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THE INTERNATIONAL SOCIETY OF HYPNOSIS



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THE INTERNATIONAL SOCIETY OF HYPNOSIS

'BUILDING BRIDGES OF UNDERSTANDING'

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16th Triennial Congress of Hypnosis, Singapore, August 2 – 8, 2003

ISH INTERNAL NEWS

FROM THE NEWSLETTER EDITOR



This newsletter is a memorable one. In this newsletter we remember and pay tribute to Jack Hilgard, one of the most important contributors to modern scientific hypnosis in the 20th century. We at ISH are pleased that John Kihlstrom agreed to allow the *In Memoriam* that he originally wrote for the International Journal of Clinical and Experimental Hypnosis (IJCEH) to be published in this newsletter as well. Mike Nash, the then Editor of IJCEH immediately approved of this. The audiences these media reach are slightly different so may reach a different population in acknowledging the contribution of Jack (Ernest) Hilgard. We want to disseminate this *In Memoriam* as widely as possible. Please read it and remember a great leader and contributor to our field.

Since the last newsletter we also lost another important member of the scientific/clinical community, with the death of Helen Watkins. Maggie Phillips has been so kind to coordinate and write an *In Memoriam* for her, which was done with the help of some close friends and colleagues. Helen Watkins' passing was noted at the last ASCH meeting in Indianapolis.

John Kihlstrom's second contribution to this newsletter is in the 'Mastermind' section. I am happy to share with you his thoughts in this section. We do not see this important scientific contributor that often at hypnosis conferences, maybe we should encourage him to attend more. It is for sure that his impressive contribution to modern hypnosis and theories about consciousness, memory and forgetting and the influence of posthypnotic amnesia should not be overlooked. I hope you appreciate the fully digitally recorded interview. I am grateful for his cooperation and his sharing of his knowledge and thoughts with us.

We are coming ever closer to some major events in hypnosis. The first is the 9th Conference of the European Society for Hypnosis, to be held in Rome, from September 24-26, this year 2002. The other one is THE conference of the International Society of Hypnosis, which is to be held in Singapore in the summer of 2003 with a follow-up post-congress workshop programme in Phuket, Thailand. I hope these will provide exciting opportunities for ESH and ISH to promote the field of hypnosis and to bring together professionals of various disciplines.

Our two American Constituent societies, ASCH and SCEH have new editors for their respective journals. It has been an interesting process that finally has come to a close. We congratulate Claire Frederick for her appointment as incoming editor of the American Journal of Clinical Hypnosis. Following the outstanding contribution of Ed Frischholz, Thurman Mott had served a year as interim editor. Also we congratulate Arreed Barabasz for his new appointment as editor for the International Journal of Clinical and Experimental Hypnosis, following Mike Nash who had served us so well for the last five years. Many thanks to the outgoing editors for their enormous contribution to the field in turbulent times. You can read more in the Editor's Update, one of the last one's from Mike Nash, in this newsletter.

We are still working on the plan to further evolve the formula of this newsletter. I had hoped that we would be by now digitized, and we are rapidly moving in that direction. I hope we can soon put the archives of the newsletters as .pdf files on the ISH web.

Thank you all for your contributions. The Newsletter is open to a variety of contributions. It continues to serve as a forum for individual members as well as for Constituent Societies that have information that is newsworthy and deserves to be shared among colleagues. Let me close with an apology for the delay in the publication of this newsletter. Several factors contribute that all came together.

Eric Vermetten, MD – Editor, ISH Newsletter

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LETTER FROM THE PRESIDENT

Dear Colleagues,

In the past few months, there have been some unfortunate illnesses among my closest friends and relatives, thus I had the opportunity to observe healing practices from a personal perspective as well. The power of suggestion – intentional or not – can be so enormous that it alone can determine whether the course of an illness turns for the better or the worse. When an acquaintance of mine mistakenly believed that the side-effect of radiotherapy was the same as that of chemotherapy, she produced massive vomiting. When I learnt this and I expressed my surprise, that vomiting was not a habitual side-effect in this case, her symptoms ‘miraculously’ disappeared the very same day – never to occur again.

This experience only underscored what we keep emphasizing in the course of training hypnotherapists: the responsibility of the helping professionals. People in a situation where they are vulnerable and at the mercy of others, they spontaneously enter an altered state of consciousness where they become even more susceptible to positive and negative suggestions than usual.

This enormous effect of suggestions heightens the **social responsibility** of the experts of the field of hypnosis. I think in every situation where masses of people are exposed to a sudden shock – like the terror attack on September 11th – the incidence of the feeling of helplessness increases, and people begin to seek similarly unexpected miracles to cope with the situation. No wonder that the demand for esoteric practices and prophets has been increasing perceptibly. Since lay people still connect hypnosis with mysticism, they often appear in our offices. This gives us, hypnosis specialists an opportunity to provide people with well-founded therapeutic help.

We are fortunate to have many excellent colleagues in ISH whose knowledge and therapeutic skill ensure that the hypnosis community can meet this demand. We learned with great sadness that one of our most highly esteemed colleagues, who could provide therapeutic help not only to patients, but came to be recognized as a ‘therapist’s therapist’, Helen R. Watkins, can no longer participate in this task. She passed away on January 10th, 2002. We will miss not only her work, but her warm and encouraging personality, her really ‘therapeutic self’ as well.

The upcoming international hypnosis congresses, first the 9th Congress of the European Society of Hypnosis (ESH) in Rome, Italy, in September 25 – 29, 2002, then the 16th International Congress of Hypnosis in Singapore in August 2 – 8, 2003, provide excellent

opportunities for all of those, who feel they can contribute in any way to help other hypnosis specialists to become better in their profession by offering more thorough scientific grounding and technical skill, and for all those who are willing to learn from other hypnosis specialists new discoveries and techniques. The main theme of the ESH Congress is ‘Hypnosis and the Other Therapeutic Modalities in the New Millennium’ – set out to give answers to the present-day challenges I mentioned above. I highly suggest to each of you to take these opportunities.

Looking forward to meeting you personally first in Rome in this September, then in Singapore next year!

Cordially yours,

Éva I. Bányai, PhD – President, ISH

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March 27, 2002

BRIEF DER PRÄSIDENTIN

Sehr geehrte Kolleginnen und Kollegen,

Als in den letzten Monaten leider einige meiner engsten Freunden und Verwandten erkrankten, konnte ich auch aus meiner persönlichen Perspektive Heilungspraktiken beobachten. Die – gewollte oder ungewollte – Kraft der Suggestion kann so stark sein, dass sie alleine eine Verbesserung oder Verschlechterung des Krankheitsverlaufs bewirken kann. Eine Bekannte glaubte fälschlicherweise, die Radiotherapie führe zu denselben Nebenwirkungen wie die Chemotherapie, und musste sich massiv erbrechen. Als ich davon hörte und meine Überraschung darüber ausdrückte, dass in einem solchen Fall Erbrechen eigentlich keine normale Nebenwirkung sei, verschwanden die Symptome ‘wie ein Wunder’ am gleichen Tag und zeigten sich seither nicht mehr.

Diese Erfahrung bestätigt, was wir ständig bei der Ausbildung von Hypnotherapeuten betonen: die Verantwortung der helfenden Fachleute. Menschen in Situationen, in denen sie sich verletztlich fühlen und auf andere angewiesen sind, treten spontan in einen veränderten Bewusstseinszustand, in dem sie noch mehr als sonst auf positive und negative Suggestionen reagieren.

Diese enorme Wirkung der Suggestion verstärkt die **soziale Verantwortung** der Hypnose-Experten. Ich glaube, dass sich in Situationen, in denen Menschenmassen einem plötzlichen Schock ausgesetzt sind (wie zum Beispiel dem Terroranschlag am 11. September), das Gefühl der Ohnmacht noch verstärkt, und die Menschen dann beginnen, nach ähnlich unerwarteten Wundern zu suchen, um mit der Situation fertig zu werden. Es ist daher keine Überraschung, dass das Verlangen nach esoterischen Praktiken und Propheten deutlich zugenommen hat. Da Laien die Hypnose immer noch mit Mystizismus in Verbindung bringen, erscheinen sie oft in unserer Praxis. Das gibt uns Hypnosespezialisten die Gelegenheit, den Menschen fundierte therapeutische Hilfe anzubieten.

