775, I passed through Munich, where his Highness, the Elector of Bavaria, was so kind as to consult me on this subject, asking me whether I could account for these pretended miracles [of Gassner]. Before his eyes I carried out some experiments that removed any prejudices he may have had and left him in no doubt as to the truth I had spoken.” (Mesmer, 1779, p. 46) Mesmer said about Gassner, that he was honest – “a man of good faith but of excessive zeal” – and therapeutically so successful, because he was healing with the help of the same Animal Magnetism that he, Mesmer, had just discovered. “My experience told me at once that the man in question was nothing but a tool of nature. This was because his profession, assisted by fate, had furnished him with certain natural talismans enabling him to find out the periodic symptoms of maladies without knowing their cause. The end of such paroxysms was held to be a complete cure” (ibid., p. 46). In other words: Gassner’s therapeutic successes are undeniable, still it is just a healing of symptoms and therefore no ‘causal therapy’, because with his theory he would not have been able to realise the actual causes of these illnesses.

Because of Mesmer’s statement before the Bavarian Academy of Sciences in Munich and that of others (there were of course also a lot of other critics), Gassner’s exorcisms were forbidden in Bavaria. – In the meantime Gassner had come from Ellwangen to Regensburg. In Munich he was not permitted entrance in the first place. – Emperor Joseph II. declared a ban on exorcism for the whole Holy Roman Empire of German Nation and in the end Gassner was sent into exile to the little village Ponsdorf on the Danube, where he died in 1778.

Mesmer, on the contrary, was given the honour of membership with the Bavarian Academy of Sciences, which was announced to him in a letter from Secretary Kennedy on November 28, 1775:

“Born of status, well educated, and especially greatly honoured Doctor! The Bavarian Academy of Sciences is delighted to welcome you amongst its members by virtue of
MEASURING THE PERSONAL EXPERIENCES IN TRANCE USING ERICKSONIAN TECHNIQUES
Felipe Vázquez Psych.; Teresa Robles Ph.D.; Maria Escalante D.D.S.

We have news from The Centro Ericksoniano de México. As Ericksonians, we realise how important it is to use scientific methods in order to measure what occurs during therapy. As measurement is a paramount need in the scientific work and therapies must be defined in terms of their aim, scope and effectiveness, we are currently developing an Ericksonian Scale to measure the trance experiences of individuals in therapy and in other human growth experiences. María Escalante and Felipe Vázquez, therapists of the Center, are looking into the heart of the trance experience through the reports of patients after the sessions.

Developing the scale

The face validity was assessed by Ericksonian therapists of the Centro Ericksoniano de México. Change has been an elusive task, María reported. Psychotherapy as the art of change, is based on such different things as rapport, empathy, technical skills and what is called transference and counter transference phenomena. However, psychotherapy also has scientific foundations. Science searches for patterns, laws and prediction. Who is going to benefit? What are the elements needed for such a benefit to take place? What are the therapeutic phenomena present in an effective session? etc. When we think in terms of ‘Ericksonian therapy’ we are referring to basic operative principles as utilisation, tailoring, metaphors, trance symbols and internal resources and learning. As measurement is a need in the scientific work and therapies must be defined in terms of their aim, scope and effectiveness the development of an Ericksonian Scale is an evolutionary step in the identity of therapy as a scientific work.

We all know and believe that Ericksonian therapy works, but it is important to show what we think the mechanisms and processes are, in order to promote those changes more actively.

María Escalante explained that “hypnosis scales have been devoted mainly to measure the level of suggestibility and occasionally to assess the therapist-client interaction. We think it is important to develop psychometric instruments that are ad hoc to evaluate the specific phenomena intended to take place in an Ericksonian session. Based on the ten year experience of the Centro Ericksoniano de México we identified the main components of our work as the work with the unconscious mind inducing dissociation, developing the trance experience including changes in body and time perception. For instance, many times we use the body sensations as a signal that the therapeutic change is taking place. So we pursue to measure not only the trance experience but also the posthypnotic belief in an inner transformation.”

The scale consists of 11 items that cover dissociation experiences, changes in body sensations, change in time perception, sensory changes, progression and regression in time, perceived empathy, belief in change and disposition to action.
The scale is being evaluated with different populations in order to identify levels of experiences and effects of trance inductions. Some sample questions are:

1. I had the feeling that a part of me worked automatically.
   - Strongly agree (5) to completely disagree (1)
2. Time seemed to pass faster or more slowly.
   - Strongly agree (5) to completely disagree (1)
3. My mind went to the past or to the future.
   - Strongly agree (5) to completely disagree (1)
4. I feel something changed inside myself.
   - Strongly agree (5) to completely disagree (1)

The development of the scale anticipates the possibility of exploring responses among different ethnic, gender and cultural backgrounds. In the near future we expect to make it available for everyone interested.

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FUTURE FACES OF HYPNOSIS IN THE 21ST CENTURY

HYPNOSES IS NOT A THERAPY – REVISITED
Edward J. Frischholz, PhD

I would like to comment on the proposals made by Gary Elkins, Giampiero Mosconi, and Robb Stanley in the April issue of this Newsletter.

While I agree with Robb Stanley that there is a conceptual distinction between considering hypnosis as a phenomenon from its potential to be utilized with a variety of different treatment methods, I do not think his operational distinction is valid. All clinical applications of hypnosis have potential therapeutic value regardless of whether they each are used to treat either a symptom, syndrome, or disorder. However, if a scientific study of the various potential clinical application of hypnosis is to proceed beyond the work of Mesmer, we must make some attempt to understand the processes underlying therapeutic change. Gary Elkins claimed that “We use the term ‘hypnotherapy’ and that means something to us: it refers to a particular approach to therapy or methods to facilitate change.” I disagree. As Editor of the American Journal of Clinical Hypnosis for the last six years, I have discouraged potential contributors from using the term ‘hypnotherapy’ much to the chagrin of some of my professional colleagues. My rational for doing so is that I believe the term ‘hypnotherapy’ communicates little or nothing about the nature of the clinical interaction and may sometimes even promote miscommunication (e.g., behavioral therapists adjunctively utilize hypnosis in accordance with principles based on theories of human behavior, which were empirically derived). Likewise, psychoanalytic applications of hypnosis are based on one or another underlying psychodynamic theory of human functioning. To lump both psychodynamic and behavioral approaches under the single term, ‘hypnotherapy’ does not help us in understanding the underlying processes by which these different clinical approaches are working to promote therapeutic change. Also, use of the word ‘hypnotherapy’ implies that these two different approaches to treatment (i.e., psychodynamic and behavioral) have a specious commonality because hypnosis was used in both instances. Yet, this obfuscates the issue that hypnosis was used in a different way to invoke different underlying processes. Therefore, I insisted that all authors clearly describe and specify their unique approach to using hypnosis in order to insure clear communication of their findings and to maximize the probability that others will be able to replicate their results.