Wir sind in der glücklichen Lage, dass die Hypnosegemeinschaft diese Nachfrage befriedigen kann dank des Wissens und den therapeutischen Fähigkeiten vieler ausgezeichneten Kolleginnen und Kollegen in der ISH. Mit grosser Traurigkeit erfuhren wir jedoch, dass Helen R. Watkins, eine unserer geschätztesten Kolleginnen, die nicht nur Patienten

nicht mehr an dieser Aufgabe teilnehmen kann. Sie ist am 10. Januar 2002 verstorben.

Wir werden nicht nur ihre Arbeit vermissen, sondern auch ihre herzliche und ermunternde Persönlichkeit, ihr wirklich 'therapeutisches Selbst'.

Die bevorstehenden internationalen Hypnosekongresse, zuerst der 9. Kongress der Europäischen Hypnosegesellschaft (ESH) vom 25.-29. September 2002 in Rom, Italien, und dann der 16. Internationale Hypnosekongress vom 2.-8. August 2003 in Singapur, bieten ausgezeichnete Gelegenheiten einerseits für alle, die in der Lage sind, anderen Hypnosespezialisten dabei zu helfen, bessere Fachleute zu werden, indem sie ihnen wissenschaftlichere Fundierung und technische Fähigkeiten vermitteln, und andererseits auch für alle, die bereit sind, von anderen Hypnosespezialisten über neue Entdeckungen und Techniken zu erfahren. Das Hauptthema des ESH Kongresses ist 'Hypnose und die anderen therapeutischen Modalitäten im Neuen Jahrtausend' und verspricht, Antworten auf die gegenwärtigen Herausforderungen, die ich oben angesprochen habe, zu geben. Ich möchte Ihnen allen sehr empfehlen, diese Gelegenheiten zu nutzen.

Ich freue mich, Sie persönlich zuerst im September in Rom, und dann nächstes Jahr in Singapur zu treffen!

Mit freundlichen Grüßen

Éva I. Bányai, PhD – President, ISH

27. März 2002

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CARTA DE LA PRESIDENTA

Estimados colegas,

En los últimos meses varios de mis amigos y familiares más cercanos han padecido serias enfermedades, por lo que he tenido la oportunidad de emplear prácticas curativas también desde una perspectiva personal. El poder de la sugestión – intencional o no –, puede ser tan enorme que puede determinar si el curso de una enfermedad se vuelca hacia una mejoría o al empeoramiento. Cuando una conocida mía erróneamente creyó que el efecto secundario de la radioterapia era el mismo que el de la quimioterapia, esta creencia le hizo producir fuertes vómitos. Cuando me enteré de esto y le expresé mi sorpresa – que el vómito no era un efecto secundario habitual, – sus síntomas desaparecieron 'milagrosamente' el mismo día y no volvieron a producir se.

Esta experiencia subraya lo que recalcamos durante la capacitación de los hipnoterapeutas: la responsabilidad que tienen los profesionales que brindan ayuda.

En situaciones en que personas son vulnerables y se encuentran a la merced de otros, entran espontáneamente en un estado alterado de conciencia por medio del cual se tornan más susceptibles que de costumbre a las sugestiones positivas y negativas.

El enorme efecto de las sugestiones aumenta la **responsabilidad social** de los expertos del campo de la hipnosis. Pienso en cada situación en la cual las masas se ven expuestas a un susto repentino, como ser el ataque terrorista del 11 de setiembre, la incidencia del sentimiento de impotencia aumenta y la gente comienza buscar a milagros igualmente inesperados para hacer frente a la situación. No es de sorprenderse entonces que la demanda de prácticas esotéricas y de profetas ha aumentado considerablemente. Debido a que las personas no expertas asocian la hipnosis con el misticismo, nos visitan mas a menudo.

Esto nos da, los especialistas en el campo de la hipnosis, la oportunidad de brindarles ayuda terapéutica bien fundada.

Tenemos mucha suerte de tener muchos colegas excelentes dentro de la ISH, cuyos conocimientos y habilidades terapéuticas aseguran que la comunidad de la hipnosis está en condiciones de cumplir con la demanda. Nos hemos enterado con gran pesar que una de nuestras colegas más respetadas, Helen R. Watkins, quien brindara ayuda terapéutica no sólo a pacientes, sino que también era reconocida como una 'terapeuta del terapeuta', no puede participar más en esta tarea. Helen R. Watkins falleció el 10 de enero de 2002. Extrañaremos no sólo la labor que ella desempeñara, pero también su carácter cálido y alentador, y el verdadero 'ser terapéutico' de su persona.

Los próximos congresos internacionales de la hipnosis son los siguientes: primeramente, el IX Congreso de la Sociedad Europea de la Hipnosis (SEH) en Roma, Italia – del 25 al 29 de setiembre de 2002; seguido por el XVI Congreso Internacional de la Hipnosis en Singapur – del 2 al 8 de agosto de 2003. Dichos congresos serán una excelente oportunidad para todos que sienten que pueden contribuir de alguna manera a ayudar a otros especialistas del campo de la hipnosis a mejorarse en su profesión, por medio de una base científica y de la habilidad técnica completa y para todos aquellos que están deseosos de aprender nuevos descubrimientos y técnicas de otros especialistas del campo de la hipnosis. El tema principal del Congreso de la SEH es 'La hipnosis y otras modalidades terapéuticas en el Nuevo Milenio', cuyo objetivo es brindar respuestas a los desafíos del presente que mencioné anteriormente. Exhorto a cada uno de ustedes a participar de estas oportunidades.

Quedo a la espera de encontrarme con usted personalmente, primero en Roma en setiembre y luego en Singapur el año que viene.

Les saluda cordialmente,

Éva I. Bányai, PhD – President, ISH

27 de marzo de 2002

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LETTRE DE LA PRÉSIDENTE

Chères consœurs et chers confrères,

Au cours de ces derniers mois, il y a eu quelques malheureuses maladies parmi mes amis et parents les plus proches, et j'ai eu ainsi l'occasion d'observer en même temps les pratiques curatives d'un point de vue personnel. Le pouvoir de la suggestion – intentionnelle non – peut être si énorme qu'il peut déterminer à lui seul si l'état de santé d'une personne s'améliore ou se détériore. Croyant à tort que la radiothérapie avait les mêmes effets secondaires que la chimiothérapie, une de mes connaissances était en proie à des vomissements massifs. Lorsque j'appris ceci et que j'exprimai ma surprise, expliquant que les vomissements n'étaient pas normalement associés à cette condition, ses symptômes disparurent «miraculeusement» le même jour – pour ne plus revenir.

Ce cas ne fait qu'illustrer ce que nous soulignons sans cesse au cours de la formation des hypnothérapeutes: la responsabilité des professionnels de l'aide. Lorsque des gens se trouvent dans une situation où ils sont vulnérables et à la merci d'autrui, ils entrent spontanément dans un état de conscience altéré dans lequel ils sont encore plus impressionnables que d'habitude par des suggestions positives et négatives.

Cet énorme effet des suggestions met en évidence la **responsabilité sociale** des spécialistes dans le domaine de l'hypnose. Je pense que, dans toutes les situations où de grands nombres de personnes éprouvent un choc soudain – comme l'attaque terroriste du 11 septembre – l'incidence du sentiment d'impuissance augmente et les gens se mettent à chercher des miracles similairement inattendus pour faire face à la situation. Il n'est pas étonnant que la demande de pratiques ésotériques et de prophètes ait augmenté de façon perceptible. Comme les profanes font toujours la connexion entre hypnose et mysticisme, ils se présentent souvent dans nos cabinets. C'est pour nous, spécialistes de l'hypnose, l'occasion d'offrir à nos patients une aide thérapeutique bien fondée.

Nous avons la chance d'avoir, parmi les membres de l'ISH, bon nombre d'excellents confrères dont les connaissances et les compétences thérapeutiques garantissent que la collectivité de l'hypnose est en mesure de répondre à la demande. Nous avons appris avec une grande tristesse qu'une de nos consœurs les plus hautement estimées, qui était capable non seulement de fournir une aide thérapeutique à ses patients mais en était venue à être reconnue comme une «thérapeute de thérapeutes», Helen R. Watkins, ne pourra plus participer à cette tâche. Elle est décédée le 10 janvier 2002. Nous regretterons l'absence non seulement ses travaux mais aussi sa personnalité chaleureuse et encourageante et son «moi thérapeutique».

Les prochains congrès internationaux sur l'hypnose, d'abord le 9^e Congrès de la Société Européenne de l'Hypnose (SEH) à Rome, en Italie, du 25 au 29 septembre 2002, ensuite le 16^e Congrès International de l'Hypnose à Singapour, du 2 au 8 août 2003, fourniront des occasions excellentes à tous ceux qui estiment qu'ils sont à même d'aider d'une manière ou d'une autre, d'autres spécialistes de l'hypnose à se perfectionner dans leur profession en offrant une base scientifique plus solide et leurs compétences techniques, ainsi qu'à tous ceux qui veulent apprendre de nouvelles découvertes et de nouvelles techniques. Le thème principal du Congrès de la SEH est «L'hypnose et les autres modalités thérapeutiques du nouveau millénaire» – présenté de façon à répondre aux défis actuels mentionnés plus haut. Je vous conseille vivement à chacune et de profiter de ces occasions.

Je me réjouis à la perspective de vous rencontrer en personne d'abord à Rome au mois de septembre cette année, ensuite à Singapour l'année prochaine!

Cordialement vôtre,

Éva I. Bányai, PhD – President, ISH

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Le 27 mars 2002

LETTERA DEL PRESIDENTE

Cari colleghi,

Da alcuni mesi, ho avuto l'opportunità di osservare, personalmente, la cura di alcune malattie che avevano colpito alcuni amici e parenti. La forza della suggestione – intenzionale o meno – può essere così enorme da determinare da sola il decorso di una malattia. Una mia conoscenza che erroneamente credeva che l'effetto collaterale della radioterapia fosse lo stesso di quello della chemioterapia, vomitava in modo massivo. Allorquando ne sono venuta a conoscenza ed ho espresso la mia sorpresa, che il vomito non era un effetto collaterale in questi casi, i suoi sintomi sono scomparsi 'miracolosamente' lo stesso giorno, e non si sono più ripetuti.

Questa esperienza non fa'altro che sottolineare ciò che noi enfatizziamo nei corsi di preparazione degli ipnoterapisti: la responsabilità dei professionisti impegnati nella cura dei pazienti. I soggetti in una situazione in cui sono vulnerabili e alla mercé di altri, spontaneamente entrano in uno stato di coscienza alterato in cui divengono ancora più suscettibili del solito alla suggestione positiva e negativa.

Questo enorme effetto della suggestione fa aumentare la **responsabilità sociale** degli esperti nel campo dell'ipnosi. Io penso che in ogni situazione dove masse di persone vengono esposte ad uno shock improvviso – come l'attacco terroristico dell'undici settembre – l'incidenza del sentimento d'impotenza aumenta, e si iniziano a cercare miracoli inopinabili per far fronte alla situazione. Quindi non vi è da meravigliarsi per l'aumento percepibile della domanda di profeti e pratiche esoteriche. Poiché i profani associano ancoral' ipnosi con il misticismo, spesso appaiono nei nostri uffici. Questo da a noi, specialisti dell'ipnosi, un'opportunità per dare un aiuto terapeutico ben-fondato a queste persone.

Noi siamo fortunati di avere molti colleghi eccellenti nella ISH la cui conoscenza e abilità terapeutica assicura che questa domanda sia soddisfatta dalla comunità d'ipnosi. Abbiamo appreso con grande tristezza che uno dei nostri colleghi più stimato, che poteva dare un aiuto terapeutico non solo ai pazienti, ma era stata riconosciuta come 'un terapeuta dei terapeuti', Helen R. Watkins, non può più svolgere questo ruolo. Lei è deceduta il 10 gennaio del 2002. Noi sentiremo la mancanza non solo del suo lavoro, ma della sua calda e incoraggiante personalità, ed il suo autentico 'self terapeutico'.

Gli imminenti congressi interni d'ipnosi, primo fra tutti il 9^o congresso della società europea d'ipnosi (ESH) in Roma Italia, il 25-29 Settembre, 2002, poi il 16^o congresso internazionale d'ipnosi in Singapore il 2-8 Agosto, 2003, forniscono opportunità eccellenti a tutti coloro che credono di poter contribuire, in qualsiasi modo, a rendere migliori gli altri specialisti d'ipnosi nella loro professione offrendo più approfondite basi scientifiche ed abilità tecniche, e per tutti coloro che sono disposti ad apprendere nuove tecniche e nuove scoperte dagli altri specialisti d'ipnosi.

Il tema principale del congresso dell'ESH è 'L' ipnosi ed altre modalità terapeutiche nel nuovo millennio' – posizionato per dare risposte alle sfide odierne, come prima menzionato. Io fortemente raccomando ad ognuno di voi di non perdere queste opportunità.

Attendo con impazienza d'incontrarvi personalmente prima a Roma in Settembre, poi a Singapore il prossimo anno!

Cordialmente vostra,

Éva I. Bányai, PhD – President, ISH

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IL 27 Marzo, 2002



LETTER FROM THE INTERIM SECRETARY-TREASURER

At this crucial time in International affairs it is important to reinforce the collegial relationships we share with our friends and colleagues across the globe. The pressures on professional practice and in particular in the area of clinical hypnosis make it important that we stand together at this time for the benefit of those with health and mental health difficulties who may benefit from clinical hypnosis.

As a valued member of the International Society I urge you not only to maintain your membership but also to encourage colleagues to join. The International Society will continue to keep you informed of what is happening internationally, as well as provide interesting insights into clinical and research aspects of hypnosis by interviews and articles in the Newsletter (published twice a year under the careful guidance of the Editor, Eric Vermetten).

In August 2003 the International Society of Hypnosis will once again hold the International Congress of Hypnosis and Hypnotherapy. This time it will be in the modern Asian city of Singapore. There will be a stimulating clinically oriented programme of workshops and a programme of scientific papers, invited and keynote addresses from the leaders in the field. To assist our colleagues, the Congress will offer a limited number of clinically oriented workshops in German, Italian, Spanish and Japanese. For further information about the congress and the programme, as well as registration go to our website or the website of the Congress Secretariat <http://www.icms.com.au/16ish>.

After the Singapore meeting there will be a 3 day Post-Congress workshop programme on the exotic Thai island of Phuket. Enjoy the 'Hypnotic Sunsets of Phuket & Thai Trance Therapy'. Also workshops will be offered in languages other than English.

Once more in 2003 the International Society will produce a CD-ROM directory of members and maintain the website for quick connection to other societies and sites of interest. Information about colleagues, educational meetings and congresses in the field of clinical hypnosis will also come to you via these international links. Our website address is <http://www.ish.unimelb.edu.au>.

Graham D. Burrows, AO KCSJ MD – Interim Secretary/Treasurer, ISH



FROM THE CENTRAL OFFICE

Greetings! Thanks to all who have contributed to the newsletter. 'Constituent News' is where all societies keep others informed of what's happening in Hypnosis in their part of the world. So please, keep that news coming!

Memberships: Ensure your membership's are current. For those of you not yet paid up for 2002, please endeavour to do so soon. And remember to keep us up-to-date of your current contact details including e-mail addresses.

As I write, we are still enjoying warm weather here in the land 'Down Under' – a late summer – though winter will be upon us soon. Hope all's well in your part of the world, best wishes from the Central Office in Melbourne.

Susan Hearn – Administrative Assistant, ISH

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ERNEST ROPIEQUET HILGARD, (1904 – 2001)

By John Kihlstrom, PhD

(This obituary is re-printed with the permission of ISH's official journal: The International Journal of Clinical and Experimental Hypnosis. Dr Kihlstrom's memorial first appeared in the April 2002 edition of IJCEH.)

Ernest Ropiequet Hilgard, one of the 20th century's leading psychologists and a central figure in the modern revival of hypnosis, died in Palo Alto, California, on October 22, 2001, at the age of 97. He was Professor Emeritus in the Department of Psychology at Stanford University, where he had been on the faculty for his entire academic career.