I applaud the motivations inherent in Giampiero Mosconi’s letter and acknowledge the work of Walter Borczt in unifying the field of professional hypnosis. However, I believe that this can be done without recognizing ‘hypnotherapy as a form of psychotherapy’. I do not think that we have a way of distinguishing between a hypnotic and a non-hypnotic communication anymore than we can distinguish between a hypnotic-trance state from other types of trance states other than identifying that a hypnotic induction preceded either the communication or a patient’s trance experience. Although a variety of clinical techniques have been proposed and popularized by well-known practitioners of hypnosis, these techniques can also be utilized without any formal hypnosis. For example, an affect bridge, ego strengthening, confusion technique, and/or symptom prescription are all therapeutic techniques that can be used with or without hypnosis. Furthermore, there are many different techniques for promoting ego strengthening, regulating a patient’s
affect, promoting therapeutic confusion, and or making a symptom prescription. We should acknowledge that these different methods for accomplishing the same goal without assuming that they are interchangeable and equally effective. These things can only be demonstrated empirically and I hope our field will move in that direction.

Gary Elkins stated that we have a “…very clear vision and effort to differentiate the professional from the lay hypnotist who practiced ‘hypnosis’…” If both health care professionals, competent in the use of hypnosis, and lay therapists both practice something called “hypnotherapy” how will the public discriminate between the lay therapists or us? I prefer to identify myself as a doctor who has been trained in many different therapeutic applications of hypnosis, rather than a ‘hypnotherapist’.

In order to promote greater unification among our professional colleagues who utilize hypnosis I would recommend that we all work toward developing a consensually validated definition of hypnosis, which can be operationalized for empirical study. I do not think this will be easy, but I do not think this has been easy for other fields as well. For example, Gary Elkins argues that the “accepted definition of psychology is ‘the study of human behavior’.” As a psychologist, I disagree with any definition of psychology that does not also include the study of subjective experience. Likewise, I believe that the empirical study of hypnosis must focus on the various synchronies between a person’s behavior and their corresponding subjective experience. In addition, I am troubled by the lack of emphasis shown by the majority of our colleagues regarding individual differences in hypnotizability. Over the last century, the accumulating empirical evidence has clearly demonstrated that such differences can be reliably measured by a variety of assessment methods, that these differences are stable over decades, and that they have some type of genetic component. Almost every empirical study of hypnosis published in the last forty years has included some measurement of the subject’s level of hypnotizability. In contrast, the majority of clinical studies on the effectiveness of using different psychotherapeutic techniques with hypnotic subjects have not included this kind of data in their methodology. I believe there are a variety of ways of demonstrating the clinical relevance of hypnotizability such as:

- helping the clinician to develop a differential diagnosis of the patient’s pathology;
- selecting what type of treatment strategy can be tailored to maximize the probability of a positive therapeutic outcome;
- to predict the probability of favorable treatment outcome; and
- to identify the patient’s various cognitive strengths and personality traits which can be capitalized upon in developing a treatment strategy.

Efforts toward achieving these types of goals through empirically derived methods are a better way to promote unity among our professional colleagues than to pursue the goal of recognizing ‘hypnotherapy’ as a unique form of psychotherapy.

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NEWS OF FURTHER LEGAL PROCEEDINGS INVOLVING HYPNOSIS

Michael Heap, Ph.D.

I am still involved in legal work relating to hypnosis. In the October 1999 ISH Newsletter I described the case of an obstetrician and gynecologist who was imprisoned after being found guilty of the indecent assault of several patients while he used relaxation and hypnosis. This year a general medical practitioner was given an eight-year prison sentence for a series of sexual misdemeanours with patients going back over 17 years. In preparation for his trial, the accused consulted some experts in hypnosis, including me. He stated that he had used a form of guided fantasy with some of his male patients and afterwards he complained that he accused them to imagine certain sexual fantasies. His defence was that they may have spontaneously fantasised these scenes and attributed them to his instructions. He also claimed that some of the accused had collaborated because of a grudge they held against him. However, he was accused of many other serious instances of sexual exploitation of his patients and the jury was convinced of his guilt. I provided a written statement but I am not sure if it was used in any way.

In Britain in recent years there have been a considerable number of scandals in which adults have accused social workers, teachers, care workers, and so on of sexually abusing them when they were children. Many of these assaults happened in children’s homes and residential schools. Whilst it is gratifying to know that the long arm of the law can reach so far back in time and bring justice to victim and perpetrator alike, some disquiet has been voiced concerning the risks of false convictions on the basis of evidence by individuals who harbour grudges against their former carers. I have been involved in a case in which charges of indecent assault were brought against a teacher by two former pupils. I was asked by the defence to provide an expert witness statement because some of the accusations concerned the use of hypnosis by the defendant. (He was known to practise hypnosis in his spare time.) From the written evidence with which I was provided, my opinion was that some extraordinary and untenable allegations were being made against the defendant. However, he was found guilty and imprisoned for seven years. I was not called to Court because, so I understand, the prosecution did not refer to the accusations concerning hypnosis. Well, that has certainly left me thinking.

I am now involved in an appeal case in which the individual concerned was accused and imprisoned for indecently assaulting young people under his supervision. The accusations were brought by the youngsters themselves and involved the defendant’s use of a relaxation procedure. I understand that the complainants may have had a grudge against this person. He was found guilty and sent to prison for five years. His defence team did not call an expert witness on relaxation techniques and hypnosis. Such a person may have cast strong doubt in the jury’s minds on the credibility of the charges against the accused. He is now appealing against his sentence.

Finally, I am still involved in a civil case involving a stage hypnotist who is being sued for psychological injuries by a participant in one of his shows. This is due to come to trial in December of this year, over six years after the event.

In Issue 3 of Contemporary Hypnosis this year are several papers on the alleged risks and dangers of hypnosis, notably stage hypnosis. A paper by Dr. Graham Waggstaff describes the
LIABILITY FOR DAMAGES FOR AN ACCIDENT DURING STAGE-HYPNOSIS

Sentence by the Lower District Court of Schwabach from 7 July 2000, No 1 C 0300/97

Dr. Herbert Broelmann

Following a complaint from the Health Insurance, on July 7, 2000, a German district court ordered a stage hypnotist to pay the costs of medical treatment and emergency transportation to a participant of a hypnosis show, which he conducted in a discotheque. The hypnotized participant fell – "rigid like a board" – to the ground while the hypnotist was busy with another hypnotized participant. The person suffered head injuries, injuries to the jaw and loosening of teeth. The sentence was based not only on testimonies, but in particular on the expert opinion of M.E.G., prepared by Dr. Burkhard Peter. Decisive arguments of the sentence are:

1. The court established on the grounds of further expert medical opinion, that the fall of the injured person cannot be explained as being caused by an organic mental disorder and/or a mental illness, for example, a psychosis. Also bad circulation as the cause was ruled out.