Jack Hilgard, as he was known to everyone, was born on July 24, 1904, in Belleville, Illinois. His father, a physician, volunteered for service in World War I, and died in France. Originally oriented toward a career in medicine himself, Jack graduated in 1924 from the University of Illinois with a degree in chemical engineering. After a year working in the national office of the YMCA, he received a Kent Fellowship for a year's graduate work in religion and social ethics at Yale Divinity School. He then turned to psychology, which he once characterized as a 'Hegelian synthesis' between the science of chemistry and the nonscience of religion, and entered the doctoral program at Yale. There the psychologist James Rowland Angell, one of the founders (with William James and John Dewey) of functionalism, was president and a new Institute of Psychology (later renamed the Institute of Human Relations, an interdisciplinary effort involving sociologists and psychiatrists as well as psychologists) promised the opportunity to study personality and human motivation with rigorous experimental techniques.

Although Hilgard's involvement with hypnosis research has sometimes led to the inference that he was a student of Clark Hull, who had moved from Wisconsin to Yale in 1929, in fact he worked with Raymond Dodge on conditioned responses and other aspects of learning. Dodge organized the Ninth International Congress of Psychology, which was held in New Haven in 1929, afforded Hilgard the opportunity to meet most of the luminaries. That same year, while still a graduate student, he became an instructor of psychology at Yale. Hilgard took his doctoral degree in 1930, and remained on the faculty at Yale for two more years, spending some time with Robert M. Yerkes at Yale's primate laboratory in Florida. In 1931, he married Josephine Rohrs, who took her PhD in developmental psychology under Arnold Gesell in 1933.

In 1933, the Hilgards moved to Stanford, where Josie entered medical school. By 1938 Jack had been promoted to full professor in the Department of Psychology, with a joint appointment in the education school fulfilling a longstanding desire to combine theory and practice. Except for occasional sabbaticals, the Hilgards remained at Stanford for the rest of their lives. Josie died in 1989. Jack is survived by a son, Henry, of Santa Cruz, a daughter, Elizabeth, of San Luis Obispo, five grandchildren, and six great-grandchildren.

True to his functionalist roots, Hilgard's earliest contributions were in the field of learning, where he combined careful experimentation with a talent for expository writing. His research showed that conditioned behaviors, previously considered to be unconscious

and automatic, could be placed under deliberate, conscious control. With Donald Marquis, he wrote *Conditioning and Learning* (1940), a summary of the field that quickly became required reading for graduate students; among other theoretical contributions, they coined the term 'classical conditioning', to distinguish Pavlov's work from the 'instrumental' or 'operant' conditioning studied by Thorndike and Skinner. *Theories of Learning* (1948), which went through five editions (the later ones co-authored with Gordon H. Bower, his Stanford colleague) created a central course in the undergraduate psychology curriculum, and set the pattern for theory-oriented survey courses and texts in developmental, personality, and social psychology. Ever attuned to the practical implications of basic theory, Hilgard also edited *Theories of Learning and Instruction* (1964) for the National Society for the Study of Education.

Hilgard was an important figure in the transition from learning theory to cognitive psychology. Even in the first edition of *Theories of Learning*, he distinguished between a behavioral psychology focusing on motor behavior and associations, and a cognitive psychology emphasizing perceptions and thoughts, and he was critical of stimulus-response theories in general. By rejecting the behaviorists' 'abhorrence of the subjective' he laid the foundation for the cognitive revolution by emphasizing the role of ideas as mediators between stimulus and response, and a willingness to treat phenomenal experience as scientifically respectable. While agreeing that animal research was relevant to the human case (after all, his early research was on rats, dogs, and monkeys), his eyes were always focused on the human case. Hilgard argued for a reversal of Lloyd Morgan's canon, that in order for a process to be scientifically reputable it must be demonstrated to occur in nonhuman animals. To the contrary, he argued that only if a process demonstrable in human learning can also be demonstrated in nonhuman animals is the comparative method useful in studying it. In this way, he extended the cognitive point of view to the understanding of learning and behavior in nonhuman animals. Thus, Hilgard interpreted the organism's response on the first learning trial as a 'provisional try' rather than merely the product of pre-existing habits and innate behavioral tendencies. From his point of view, both human and nonhuman learners are engaged in problem solving and hypothesis testing.

Hilgard had a real talent for expository writing. Successive generations of undergraduates cut their teeth on his *Introduction to Psychology* (1953), which was by far the most popular introductory textbook of its time, and set the standard by which all other introductory texts are judged. In addition to presenting the fundamental concepts, principles, and methods of scientific psychology, the introductory text indulged Hilgard's proclivity and talent for 'psychologizing'. In an expository style modeled on the writings of James and William McDougall (who had encouraged him to take his graduate studies at Harvard rather than Yale), Jack broke through the confines of empirical facts to make observations which set out new problems for investigation – for example, on the relation between emotion and motivation, or on the roles of development and interaction in personality – a theme that reappeared in his and Josie's account of the development of hypnotizability. Now in its 13th edition (2000), and written by Rita L. Atkinson, Richard C. Atkinson (Hilgard's former colleague, now President of the University of California, and a team of former colleagues from Stanford, the book now titled *Hilgard's Introduction to Psychology* will keep Jack's name on the minds of undergraduates for many years to come.

Jack Hilgard lived the history of psychology in the 20th century. He met Pavlov, argued

with Skinner, and nurtured many of the first generation of cognitive psychologists at Stanford. All of his work was informed by a consciousness of the past. His masterly *Psychology in America: A Historical Survey* (1987) is at once both a history of the field and a general textbook of psychology. This book, full of the psychologizing that he did so well, will remind future psychologists of their distinguished past for a long time to come.

Hilgard's contributions to hypnosis flowed from his curiosity about psychodynamic theories of motivation in personality. When, in the 1950s, the Ford Foundation was planning to support mental health research, its advisors (including Jack, Merton Gill, and David Shakow) proposed that hypnosis might serve as a laboratory model for the study of unconscious processes. The Ford Foundation was intrigued, and handed Jack the money to do the job. He invited Andre Weitzenhoffer, who had recently published a comprehensive survey of hypnosis research and clinical application, to join him at the Center for Advanced Study in the Behavioral Sciences, where they read everything they could get their hands on. Hilgard's comprehensive bibliography of hypnosis research, which he maintained on index cards until 1979, laid the foundation for the *Hypnosis and Related States Research Database* maintained on the World Wide Web by Jean Holroyd at UCLA (www.hypnosis-research.org).

The program of hypnosis research began in Hawthorne House, a former residence on the Stanford campus, in 1957, and in 1971 the laboratory moved into the psychology department's new quarters in Jordan Hall. Initially supported by a grant from the Ford Foundation, the laboratory later received continuous funding from the National Institute of Mental Health for research on 'Developmental and Interactive Aspects of Hypnosis' (Grant #MH-03859, 1961-1979). Weitzenhoffer remained at Stanford for several years, and Josephine was part of the project from the beginning. Others who worked for long periods with Jack and Josie included Helen Joan Crawford, Samuel LeBaron, Hugh Macdonald, Arlene Morgan, and Martha Newman.

The result, detailed in *A Saga of Hypnosis: Two Decades of the Stanford Laboratory of Hypnosis Research, 1957-1979*, Jack's unpublished terminal report to NIMH, was a model of systematicity. Because of the wide individual differences in response to hypnotic suggestion, it became immediately apparent that the first job of the laboratory would have to be the development of appropriate instruments for measuring hypnotizability. Building on earlier work by Friedlander and Sarbin, the result was the Stanford Hypnotic Susceptibility Scales, Forms A, B, and C, and the Stanford Profile Scales of Hypnotic Susceptibility, Forms I and II. Along with the Harvard Group Scale of Hypnotic Susceptibility, itself derived from the Stanford Form A, these performance-based tests put hypnosis on a firm quantitative basis, and permitted laboratories to replicate, and extend, each others' work. More than 40 years later, these scales and their translations and adaptations remain in use throughout the world, and are the gold standard against which alternative measurement procedures are evaluated.