2. It was established that although the victim may have taken part voluntarily, this does not mean consent to injuries, particularly since the hypnotist had expressed that the participation in the show was harmless.

3. To the question of guilt, it was argued that no overall liability of the stage-hypnotist exists for all the damages, which could occur during his show. However, the hypnotist has a specific duty to protect the people who take part in his show. He is carrying on an occupation as stage-hypnotist, a trade. He is not giving these shows in the interest of the participating people but in his own interest, because it is from this, amongst other things, that he earns his living.

The court then explained: "Hypnosis in general and stage-hypnosis in particular are not harmless. In the literature there is ample evidence of the dangers of hypnosis, which in some countries has led to the prohibition of stage-hypnosis. (see Bärbel and Walter Bongartz, 'Hypnosis', published – in German – by Rowohlt, 1992, pp 89). Not only the risk of psychological trauma and other psychological side-effects are discussed there, but also falls during trance (Echterling, 'Risks of Stage-Hypnosis', published – in German – in 'Hypnose und Kognition', 8/1, pp 33)."

a. In its hearing of evidence from witnesses, the court found that the hypnotist did in fact point out that the participants must be healthy, not under the influence of alcohol, and not suffering from heart or circulatory diseases. But the court has furthermore established that he was also aware of the risk that people who should not take part because of their constitution still do so, by concealing their unsuitability. He consciously tolerated this risk.

b. The hearing of evidence also showed that he had called in an assistant to observe the participants. The assistant was his partner in life. But he was confronted that, in view of the number of participants – 8-10 people at one time – he should have called in a second assistant. At first the participants were hypnotized whilst standing and were given the suggestion that they should let themselves fall when the hypnotist touches them. This way each participant, one after the other, 'fell' into the waiting chairs. In this situation both of them were not able to keep an eye on the other participants and did not notice that the victim suddenly fell forward. Had there been a second assistant this may not have happened.

The hypnotist was also reproached with not lining the hard stone floor with a soft material.

4. It was important to note that the injured person was not held jointly responsible. In this the expert opinion of M.E.G. played a decisive part. Through expert witnesses it was established that the person who fell belonged to those people who should not take part in a stage-hypnosis. That is, the injured person suffered from a personality disorder in the sense of limited resistance with a tendency to affective disorder, which made her unable to judge her suitability to take part in such an event.

It was further argued that also the hypnotist himself was not able to adequately assess the participants' suitability for hypnosis during his performance. The fact that the stage-hypnotist consciously accepts the risk – neither he nor the participants know about previously existing conditions –, in order to earn money with his show, must, in the court's view, lead to the conclusion that he is to blame, if there were insufficient precautionary measures taken. Therefore he is liable for damages.

5. The sentence is not yet final because an appeal was filed with the regional court in Nuremberg, no: 15 S 6792/00

Munich, August 18, 2000

Information by lawyer Dr. Herbert Broelmann, Theresienstr. 40, 80333 Munich, Germany.
QUÉBEC SOCIETY OF HYPNOSIS – SQH
(Société Québécoise d'Hypnose)

We present in this article some information on training and education on hypnosis. The Quebec Society of Hypnosis has offered in the past and continues offering basic training and education to its members. The annual conference, the workshops, some supplementary lectures and written material are the principal means used. Our bulletin L'en transe contains, among other things, scientific articles written by our members or collaborators. We intend to develop this bulletin as an avenue of communication among members, which will allow them to reflect on theoretical and clinical issues.

The S.Q.H. conducted a basic training in the spring 2000. Twelve professionals registered (ideal number). They were dentists, physicians and psychologists. The latter group constituted the majority of the participants. According to our constitution, we train only qualified professionals, members of those three disciplines.

The program consisted of: (a) imparting of information on theoretical issues, measurement of hypnosis and various phenomena such as resistance, transfer and countertransfer, myths and erroneous conceptions of hypnosis, ethical problems and other, (b) demonstration of trance induction and (c) practice sessions.

The content of the workshop totalled up to 30 hours spread out over two weekends, one month apart, in order to allow students to practice between those two sessions. The standards used for this course were those of the I.S.H. and the A.S.C.H.

The S.Q.H. is preparing a program of supervision and an advanced training course on hypnosis.

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BRITISH SOCIETY OF EXPERIMENTAL AND CLINICAL HYPNOSIS – BSECH

BSECH and BSMDH held a very successful joint conference at Dartington Hall Devon. This took place from May 18 – 21. Dr Richard Brown organised an excellent Scientific Programme. The standard was extremely high. Keynote addresses were given by Dr Ed Frischholz and Dr Eva Banyai. This was followed by an entertaining two days of workshops presented by Dr Banyai and the UK’s Dr Peter Fenwick of Consciousness fame.

Another joint meeting is planned for 2001. Watch this space.

As always, BSECH is striving to ensure that hypnosis is recognised both scientifically and clinically. Currently, a number of BSECH Members are involved in a working party to produce a statement for the British Psychological Society.

One problem facing the society is a drop in membership numbers. Recruitment of new members is difficult as professionals face escalating costs in order to maintain essential professional memberships and insurance. Also, there has been a crisis in some of the branch societies and training events have, at times, had to be cancelled due to lack of interest. We wonder if other societies have similar difficulties and would be grateful for any suggestions.

Finally, the BSECH web-site has been revamped and is now worth a look. The address is www.bsech.com.

Phyllis Alden, Hon Secretary BSECH, Dept of Oncology, Derbyshire Royal Infirmary, London Rd, Derby DE1 2QY, England; E-mail phyllis@olden-residence.demon.co.uk

BRITISH SOCIETY OF MEDICAL AND DENTAL HYPNOSIS – BSMDH

We had a joint meeting with BSECH at Dartington, an ancient set of buildings and gardens, which were much part of the atmosphere of the course. It was now decided to have another joint course to celebrate our AGM in June 2001.

At our AGM we chose a new chairman, Tom Bell. Those who attend the ISH and ESH conferences will have had the chance to meet Tom. He is committed to the development of clinical hypnosis and its expansion into professions allied to medicine.

This autumn we are fortunate to have two very interesting workshops: 21 and 22 October Ego-state Therapy with John and Helen Watkins and 26 November Hypnosis in Palliative Care with Leslie Walker. All ISH members are welcome.