The Stanford scales permitted hypnotizable subjects to be selected for experimental research, but they also permitted hypnotizability to be studied as a cognitive trait of personality trait, much like intelligence or cognitive style. Hilgard's 1965 monograph, *Hypnotic Susceptibility*, summarized what had been learned from the standardization of these scales: the distribution of hypnotizability, its factorial complexity and correlates in the wider domain of personality, the effects of hypnotic induction, and the possibility of

negative sequelae. A chapter by Josie laid out a developmental-interactive theory of hypnotizability that counts as an early example of work on person-situation interactions, and in 1970 she published the results of her careful interviews of the subjects in the standardization samples in *Personality and Hypnosis: A Study of Imaginative Involvement*.

But Hypnotic Susceptibility is more than a massing of distributions and correlation coefficients. If one administers enough standardized scales, one sees just about everything hypnosis has to offer. Accordingly, Hilgard filled his monograph with detailed analyses of individual items, providing the first in-depth analysis of direct and challenge suggestions, positive and negative hallucinations, age regression, posthypnotic amnesia, and posthypnotic suggestion. What did not make it into the book is archived in a set of more than 150 *Hawthorne House Research Memoranda*, later renamed *Hypnosis Research Memoranda*. Originally intended for private distribution to mark progress in various studies, they sometimes recorded interesting observations that might be followed up in later systematic research.

Work on the measurement and correlates of hypnotizability continued throughout the lab's operation. There were studies of the modification of hypnotizability, of self-hypnosis, and of the role of relaxation. There was a twin study offering some evidence of a genetic component to hypnotizability, and a family study that revealed a fascinating age-by-sex interaction. With Hugh Macdonald, Arlene Morgan, Helen Joan Crawford, and others, he explored the relationship between brain lateralization and hypnotizability. As late as 1979, Hilgard showed that the Stanford Form C could be 'tailored' for special screening purposes without losing any of its psychometric properties, and Josie (with Arlene Morgan) published two new Stanford scales, one for adults and one for children, short enough to permit the efficient assessment of hypnotizability in clinical settings. Jack's last empirical paper, published in 1989 with his Stanford colleague Philip Zimbardo and the late Carlo Piccione, documented the stability of hypnotizability in a 25-year follow up of individuals who had participated in the original standardization studies of the Stanford scales.

Beginning in 1966, Hilgard began an intensive study of a single hypnotic phenomenon, hypnotic analgesia. Analgesia was chosen partly because it dramatically illustrated the alteration in consciousness achieved through hypnosis, but also because of its potential for clinical application. As with the work on hypnotizability, the analgesia studies were highly systematic, beginning with a set of psychophysical studies that convincingly identified magnitude estimations, as opposed to physiological indices, as the most reliable and valid indices of cold-pressor and ischemic muscle pain. Although this work in itself was a lasting contribution to sensory psychophysics, the methods developed in these studies were then used to document the reduction in felt pain that could be achieved through hypnosis. A study with Goldstein was the first to show that naloxone failed to reverse hypnotic analgesia, thus eliminating endorphins as a possible mechanism for the effect. Together, Jack and Josie wrote *Hypnosis in the Relief of Pain* (1975), which remains the best available summary of the experimental and clinical literature. Later, Josie and Sam LeBaron successfully brought the laboratory findings into the clinic with a book reporting their study of *Hypnotherapy of Pain in Children with Cancer* (1984).

In his 1974 autobiographical essay, Hilgard had expressed some regret that he would be remembered more for his expository writing, and his status as a generalist and a statesman within the field, than for his specific experimental discoveries or theoretical system. This



February 1974, Ernest Hilgard, Professor of Psychology with subject in experiment.

self-assessment was probably inaccurate, but even if it were true, his 'neo-dissociation' theory of divided consciousness, which began to emerge in 1973, surely corrected the situation. Jack proposed that consciousness could be divided, so that a person might not be aware of, or perceive any control over, certain mental and behavioral activities. The primary experimental evidence for these dissociations came from the laboratory study of hypnosis, and particularly from Jack's own research on hypnotic analgesia. In his interpretation, analgesia occurred because the hypnotized subject was not aware of pain that was nonetheless registered in his perceptual-cognitive system. In a series of studies of hypnotic analgesia and deafness employing the 'hidden observer' technique, he showed that it was possible to gain access to mental representations of pain that would otherwise be inaccessible to conscious awareness. Although neodissociation theory made use of a concept that had been popular around the turn of the century in the work of Pierre Janet and Morton Prince, the prefix *neo-*

was intended to distance Hilgard from the excesses of earlier formulations. For example, studies by Jane Knox and James Stevenson, performed in Hilgard's lab, used an updated technique of 'automatic writing' to show that the dissociated stream of consciousness, while temporarily inaccessible to conscious awareness, nevertheless continued to interfere with ongoing cognitive processes.

The final version of neodissociation theory, as presented in *Divided Consciousness: Multiple Controls in Human Thought and Action* (1977), was sweeping in its scope, connecting hypnosis not just with the 'abnormal' psychology of hysteria, multiple personality, dreams, and the like, but also with the 'normal' cognitive psychology of late vs. early attentional selection, automaticity, and the modularity of mind. In a very real sense, it laid the basis for the 'consciousness revolution' in psychology and cognitive science. Just as important, it freed the notion of the unconscious from its association with Freud and psychoanalysis, laid the foundation for the scientific rediscovery of unconscious mental life that occurred beginning in the 1980s.

Hilgard found hypnosis interesting in its own right, but he was also interested in what hypnosis could tell us about other things – in particular, in the problem of levels of awareness and the relation between voluntary and involuntary control processes. Neodissociation theory laid the foundation for the revival, in the 1980s, of interest in

multiple personality and other dissociative disorders. Hilgard was critical of the excesses of the 'dissociative disorders' movement, just as he had been critical of the earlier excesses. Still, in this way, his scholarly career came full circle. He was also an early exponent of experimental psychopathology, as a research enterprise that would unite the study of normal and abnormal mental processes, as well as basic and applied, and scientific and professional, psychology. He consistently sought clinical material that would contribute to psychological theory. In the 1930s, long before the advent of behavior analysis and behavior therapy, he applied conditioning techniques to the assessment of both organic and functional psychological disorders. He and his colleagues successfully treated a case of hysterical paralysis by classical conditioning, and published studies of lesions in the striate cortex of monkeys that anticipated the later discovery of 'blindsight'. The second edition of *Theories of Learning* construed Freudian psychoanalysis as a learning theory, and he co-edited a book of readings on *Psychoanalysis as Science* (both 1956).

Hilgard's openness to Janet and Freud epitomized his general intellectual approach, as outlined in his contribution to *A History of Psychology in Autobiography* (1974). Like his principal models, James and McDougall, both were avid psychologizers. Hilgard took his ideas where he found them, without prejudice, and their proof was pragmatic – not so much whether they were true, but whether they led inquiry in interesting new directions. Hilgard had a real talent for understanding other theorists' proposals, even when their exposition (or, for that matter, their ideas) were muddy, and he had a real facility for seeing the relations among ideas. Hilgard disparaged eclecticism as diffuse and unparsimonious, but he was even more deeply suspicious of monoideist theories that missed more than they hit of what was really interesting about experience and behavior, and of finished systems in science that lead to exaggerated claims and premature closure. As a scientist, he promoted the virtues of open inquiry, and he approached research with a sense of wonder before the unknown. He preferred to discover scientific laws rather than enforce them.

Although his research ranged from the eyeblink response in dogs to the hidden observer in hypnosis, there is a core theme that runs through his research from the first paper to the last: a desire to understand the motivational processes involved in planning, choice, and voluntary behavior. His earliest research showed that conditioned reflexes could be voluntarily controlled, and his last research demonstrated how control could be relinquished in hypnosis and other dissociative states.

In addition to his scholarly activities, Hilgard's career was marked by a lifetime of service to psychology and the public. As an undergraduate and graduate student, he was involved on the national level with the YMCA; later, he was a supporter of teacher's unions and was involved in both the Consumer's Union and the American Civil Liberties Union (during the 1950s, he had a brief but unpleasant brush with McCarthyism). During World War II, he was posted to the Office of War Information, first in the Domestic Branch and later in the Bureau of Overseas Intelligence; he also conducted consumer surveys for the Office of Civilian Requirements. Afterward, he advised General MacArthur on the reorganization of the Japanese school system, and served as an educational consultant in West Berlin and at Hebrew University, Jerusalem. As Dean of the Graduate Division, he helped establish the Center for Advanced Study in the Behavioral Sciences at Stanford. He helped the Ford Foundation develop its programs in the behavioral and social sciences, and served on the National Advisory Mental Health Council which oversees the National

Institute of Mental Health. He chaired the committee that wrote the new constitution and by-laws merging the American Psychological Association with the American Association of Applied Psychology. He was one of the founders of Annual Reviews, Inc., nonprofit publishers of the *Annual Review of Psychology*, among other such volumes, and served as its board president for many years.

Hilgard received almost every honor that can come to a psychologist, including the Warren Medal of the Society of Experimental Psychologists (1940) and the presidency of the American Psychological Association (in 1949). He also served as President of the Society for the Psychological Study of Social Issues (1944), and of Division 26 (History of Psychology) of the American Psychological Association (1981). He was an Honorary Fellow of the British Psychological Society. Hilgard was elected to the Society of Experimental Psychologists (of which he was chairman in 1972), the National Academy of Sciences, the National Academy of Education, the American Academy of Arts and Sciences, and the American Philosophical Society. In 1972, he received the Wilbur Cross Award from Yale University, recognizing distinction among those who held graduate degrees from that institution, and the National Academy of Sciences Award for Scientific Reviewing (1984). In 1969, Hilgard received the Distinguished Scientific Contribution Award from the American Psychological Association, and in 1978, the Gold Medal of the American Psychological Foundation for 'scientific contributions to nearly every field of psychology'. In 1991, more than 20 years after his formal retirement in 1969, he was listed by the *American Psychologist* as one of the 10 most important contemporary psychologists. In 1994, he was recognized by the American Psychological Association for outstanding lifetime contributions to psychology. He received honorary degrees from Centre College, Colgate University, Kenyon College, Northwestern University, and the University of Oslo.

Within the hypnosis community, Jack Hilgard served as President of Division 30 (Psychological Hypnosis) of the American Psychological Association (1970), the International Society of Hypnosis (1973-1976), and the Society of Clinical and Experimental Hypnosis (1979-1981). In recognition of his contributions to the field of hypnosis, he received the Franklin Gold Medal of the International Society of Hypnosis (1980) and the Division 30 Award for Distinguished Contributions to Scientific Hypnosis (1993); he also saw several hypnosis awards named after Josie and/or himself.

Jack Hilgard's career spanned the development of psychology as both a science and a profession, and both the science and the profession were importantly shaped by his influence. He made it possible for the rest of us to do hypnosis research, and for that research to be published in the world's leading journals of psychology and medicine. There will never be another like him. All we can do is try to follow his example.

John F. Kihlstrom
University of California, Berkeley



HELEN HUTH WATKINS, (1921 – 2002)

Born in 1921 in Augsburg, Bavaria, she was named 'Helyanthe Maria Wagner', because her mother was reading a Greek romance at the time. Helen (Hely) romanced life for eighty years, helping others until her life ended suddenly this past January, after she suffered a brain hemorrhage.

Helen's father, Josef Wagner, died before she was born. Until she was eleven, Helen lived with her mother, Anna Maria Wagner, in her grandparent's home. She and her mother then immigrated to the United States and lived with relatives in Pittsburgh, Pennsylvania. When she became a naturalized citizen, she changed her name to Helen.

Speaking only German until she entered the sixth grade, Helen so mastered English that she graduated as valedictorian of her class in a high school of more than 5,000 students. Other academic achievements included completion of a B.A. degree with Phi Beta Kappa distinction from Penn State University and an M.A. from the University of Denver. In her personal life, Helen's first marriage to Robert Verner left her widowed at age 20, and she later married Richard Huth.

Serving for 30 years as a psychologist at the University of Montana Counseling Center, she imparted a powerful therapeutic influence on hundreds of young people. During that time Helen met and married, John G. Watkins, who directed clinical psychology training at the University, and with him embarked on a world-wide collaboration of developing innovative techniques in psychotherapy, the most well-known of which was the model of ego-state therapy. Among her professional accomplishments was the 'Pierre Janet Award for Clinical Excellence', which Helen received from the 15th International Congress of Hypnosis held at the University of Munich in the year 2000.

Her legacy includes more than 40 scientific articles, book chapters and one complete book, written in collaboration with her husband and as a solo author. In the private practice established in her later years, she became recognized as a therapist's therapist. Numerous mental health professionals came to her from all over the world for personal therapy and individual training.

The joy of her life was the sensitive process of understanding and resolving human problems, which she practiced so effectively. One of John Watkins' books, *The Therapeutic Self*, was dedicated to her.

Besides her husband, Helen is survived by two children, Marvin Huth and Karen Stroobants; four grandchildren: Sascha Eiblmayr, Nicholas and Nathan Stroobants, and Alexander Huth; as well as an uncle, George Sinzker.

In Celebration of Helen Watkins

There are many things I did not know about my friend and mentor Helen Watkins until I read her obituary. I did not know, for example, that we are both alumni of Penn State University. And I certainly did not know her true age. Very few people did, I'm told, because she disguised her years so well. But I am privileged to know some of the more important and enduring truths about Helen. Only a few of them are included here.

First, Helen was undeniably one of the world's most gifted clinicians. As a teacher and role model, she was legendary. Her wit, her creativity, and her gentle yet no-nonsense style, helped to unlock complex inner mysteries that haunted her patients and compromised their capacities for wholeness.

I had the good fortune to collaborate with Helen on several clinical cases in the last few years. Helen conducted weekend marathon therapy in her part-time private practice, since retiring from her post in the University of Montana Counseling Center, mostly offering her services to therapists from all over the world. I routinely sent her referrals from my own training workshops in hypnosis, ego-state therapy, and psychotherapy. One such referral was the troubled son of a workshop participant. This young man had recently been placed in residential psychiatric care after several police arrests and his mother was fearful about his future. Having heard that he was doing very well following his weekend visit with Helen, I asked her, colleague to colleague, what interventions she had used to join with her client so successfully. She replied in her characteristically understated way, "Oh, I see, you aren't a spoiled brat – you just act like one!"

On another occasion, I sent her a much more challenging case. This time, I sent her a woman who had been kidnapped and gang raped in early childhood in the U.S. before moving with her family to another country, where she still lived almost 50 years later. My initial assessment of her revealed that, although she had worked with numerous therapists and had many abreactive experiences related to these early events, her severe fragmentation continued to cause serious problems. A complicating feature was the likelihood that ego-state work would involve several subpersonalities who spoke a language unknown to Helen. After getting feedback that the patient's life had been transformed in many important ways following the intensive therapy, I asked Helen what she had done to contribute to such a breakthrough. Helen told me that it had been a fascinating experience because one protector ego state spoke only street Spanish so she had, of course, arranged for other ego states to translate (!). On one occasion, she bonded further with this ego state by speaking her own street German.

I will miss Helen Watkins in many, many ways. I will miss her creative clinical insights, her infectious giggle, and her German beer songs. (Those readers still skeptical about the validity of ego states have obviously never had the opportunity to accompany Helen in Bavaria where her own 10 year old ego state spontaneously interspersed childlike German into every conversation).

I will also miss discovering more of her ingenious applications of hypnosis with herself and others. A few years ago, when I learned that Helen was facing delicate surgery for a life-threatening pituitary tumor, I asked whether she would use self-hypnosis. "I'm a terrible subject," she told me. "What I've decided to do is to get my hair done the day before to prepare for visitors in the hospital afterwards." Indeed, what better preparation?

And I will miss intercepting her in the halls of future conference hotels as she rushes to meet yet another professional in need of consultation, having assured me in advance that she was 'definitely going to take it easy this year.'

Helen Watkins was one of the finest human beings I will ever know. She practiced in her life what she taught so well around the globe – how to love and laugh as well as how to heal. Though I am grateful for her continued mentoring within, life will not be the same without her.