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NEW FROM CONSTITUENT SOCIETIES

GERMAN SOCIETY FOR HYPNOSIS – DGH
(Deutsche Gesellschaft für Hypnose)

We proudly announce that DGH grows bigger and bigger — psychologists, physicians and dentists still are interested in the development of their strategies of communication and we „give them fever“ with our innovative congresses.

New concepts? Of course! Vladimir Gheorghiu’s approach of “suggestibility” steams — more than one therapeutic concept — for example, those of healing depression and dealing with psychoses. And if you want to know what “hynmo-somatics” means you should come to Bad Lippspringe in 2001.

But before doing this we are going to offer you a performance on how the movie-world influenced hypnotherapeutic concepts — so if you are interested, join us or come for a talk in Munich at the international congress.

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GERMAN SOCIETY FOR DENTAL HYPNOSIS – DGZH
(Deutsche Gesellschaft für zahnärztliche Hypnose)

As a new constituent society of the ISH, the DGZH is looking forward with great anticipation to the 15th International Congress on Hypnosis in October this year.

During the congress — on Monday, October 2 and Tuesday October 3 — our society will hold its annual meeting and contribute to the program by presenting many workshops and lectures on dental hypnosis — for beginners as well as for advanced practitioners.

Among the lecturers will be Gudrun and Albrecht Schmierer, Susanne Fiedler and Robert Schoderbök from Austria.

The members of the DGZH are also very interested in attending the clinical workshops from Wednesday to Saturday to inform themselves about the many possible applications of hypnosis in the context of psychology and medicine. And they are also excited about meeting participants from many different professions who may become co-operation partners.

We would like to invite all of the participants of the congress to our gala dinner on Monday the 2nd of October 08:00 p.m. at the „Seehaus — Englischer Garten“. It will be a great night with music, dance, and lots of fun.

For reservations please contact: the M.E.G., Konradstr. 16, 80801 Munich,
Tel.: +49(89) 34029720, Fax: +49(89) 34029719

As we all know hypnosis in dentistry makes it possible for many patients to receive dental treatment in a relaxed and comfortable atmosphere.

To make this known to the public and to inform people about misleading prejudices and misconceptions regarding hypnosis, the DGZH has launched a press campaign on Wednesday, September 20, 2000: the „Day of Gentle Dental Treatment.“

This presentation was a combination of multiple press conferences held simultaneously in over 130 different dental practices all over Germany and Austria, including live demonstrations and interviews with patients.

A similar event in 1997 was a great success. More than 100 dentists participated, and as a result dental hypnosis was one of the main topics covered in many newspapers, magazines, and TV programs in the following weeks.

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PS.: Our next International Supervision Week on Gozo/Malta will be held from April 4 – 11, 2001. You will have the chance to meet many renowned lecturers including Christel Bejenke and Victor Rausch.

GERMAN SOCIETY FOR MEDICAL HYPNOSIS AND AUTOGENIC TRAINING — DGAHAT
(Deutsche Gesellschaft für ärztliche Hypnose und autogenes Training)

From 16 – 18 June the 6th Annual Meeting took place in Blankenburg/Harz. The topic was “Addiction to Certain Substances”. Lectures, detailed discussions and relevant workshops were offered. Participants came from all over Germany and Austria. A detailed report about it will be published in our next newsletter. In 2001 our Annual Meeting will probably be held again in Schmitten-Taunus (near Frankfurt/Main), in 2002 in Blankenburg and in Bonn in June. Topics have not been chosen yet.

The general meeting was well attended. The Board of Directors was re-elected:

- President: Dr. Günther Clausen, Neuss
- Vice-President: Dr. Siegfried Stephan, Mainz
- Second Vice-President & Scientific Coordinator: PD Dr. Friedhelm Stetter, Extertal Laßbruch
- Secretary: Dr. Wolf-Rainer Krause, Blankenburg/Harz
- Treasurer: Dr. Dipl.-Psych. Claus Derra, Bad Mergenthal

The work on German-language guidelines for hypnosis and autogenic training has been continued intensively.

All members of the Board of Directors are giving lectures at the International Congress of Hypnosis in Munich. As you might know, our society is a co-sponsor of this congress. This is going to be a chance to also intensify and cultivate international contacts.

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ISRAEL SOCIETY OF HYPNOSIS – ISH
החברה הישראלית להיפנוזה

ISh is proud to announce the opening of its Website. All are invited to visit and to comment.

Address: www.israelsochynpo.org. Comments to: info@israelsochynpo.org. Happy surfing!

ISh collaborated with the Israeli Society for Bio-feedback to invite Ian Wickram of Stanford University to run a highly successful one-day workshop on 6 July ‘Secrets from the Mind, but NOT from the Body or Behavior: Somatization’. The workshop was very well attended and enthusiastically received. Again our thanks to Ian for a highly stimulating (well-monitored!) experience. This was one of several collaborative ventures with sister societies.

For the last couple of years, the Past-President of the ISh, Dr. Morris Kleinhaus has been teaching and supervising Clinical Hypnosis for Medical Doctors, Dental Doctors and Psychologists in Barcelona and in Palma de Mallorca. During the current year, Dr. Morris Kleinhaus, assisted our colleagues in Spain to establish a Spanish Association for Hypnosis.

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ITALIAN CENTRE FOR CLINICAL AND EXPERIMENTAL HYPNOSIS – CIICS
(Centro Italiano Ipnoti Clinico-Sperimentale)

The training and the education in hypnosis that will be performed by Centro Italiano di Ipnoti Clinico-Sperimentale in the next months are the following:

- **Basic Course for the Theoretical and Practical Teaching of Hypnosis**
  Academic year 2000-2001 – Seat: Turin. Sponsored by the University of Turin

- **Basic Course for the Theoretical and Practical Teaching of Hypnosis**
  Academic year 2000-2001 – Seat: Rome. Sponsored by the University ‘La Sapienza’ of Rome and the Consiglio Nazionale delle Ricerche

- **Sensitization Course for the use of Hypnosis in Obstetrics and Gynaecology**
  reserved to gynaecologists and obstetricians regarding the use of hypnosis during delivery and other gynaecological procedures

- **Up-dating and Specialization Activities**

Single-topic seminars carried out in different Italian regions by CIICS Regional Sections.

**School Structure – Syllabus:**

The objective of the C.I.I.C.S. School is responsible management of the potentiality of mental representation.

The School of Hypnosis offers two levels of tuition:

- 1st Level – Basic Course – Hypnotist
- 2nd Level – Personal Training – Hypnotherapist

Training for the 1st Level is by participation in the Basis Course, which is reserved for holders of a Degree in Medicine and Surgery, Psychology and Dentistry.

The Course divides into three one-week periods distributed throughout the year, and a final seminar.

The basic theoretical course addresses the following questions:

- What is Hypnosis?
- What is its location in the scientific paradigm?
- What is it used for?
- How is it practised?

Some practical demonstrations of the various phenomena of hypnosis are presented in addition to theoretical lessons:

The second period of ‘practical learning’ intends giving students the practice useful for managing hypnotic dynamism.

The third ‘specialist’ period is targeted to the applied study of the various medical and psychological disciplines and scientific research, with the students experimenting with specific techniques. Teaching during the three periods includes:

- Theoretical lessons;
- Demonstrations of the various phenomena of hypnosis;
- Meetings with individual hypnotic therapy specialists;
- Practical learning session in small groups;
- Discussion and experimentation groups divided by therapy speciality;
- Meetings with Course teachers at each day end.

A Certificate of Attendance is issued at the end of each course. A Certificate of ‘Hypnotist’ in the meaning as defined by the School is issued at the end of the training course after presentation and discussion of a written thesis by each student.

Over 30 teachers are engaged in teaching activity, ordinary or extraordinary holders of university posts, hospital principals and experienced hypnototherapists.

The Basic Course is the initial training in the use of hypnosis. Having passed the Basic Course, students are offered subsequent periods of study, confrontation, experimentation and further advanced specialist study with seminars and conferences, in the general context of a continuing education and updating project.

A second level of training can be entered into by those student who have completed the Basic Course and are certified Hypnotists. This level provides personal training with an official school teacher to acquire adequate preparation to use hypnosis in their professional speciality. The School issues a Certificate of ‘Hypnotherapist’ at the end of this course.

Training in Psychotherapy can be continued in schools certifying such a profession.

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THE ERICKSONIAN CENTRE OF MEXICO – CEM
(Centro Ericksoniano de México)

W e would like to send our best wishes from México City for all the Constituent Societies of the ISH, for the New Millennium, and also to talk about some news from The Ericksonian Centre of México. 

Our Training Department is providing two types of courses. The first is a regular two-year training program where students take classes several times a month. During the coming month of September, we hope this training will have received recognition from the Education Ministry in México as a Masters Degree.

The second is aimed at foreigners and people who live on the country in México, and is conducted on an intensive basis. This course lasts for a month, and it is given twice a year in February and July.

Our courses are structured to provide participants with different theoretical frameworks: Psychoanalysis, Systems Theory, Social Anthropology, Modern Physics and Human Aetiology, as well as a strong clinical component. We encourage all participants to keep their personal styles. We think that it is extremely important for the development of good techniques.

As we have done in the past, we had our international course of Ericksonian Hypnotherapy in Spanish during February and July. People from different countries from Europe and Latin America participated both as students and lecturers as well.

We are thinking of the possibility of giving the same intensive training in other languages such as French or German during August.

Felipe Vázquez, M.D., is Trainer of Psychosocial Interventions for Diabetes Educators and has a special free weekly program for people suffering diabetes and their families.

We travel to give regular training in several cities in México.

News from members:

Teresa Robles, Ph.D., our Director, also travelled to teach in France, Switzerland, Uruguay and Brazil.

Felipe Vázquez, M.D., presented a conference on psychosocial evaluation of Latino patients with diabetes at the ‘Annual Invitational Behavioral Research Conference’ celebrated at Amelia Island, Florida. He also chaired the ‘Depression in Diabetes Symposium’ at the American Diabetes Association Meeting in San Antonio, Texas. He is actively involved in the development of social support systems for people with diabetes at the México City’s Diabetes Association.

Iris Corzo, M.A., took part as a lecturer at the ‘1er Encuentro regional de institutos ericksonianos en Argentina’ (First Encounter of Ericksonian Institutes in Argentina) and gave a course in Montevideo at the CIANCC.

Juan Pablo Alcántara, M.D., gave a course on psychopharmacology at ‘The Health System of Morelos’, México.

María Escalante Cortina gave two workshops on Child Therapy. The first one took place at the Centro de Terapia Familiar y de Pareja (CEFAP) in Puebla, México, and the second at the Instituto Ser Humano de León, in the state of Guanajuato, México.
We will be glad to hear from people who share our same interests. Our web page is: http://hipnosis.com.mx and our E-mail is erickmex@hipnosis.com.mx

Iris Corzo M.A., our Training Co-ordinator has just published two self-hypnosis cassettes: \textit{Salud y Enfermedad (On Health and Illness) and Escuchando mi cuerpito, mis emociones y mi espíritu} (Listening to my Body, my Emotions and my Spirit) Alom Eds., México, D.F.

Teresa Robles, Ph.D. published \textit{Lo esencial de por qué la hipnosis produce cambio tan rápidos}, Alom Eds., México, D.F.

This year the Ericksonian Centre of Mexico has increased its number of edited videos to 54. Two of them are edited in different languages in VHS, NTSC.

CEM, Alom Editores, S.A. de C.V.; Patricio Sanz No. 1205, Col. del Valle, C.P. 03100, México, D.F.

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\textbf{SOUTH AFRICAN SOCIETY OF CLINICAL HYPNOSIS – (SASCH)} (Die Suid-Afrikaanse Vereniging vir Kliniese Hipnose)

The legal status of hypnosis in South Africa at present is that hypnosis can only be used by professionals registered at the Health Professions Council of South Africa. That means at this time, psychologists, medical practitioners and dentists. The South African Society of Clinical Hypnosis is at present negotiating with the Nursing Council and the Council for Speech Therapists to also give certain levels of professionals in this field training in hypnosis.

The training in hypnosis is presently done by some universities on an ad hoc basis with regard to students, but the training is primarily done by SASCH. Only psychologists, intern-psychologists, medical practitioners, final year medical students and dentists as well as final year dental students can enrol for the training in hypnosis. SASCH has an arrangement with a few universities in South Africa to present a PhD-degree in Clinical Hypnosis.

The training model of SASCH consists of the following:

- **Elementary Course**: Prerequisite for this course is professional status by means of registration at the Health Professions Council of South Africa. This course is a full five-day course. During this course the candidate is taught induction and deepening techniques, the understanding of the phenomenon of hypnosis, ego-strengthening techniques, metaphors to be used, and treatment techniques with regard to some problems. Regression is demonstrated with abreacts and how to cope with abreacts on an elementary basis. They are also given an introduction into Ego State Therapy, Ericksonian Therapy and Medical Hypnoanalysis.