Maggie Phillips

HONORING THE WORK OF HELEN AND JOHN WATKINS

Co-Creators of Ego-State Therapy

In workshops held in 23 countries, Helen and Jack Watkins presented the theory and practice of their dynamic approach to psychotherapy. Ego-State Therapy features the use of individual, family, and group treatment approaches for the resolution of unconscious conflicts among the various ego states that form a family of self within the human personality. The Watkins taught and demonstrated how each state can be activated, explored, and treated to balance competing needs that often trigger atypical and intractable psychological as well as physical symptoms.

Acclaimed as teachers, the Watkins have offered a unique blend of serious conceptual understandings peppered with insightful anecdotes and humorous appraisals of the other's creative contributions. Jack took the lead in presenting theory, while Helen sparkled during case discussions and clinical demonstrations. Each audience was treated to vibrant repartee which revealed their deep love and admiration for one another as partners in work as well as in life.

In her teaching and writings, Helen displayed a profound respect for the safety needs of every client. "Wherever we venture in hypnosis," she writes, "I accompany the patient so that he or she does not feel alone and abandoned." (Watkins, 1993, p. 237). She also conveyed an unwavering understanding of the therapist's role in working with clients who had been deeply hurt:

For individuals who were severely emotionally deprived as children, the relationship with a caring therapist may be introjected and provide an idealized self... To be most effective as an ego-state therapist both nurturance and resonance are necessary in order to form trust... However, the nurturance that heals comes from the inside of the patient as internal needs are satisfied and conflicts resolved. When the internal family is happy, the whole person is well adjusted. (Watkins, 1993, p.238).

Many experts within the field of hypnosis have paid homage to the Watkins' teaching, their prolific writing, and their brilliant clinical work:

Jack and Helen Watkins are master teachers both in workshops and on the printed page... Few scholars and clinicians bring such a wealth of experience and wisdom to their work.

Richard Kluff

Ego state therapy, developed... over the last 25 years, integrates the theories of psychoanalyst Paul Federn, hypnoanalytic and psychoanalytic techniques, and recent developments in the treatment of dissociation... A brief, active, psychodynamic approach, ego state therapy has helped many different patients get well in a very short time. It offers a possible solution to the need for an analytic therapy that can meet the time restrictions of managed care. Both Helen and Jack Watkins are excellent psychotherapists; their book is destined to become a classic.

Erika Fromm

The Watkins have a true line of connection between the great historical hypnotherapies of the past and the present. I heartily recommend their unique approach to creating a hypnotherapy for the present and the future.

Ernest Rossi

Jack and Helen Watkins are seasoned guides with map and compass on their tour of therapy for the twenty-first century. Their scholarly and strikingly original work is a must for those who want to help patients make deep and significant changes. Like any great feast, it will bring you back to the table again and again.

Claire Frederick

Their work will be honored further at the First International Congress on Ego-State Therapy and Hypnosis sponsored by the European Hypnosis Society and the Ericksonian society in Germany (MEG). This landmark event will be held March 20-23, 2003, just after Jack Watkins' 90th birthday, in Bad Orb, Germany (near Frankfurt). Congress organizers are Dr. Bernard Trenkle and Dr. Woldemar Hartman. Please mark your calendars and plan to attend.



INTERVIEW WITH JOHN KIHLSROM, PhD

Berkeley, CA, USA/Utrecht, NL, April, 2002

Interviewed by Eric Vermetten, MD

John Kihlstrom is on the faculty of the Department of Psychology at the University of California, Berkeley, where he is Professor in the Department of Psychology and a member of both the Institute for Cognitive and Brain Studies and the Institute for Personality and Social Research. Fifteen years ago, he published a lead article in *Science* magazine on 'The Cognitive Unconscious' which has been widely credited with sparking renewed scientific interest in unconscious mental life, after almost a century of Freudianism (Kihlstrom, 1987).

Dr Kihlstrom received his education at Colgate University, NY, and received High Honors with his graduation in Psychology in 1970. He completed a PhD in 1975 at the University of Pennsylvania in the Program of Research Training in Personality and Experimental Psychopathology. His more than brilliant career was launched after that. He received several scholarships and fellowships, e.g. at Penn and University of Wisconsin. He taught at the Departments of Psychology at Penn, Harvard University, Stanford University, University of Wisconsin, University of Arizona, Yale University, and his current position for the last 6 years is with the University of California, Berkeley, CA.

His CV, which is available on the web (<http://socrates.berkeley.edu/~kihlstrm>) is truly impressive. An abbreviated list of some of the committees he served: several Section Committees on Psychology, Medical Sciences, and Dentistry. He is Member of the AMA, Council on Scientific Affairs. Served at the APA, the Board of Convention Affairs, the Board of Scientific Affairs, the Board of Educational Affairs, the Science Conferences Review Committee; member of NIH, NIMH Behavioral Sciences Research Branch, Cognition, Emotion, and Personality Study Section, Perception and Cognition Study Section, Behavioral Sciences Task Force; National Research Council, and the Committee on Techniques for the Enhancement of Human Performance. He is representative to the American Association for the Advancement of Science, Section Committees on Psychology, Medical Sciences, and Dentistry.

He holds a number of editorial appointments, among which are the *American Journal of Psychology*, *Consciousness & Cognition*, and the *Journal of Abnormal Psychology*, and he has long served as associate editor for the *International Journal of Clinical & Experimental Hypnosis*.

He is fellow of the American Association for the Advancement of Science, American Psychological Association, American Psychological Society, and the Society for Clinical and Experimental Hypnosis. He is member of several other organizations and societies in the field of psychological research.

After winning a graduate prize in 1973 at APA, he won two SCEH prizes for (Harold B. Crasileck Award, and Henry Guze Award for the Best 'First Contribution' at the Annual

Meeting 'Temporal Sequencing in Posthypnotic Amnesia' for the Best Research Paper in the Field of Hypnosis 'Posthypnotic Amnesia as Disrupted Retrieval'. After that in 1980 the Arthur Shapiro Award for Best Book in the Field of Hypnosis, *Functional Disorders of Memory*; the Morton Prince Award, for distinguished contributions to the development of hypnosis in the science and profession of psychology by the American Board of Examiners in Psychological Hypnosis; Award for Best Theoretical Paper in the Field of Hypnosis, 1985 'Conscious, Subconscious, Unconscious: A Cognitive Perspective' by SCEH, and again an Award for Best Theoretical Paper in the Field of Hypnosis, 1988 'The Cognitive Unconscious', in 1991 the Bernard B. Raginsky Award, for leadership and achievement in the field of hypnosis by SCEH; the Ernest R. Hilgard and Josephine R. Hilgard Award in 1994 for the best theoretical paper in hypnosis 'The Self-Regulation of Memory: For Better and for Worse, With and Without Hypnosis' by SCEH. And a Distinguished Scientific Award for an Early Career Contribution to Psychology, 1979 in the area of personality from the American Psychological Association. The National Institute of Mental Health gave him a MERIT Award in 1990 on a grant 'Personality and Cognition in Hypnotic Phenomena'. Yale gave him the Yale College-Lex Hixson '63 Award in 1997 for Distinguished Teaching in the Social Sciences. In 1999, at the annual meeting of the American Psychological Association, he gave the F.J. McGuigan Lecture on Understanding the Human Mind. This lecture, entitled 'The Rediscovery of the Unconscious', was essentially a precis of a book, *The Unconscious Mind*, which he is completing this year while on sabbatical (<http://socrates.berkeley.edu/~kihlstrm/ampa99.htm>). At the conclusion of his service as Editor of *Psychological Science*, 1995-1999, the American Psychological Society presented him with its Editorial Service Award. Kihlstrom's hypnosis research has been continuously supported by NIMH since 1977.

I am not meeting with Dr Kihlstrom. We decide to build an interview through email correspondence. I hope you can read through the digital rhythm it brings along. Kihlstrom is one of the people I perceive as almost glued to his computer, and more than eager to respond to incoming emails. The speed and detail of his responses made me believe so. His last response to this: "By the way, my delay in responding was occasioned by a little vacation through Death Valley and Yosemite – so I'm not really glued to my computer!" His contribution to the field of hypnosis is extremely valuable, especially in the theoretical framework and in experimental studies. His hypnosis-pedigree includes scholarly clinicians and researchers that have passed away, but he captures the wisdom and insight these people have taught.