- **Intermediate Course**: The candidate has to complete two intermediate courses of five days each in one of the following treatment modalities: Ego State Therapy, Ericksonian Therapy, Medical Hypnoanalysis or Traditional Hypnosis. Before being allowed to enrol for the course, the candidate must present videotapes illustrating knowledge obtained by means of the elementary course and experience (the candidate may not enrol for the course less than one year after having completed the elementary course). The videotapes are examined.

- **Advanced Course**: The candidate has to complete two advanced courses of five days each in one of the following treatment modalities: Ego State Therapy, Ericksonian Therapy, Medical Hypnoanalysis or Traditional Hypnosis. Before being allowed to enrol for the course the candidate must present videotapes illustrating the knowledge obtained by means of the intermediate course and experience (the candidate may not enrol for the course less than one year after having completed the intermediate course). The videotapes are examined.

- **Diplomate Status**: One year after completing both advanced courses in the modalities selected by the candidate, the candidate can apply for Diplomate status.

In order to obtain Diplomate status, he or she has to do the following: submit two videotapes treating patients with either of the modalities of specialisation. These tapes are examined and once the candidate passes he or she can sit a written exam with regard to all the theory underlying the practice of hypnotherapy and the modalities in which the candidate specialises. After receiving a minimum of 75% in the written exam, the candidate must then complete an oral exam. Only people with Diplomate Status are allowed to teach hypnotherapy.

Other current happenings within the society: The Society has at present 460 members all over South Africa. It is a very active society and geared towards the attainment of excellence in hypnotherapy. The Society gives a lot of emphasis to training and ethics. The Society is a division of the Psychological Society of South Africa. One of the missions of SASCH and the Psychological Society of South Africa is to address the disparity of professionals in South Africa. It is for this reason that SASCH sponsors young professionals from traditionally underprivileged communities for training in hypnotherapy. A big contingency of South Africans from the society will be presenting papers, workshops and attending the International Congress of Hypnosis in Munich, Germany. The Society has actively promoted this congress and has also in the past year invited members of overseas constituents to lecture in South Africa.

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\textbf{SWEDISH SOCIETY OF CLINICAL AND EXPERIMENTAL HYPNOSIS – SSCEH}

(Svenska Föreningen för Klinisk & Experimentell Hypnos)

Dear ISH members: This information from Sweden will mainly deal with our current situation in hypnotic education, offered by our society, SSCEH. The training standards in SSCEH vary, depending on participant’s ambition and purpose. The fact that our society (as most Constituent Societies in ISH) offers various levels of hypnotic training, is not a problem for us, because in Sweden the practice of hypnosis is regulated by Swedish law. The basic criterion is that you are licensed in your profession by the Swedish National Board of Health and Welfare. Your license can be withdrawn, which actually means you are forbidden to work in your profession, if you cause damage or harm to clients, e.g. by using methods in an unethical way.
SSCEH has a good reputation in Sweden and is referred to by national authorities regarding training. The universities in Sweden only have introductory courses in hypnosis, if at all, so most professionals learn hypnosis through SSCEH.

SSCEH offers different levels:

- **Introduction course:** Basics 4 days (32 hrs) + Advanced 4 days (32 hrs).
- Various part-time follow-up courses of varying extent (e.g. 2 or 3 years basic hypnotherapy or one year hypnotherapy for pain).
- A post-graduate education of psychotherapy and hypnosis (80 university marks/8 terms half-time studies) 1000 hrs: teaching seminars (300), group work (400), supervision hours (200), own psychotherapy (75), psychotherapy with clients (160) plus reading the literature (8000 pages) and writing critical reviews (hours not estimated). Only experienced professional practitioners are accepted for application, most of them being clinical psychologists, psychiatrists or social workers already trained in psychotherapy and having done at least the introduction course in hypnosis, some of them also having passed the three years basic hypnotherapy program. Each applicant is interviewed by us, for an assessment of personal liability as a psychotherapist.

All three examples above, except the last one, are offered by each of the SSCEH regional components, so participants can choose whether to go to south, north, east or west for training.

The third example above is ‘my baby’ so I will update you on the latest news.

SSCEH has been authorised by the National Board of Health since 1993 to offer this psychotherapy training and the passing of all exams give the participants their license as registered psychotherapists. The standard is a postgraduate university level. In 1999, and as far as I understand, due to internal political discussions in the Swedish Government, they withdrew from the National Board of Health the right or rather tradition, to acknowledge private organisations equal standards as the university regarding licensing psychotherapy education.

Only universities are allowed to give psychotherapy exams and those who aspire to offer psychotherapy education, be it universities or other institutes, must be examined thoroughly by the Ministry of Education. When this Ministry then engaged a committee of psychiatrists and psychologists, who checked if the applicants, one of them SSCEH, could live up to the standards of a "university", they found some deficits, which are vaguely described, resulting in a recommendation to the Government to reject our application. The most important reasons declared were:

- SSCEH doesn’t have a group of employed lecturers and supervisors,
- some teachers are not participating in the overall planning of the education,
- a major part of the training (500 hrs), the group work described above, is mostly done without a teacher present (their obligations to show results and document discussions and conclusions doesn’t count),
- teaching lessons are not enough hours (300 + supervisory hours: 200).

Stefan Fransson, Past President, and myself as Director/Headmaster, sent a critical letter to the Ministry and to the Swedish Psychologist’s Union Journal, criticising the way they had examined us, their erroneous interpretation of our reports to them:

Piles of documentation and information and we even dared to question their undeclared but ‘between the lines’ values and norms for inspection and evaluation.

We took a great risk by harshly criticising these old professors of the examining committee and we didn’t expect them to change their minds. To our great surprise, they have asked us to continue the dialogue and discuss how we can become approved.

We have started a dialogue now by suggesting some changes and asked them to respond.

But the ongoing psychotherapy education with hypnosis is in no danger; all our 28 participants will, if they pass our exams, receive their licenses as psychotherapists from the Swedish Government and they will be allowed to also advertise themselves as hypnothepists by SSCEH criteria.

Education is one but many commitments in SSCEH. I also would like to inform you about another exciting event:

For the first time in Swedish history all psychotherapy schools were represented in a joint fair and exhibition in May: a crowd of ordinary and professional people came to learn about psychoanalysis, cognitive behavior therapy, body therapy, dance therapy, guided imagery, music therapy, etc.

The hypnosis counter, paper presentations and lectures were very appreciated by the public and also by colleagues from other ‘schools’. Hypnosis seminars were presented by several delegates from SSCEH; just to mention some: Graham Barnes, Susanna Carolusson, Alice Engqvist, Björn Enqvist, Berne Erlandsson and Torbjörn Hellenius. A group of hypnothepists, also members of our society, offered scheduled group relaxation sessions for free. They soon became over-booked!

We have had eminent guests in Sweden this year: Claire Frederick, Steven Gilligan, John and Helen Watkins. I also had the honour of having Marlene Hunter as a private guest in Gothenburg and its beautiful archipelago in September.

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**SWISS MEDICAL SOCIETY FOR HYPNOSIS – SMSH**

(Schweizerische Ärztegesellschaft für Hypnose)

After a turbulent year in 1999 this year has been much calmer – except for the administration. At the beginning of the year the agreement with the Swiss Medical Association (FMH) about the ‘Skills Certificate in Medical Hypnosis’ became effective. Since then, there have been several requests to control the issuing of such a skills certificate apart from the routine tasks. To guarantee quality control supervision has to be provided accordingly.

Since 1 April we have been publishing a website: [www.smsh.ch](http://www.smsh.ch)

A new book for the basic course is in preparation with contributions by 11 authors. The well attended training courses on basic and advanced level ended before the summer break and will commence at the beginning of 2001.

We are looking forward to Munich 2000 and to many meetings as well as our extensive Annual Meeting from (8) 9 – 11 November, 2000, in Balsthal, to which we warmly
A STATUS REPORT ON THE GLOBAL SCOPE OF THE INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS

Michael Nash, Ph.D., Editor IJCEH

The International Journal of Clinical and Experimental Hypnosis is the official publication of ISH. As such, it is interesting to note that The Journal’s character and content are increasingly international. Since 1999, The Nederlandse Vereniging voor Hypnose (NvVH, Netherlands Society of Hypnosis) has been one of the two Official Sponsor Societies of the IJCEH. As this relationship has matured, members of NvVH have accepted pivotal roles as reviewers, authors, and Editorial Board members. For example, we now have two NvVH members (and one Dutch ex-patriot) serving as Associate Editors. In recognition of this vital influx of seasoned clinical and research expertise, I invited the NvVH to craft a brief history of the Dutch Society and a summary of its professional training programs. The lead article in the January 2001 issue by Anne Korsen and Tom Wilken should serve as a splendid introduction to those readers unfamiliar with the long and respected history of this senior society.

As I see it, The Journal’s fuller partnership with the Dutch and the international community at large is now a reality, and expresses what has been true for many years: The scope and quality of work in scientific and clinical hypnosis is truly international. The field of hypnosis and The Journal itself thrives to the extent that we fashion a scholarly forum where researchers and practitioners worldwide come together with common purpose.

In a moment of reflection on these matters, I reviewed the in-press manuscripts we had ready to be published as of mid-2000. I vaguely realized that The Journal was receiving (and accepting) more manuscripts by non-North Americans, but until I looked at the data, I did not realize how far this has progressed. To my delight, I found that of 19 accepted research articles ‘in the pipeline’, 11 countries are represented. It is worth noting that 58% of these in-press articles are from Europe, and in total 79% are from North America. Table 1 summarizes the breakdown. Clearly this bodes well for the future. I believe the bulk of this progress is attributable to the quality of international work, and the increased international visibility of The Journal vis-à-vis the Dutch.

**Location of Senior Author institutional affiliation for all research manuscripts in press with IJCEH as of June 2000**

<table>
<thead>
<tr>
<th>Location of Senior Author Affiliation</th>
<th>Number of accepted articles</th>
<th>Percent of articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Europe*</td>
<td>11</td>
<td>58%</td>
</tr>
<tr>
<td>United States of America</td>
<td>04</td>
<td>21%</td>
</tr>
<tr>
<td>Australia</td>
<td>03</td>
<td>16%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>01</td>
<td>05%</td>
</tr>
</tbody>
</table>

*The number of manuscripts accepted from European countries were as follows: Denmark (2), Romania (2); The Netherlands (2), Norway (1), The United Kingdom (1); Hungary (1), Poland (1), and Italy (1).
OBITUARIES

Margaret O'Regan

It is with regret that I write to inform you of the death of one of the most colourful members of the ISH. Margaret died of a MI whilst on holiday in Thailand at Easter.

Margaret was indeed notorious for her legendary powers of drinking and her love of life and her hospitality. She travelled the world to ISH and ESH meetings making contacts and friends as she went. In BSMDH we treasure the memory of a motorcyclist arriving at a course in black leathers and crash helmet, who took off the helmet to reveal Margaret with her mane of blonde hair.

She played hard but she also worked hard. She had a tremendous commitment to clinical hypnosis with high professional standards, working towards the development of hypnosis in the treatment of her patients. Her special interest was with individuals who had psychosocial problems, including transvestites and transsexuals. She was routinely on call for the police in Cork for all rape victims including forensic work and therapy. In the Irish Society of Hypnosis she was active in teaching hypnosis to colleagues and was involved in setting up a diploma in clinical hypnosis and psychotherapy at the University of Cork.

She will be sorely missed by all who were fortunate enough to have been enlivened (or embarrassed) by her presence.

Mary L. McKenna

Antonio Carlos de Moraes Passos

On 25 August, Dr. Antonio Carlos de Moraes Passos, a notable physician, psychiatrist, Ex-Professor Adjunct of Clinical Neurology of UNIFESP, Honourably Member of the Academy of Medicine of São Paulo, Founding President of the Hypnosis Society of São Paulo and Member of International Society of Hypnosis died in São Paulo, Brasil.

Graduated in Medicine from São Paulo University in 1945, he gathered enormous experience and always emphasised the importance of an ethical application of the knowledge acquired. He also published several books about hypnosis.

Virginia Maria de Moraes Passos Paes de Barros
**NEW BOOKS**


Corzo, Iris — *Salud y Enfermedad* (On Health and Illness) and Escuchando mi cuerpo, mis emociones y mi espíritu (Listening to my Body, my Emotions and my Spirit) Alom Eds., México, D.F. (audio cassettes)


Gafner, George; Benson, Sanju (2000) — *Handbook of Hypnotic Inductions.* Norton, Ww


Robles, Teresa — *Lo esencial de por qué la hipnosis produce cambio tan rápidos.* Alom Eds., México, D.F.


Staudacher, Hadley (December 2000) — *Hypnosis for Change.* Mjf Books


**RELEASING THE BONDS: Empowering people to think for themselves.**

*By Steven Hassan (Freedom of Mind Press, May 2000)*

Cults are rapidly spreading around the globe like viruses — changing constantly, adapting easily to new cultures, destroying hundreds of thousands of lives each year, by radically altering people’s identities through mind control, brainwashing, hypnosis, and less subtle mind control techniques. What compels bright, energetic and idealistic people of all ages to give up their individuality, their freedom of mind, and often times their jobs, wealth, and families to become a slave to a self-proclaimed master? Why do well-educated, highly intelligent people even offer their lives in mass suicides for what appear to be ‘nutty’ beliefs? Once enslaved, how can victims of cults regain their freedom and begin to think for themselves again?

In his new book, *Releasing the Bonds: Empowering People to Think for Themselves,* an authority on cult mind control, Steven Hassan, reveals the astonishingly effective behavior,
SOCIETY HOME PAGES continued

TH-VH — Finland Society for Scientific Hypnosis www.hypnoosi.net
LCEH — International Journal of Clinical and Experimental Hypnosis http://sunsite.utk.edu/ijeh
Jean Holroyd’s Hypnosis Research Database www.hypnosis-research.org

MEETINGS AND CONGRESSES IN 2000

October 2 — 7: 15th International Congress of Hypnosis in Munich, Germany.
Contact: M.E.G., Konradstr. 16, 80801 Munich, Germany;
Fax: +49(89) 3402 9720, E-mail: 106004.1277@compuserve.com; www.hypno.org

Information: Susanna Carolusson, box 307, SE-430 85 Brännö, Sweden,
Fax: +46 31 137978, E-mail: carolus@algonet.se

For further information and to register, contact: Dr. Marlene Hunter, 5th National Assembly, Co-ordinating Chair, 623 Avalon Rd., Victoria, B.C., V8Y 1N8, Fax: +1(250) 381-8349

Contact: Toshimasa Saito, Ph.D., President of JSH, 14-16 Nagisahigashi-cho, Hirakata-shi, Osaka 573-1176, JAPAN; Fax: +81(3) 720 98 9811, E-mail: saito@fjb.so-net.ne.jp

Details from Dr. Mary McKenna, Roxton House, Abbey Lane, Sheffield, S8 OBN.
Tel./Fax: +44(114) 274 0354, E-mail: mml@sheffield.ac.uk

October 25 — 29: Society of Clinical and Experimental Hypnosis 51st Annual Workshops and Scientific Program in Seattle, Washington, USA.
Venue: DoubleTree Hotel – Seattle Airport, 18740 Pacific Highway South, Seattle, WA 98118
Ph: 1-800-222-8733
Contact: Cindy Scott, SCEH, 2201 Hadera Rd., Suite 1, Pullman, WA 99163, USA; Ph: +1(509) 332 7555,
Fax: +1(509) 332 5907, E-mail: csc@sceh.org

November 2 — 5: Swiss Medical Society of Hypnosis seminar in French in Lausanne.
Information and registration: Patrick Noyer, Rue de Léopold-Robert 73a, CH-2300 Lo Chaux-de-Fonds,

November 7 — 8: 46th Annual Congress of the Japanese Society of Hypnosis at the Osaka University in Osaka, Japan.
Contact: Toshimasa Saito, Ph.D., JSH, 14-16 Nagisahigashi, Hikaritaka, Osaka 573-1176, Osaka, Japan;
Fax: +81(3) 720 98 9811, E-mail: saito@fjb.so-net.ne.jp

November 9 — 11: Swiss Medical Society of Hypnosis Yearly Seminar and General Meeting in Balsthal in the Solothurner Jura/Switzerland.
Contact: SMSH secretariat, Ph: +41(41) 281 17 45, Fax: +41(41) 280 30 36, E-mail: smsh@access.ch or weni@ieee.org, Online: http://smsh.ch/i/fch_semi.html

November 26: British Society of Medical and Dental Hypnosis in Pallett House with Leslie Walker.
Details from: Dr. Mary McKenna, Roxton House, Abbey Lane, Sheffield, S8 OBN.
Tel./Fax: +44(114) 274 0354, E-mail: mml@sheffield.ac.uk

MEETINGS AND CONGRESSES IN 2001

March 23 — 27: American Society of Clinical Hypnosis Annual Scientific Meeting and Workshops on Clinical Hypnosis: Lifting The Veils Between Science and Practice in MindBody Medicine. Reno, Nevada, USA.
Contact: ASCH, 33 West Grand Avenue, Suite 402, Chicago, IL 60610, USA;
Ph: +1(312) 645 9810, Fax: +1(312) 645 9818, E-mail: aschevy@asch.net

April 4 — 11: German Society of Dental Hypnosis, DGZH, International Supervision Week on Gaza/Malta, lectures include Christel Bejenek and Victor Roush.
Contact: DGZH Central Office, Esplanade Str. 40, D-70182 Stuttgart, Germany,
Ph: +49(711) 2360618, Fax: +49(711) 244032, E-mail: mail@dgzh.de

June 6 — 9: Danish Society of Hypnosis 4-day workshop with Michael Ypak.
Contact: Anne-Marie Hannum, DSH, Rosenborggade 12, 1130 Copenhagen K, Denmark,
Ph: +45 3311 00 81, Fax: +45 3311 55 81, E-mail: hypnosis@get2net.dk

June 15 — 17: British Society of Medical and Experimental Hypnosis and British Society of Medical and Dental Hypnosis joint AGMs.
Contact: Mary L McKenna, Roxton House, 55 Abbey Lane, Sheffield, S8 OBN.
Ph/Fax: +44(114) 274 0354, E-mail: mml@sheffield.ac.uk

June 15 — 17: German Society for Medical Hypnosis and Autogenic Training, DGAHAT, Annual Meeting in Schmilten/Tourus, Germany.
Contact: DGAHAT Secretariat, Postfach 1365, 41436 Neuss, Germany,
Ph: +49(2131) 463370, Fax: +49(2131) 463371, E-mail: drlausen@t-online.de
MEETINGS AND CONGRESSES IN 2001 continued

September 1 – 6: Australian Society of Hypnosis Annual Meeting in Melbourne, Australia.
Contact: ASH – Victorian Branch, Level 3, Centaur Building, A&RMC, Repatriation Campus, Locked Bag 1, West Heidelberg, VIC 3081, Australia.

September 14 – 16: German Society of Dental Hypnosis, DGZH, Annual Meeting in Berlin, Hotel Radisson.
Contact: DGZH Central Office, Esslinger Str. 40, D-70182 Stuttgart, Germany,
Ph: +49(711) 2360618, Fax: +49(177) 244032, E-mail: mail@dgzh.de

MEETINGS AND CONGRESSES IN 2003

August 2 – 8: 16th International Congress of Hypnosis in Singapore.
Contact: ISH Central Office, Level 3, Centaur Building, A & RMC, Repatriation Campus, Locked Bag 1, West Heidelberg, VIC 3081, Australia; Fax: +61(3) 9496 4107, E-mail: s.pakin@medicine.unimelb.edu.au