I did meet Dr Kihlstrom on a few occasions before though. One was when I was a postdoc at Yale, and my mentor Dr Bremner was interested to perform a study using word pairs, to study hippocampal function, and wanted to differentiate explicit and implicit memory functions, and wanted to use the Deese paradigm. We met in his office. I remember this entourage, the volume of the impressive library that was adjacent to his office and the dog that was running in and out. It was too bad that he had left for Berkeley soon afterwards, for we could have elaborated on brain functions and memory in more depth. In asking to help with an obituary for Jack Hilgard I had an opportunity to become reacquainted. I am most happy to have had the opportunity to have him talk about hypnotic themes for this newsletter.

A major goal of Kihlstrom's research is to use the methods of cognitive psychology to understand the phenomena of hypnosis, a special state of consciousness in which subjects

may see things that aren't there, fail to see things that are there, and respond to posthypnotic suggestions without knowing what they are doing or why. Afterwards, they may be unable to remember the things that they did while they were hypnotized – the phenomenon of posthypnotic amnesia, which has been a major focus of Kihlstrom's research. First, however, they have to find the right subjects. There are big individual differences in hypnotizability, or the ability to experience hypnosis. Screening subjects for hypnotizability is a very labor-intensive processes, and Kihlstrom and his colleagues spend at least as much time in this phase of their research as in formal experiments.

From this point on, however, Kihlstrom's experiments look just like anyone else's – except that his subjects are hypnotized. In one study using a familiar verbal-learning paradigm (Kihlstrom, 1980), the subjects memorized a list of 15 familiar words, such as *girl* and *chair*, and then received a suggestion for posthypnotic amnesia. As part of this suggestion, the experimenter set up a 'reversibility cue' to cancel the amnesia suggestion. After coming out of hypnosis, highly hypnotizable subjects remembered virtually none of the list, while insusceptible subjects, who had gone through the same procedures, remembered the list almost perfectly. This shows that the occurrence of posthypnotic amnesia is highly correlated with hypnotizability. Then all subjects were given a word-association test, in which they were presented with cues and asked to report the first word that came to mind. Some of these cues were words like *boy* and *table*, which were known to have a high probability of producing the 'critical targets' on the study list. Others were control cues, like *lamp* and *dogs*, which had an equally high probability of producing neutral targets' like *light* and *cats*, which had not been studied. Despite their inability to remember the words they had just studied, the hypnotizable, amnesic subjects were no less likely to produce critical targets than were the insusceptible, nonamnesic subjects. This shows that posthypnotic amnesia is a disruption of *episodic*, but not *semantic* memory. And in fact, Endel Tulving (1983) cited this experiment as one of the few convincing studies of the difference between these two memory systems.

Even more important, the subjects were more likely to generate critical than neutral targets on the free association test. This is a phenomenon of *semantic priming*, in which a previous experience, like studying a list of words, facilitates performance on a subsequent task, like generating words on a free-association test (e.g., Meyer & Schvaneveldt, 1971). The magnitude of the priming effect was the same in the hypnotizable, amnesic subjects as it was in the insusceptible, nonamnesic subjects. In other words, posthypnotic amnesia entails a dissociation between *explicit* and *implicit* memory (Schacter, 1987). Kihlstrom's experiment is now recognized as one of the first studies to demonstrate this dissociation.

The generation of so many study items as free associates gave the amnesic subjects an opportunity to be reminded of the words they had forgotten. Accordingly, Kihlstrom administered another free recall test immediately after the free-association procedure. However, the amnesic subjects still recalled less than 1 of the 15 items, on average. So, a reminder of this sort was not sufficient to breach posthypnotic amnesia. The amnesia was abolished only after administration of the pre-arranged reversibility cue, at which point the free recall of the hypnotizable subjects was indistinguishable from that of the insusceptible subjects. The reversibility of posthypnotic amnesia distinguishes it from other amnesias, such as the amnesic syndrome suffered by the famous patient H.M. and others with damage to the hippocampus. Reversibility shows that the memories in question were successfully

encoded and remained available in storage. Posthypnotic amnesia is a phenomenon of *retrieval* – a failure to gain access to memories available in storage. But this was already known. The most important finding of the study was the dissociation between *explicit* and *implicit* memory.

Although Kihlstrom's 1980 experiment is now recognized as one of the earliest demonstrations of the distinction between *explicit* and *implicit* memory it was not completely convincing on that account, because of a procedural confound. The test of explicit memory was one of free recall, while the test of implicit memory, priming on the free-association test, more closely corresponds to a test of cued recall. It is well known that, all things being equal, cued recall is typically a more sensitive test of memory than free recall. Accordingly, it is possible that the difference in performance between free recall and the free-association test was simply a matter of differences in cues, rather than a qualitative difference between conscious and unconscious expressions of memory. For that reason, Jennifer Dorfman, a NIMH postdoctoral fellow working in Kihlstrom's laboratory performed a more tightly controlled experiment, in which amnesic subjects were presented with the same cues on both explicit and implicit tests (Dorfman & Kihlstrom, 1994). On the explicit test, they were given a word such as *boy* and asked to remember an associated word (i.e., *girl*) from the study list. On the implicit test, they were given a word such as *table*, and asked to report the first word that came to mind. As expected, the hypnotizable, amnesic subjects showed a priming effect, generating critical targets more frequently than neutral targets. But they performed still very poorly on the matched explicit test of free recall. Dorfman's findings confirmed that posthypnotic amnesia dissociates explicit and implicit memory, impairing conscious recollection but sparing the unconscious influence of memory on the subject's experience, thought, and action.

John Kihlstrom was born and raised in upstate New York, near Ithaca and Cornell University. His mother was a school secretary and his father the minister of one of the local churches. He has an older sister, a nurse and medical administrator, and a brother, a retired public-school teacher who now deals in antiques. He is married to Lucy Canter Kihlstrom, a health-services researcher at Berkeley and Research Scientist at the Institute for the Study of Health-care Organizations and Transactions (www.institute-shot.com), where he is also a Fellow.

EV: *Let me start with your CV, Dr Kihlstrom. This is truly impressive. So many committees, memberships, appointments, and prizes you won. What is your secret? Devotion, intellect, health and presumably good humor!*

JK: *I think the secret is my chameleon-like nature: I tend to reflect, and take on, and relate to, the interests of the people around me. That means I'm a good utility person, for both a department and a professional organization. I'm interested in pretty much everything anyway, but I'm always open to new perspectives and lines of inquiry. For example, my wife, who is a health-services researcher, stimulated my interest in health applications of hypnosis, in health policy, and in aspects of health cognition and behavior. I had them before I met her; by virtue of my interest in hypnotic analgesia and my association, at Wisconsin, with Howard Leventhal, one of the leading health psychologists in America. But Lucy really brought out that interest strongly, leading to my involvement in topics far beyond hypnosis and memory.*

My professional society memberships largely reflect the organization of psychology in the United States. There are two big societies, the American Psychological Association, which includes researchers and clinical practitioners; the American Psychological Society, which is focused on researchers (including clinical researchers); the Psychonomic Society, which is specifically geared toward what used to be called 'experimental' psychology; and then there are the regional psychological associations, each of which I joined when I lived in the region.

As for the committee memberships, I think they reflect a general appreciation of the kind of psychology I do – I am really a general psychologist, interested in everything, and especially in the connections among the discipline's subfields. I appreciate a lot of different kinds of work, and I have a talent for seeing the broader implications of narrow findings. So I get asked to join a lot of committees. I do a lot less of that now: it's time for others to have a turn.

And as for the prizes, they're mostly for hypnosis: it's just a fact of life that if you do some good work in a small field that gives awards, and we give a lot of awards, you're going to get your share. The Early Career Award was pretty much of an accident, and it surprised a lot of people: I was nominated for it over my objections, and I later I learned that I got it because I was the only finalist who took individual differences seriously. Still, the timing of the award was perfect, because it made it possible for me to move from Harvard, where my appointment was ending (Harvard doesn't have a tenure track), to Wisconsin, where I was asked to lead the social-personality area group.

EV: Where are your roots, the Kihlstroms – Swedish? Does your name have a meaning in Swedish language?

JK: The name is Swedish, maybe Swedish-Finnish, and it refers to a mountain stream. My mother's side was Scots-Irish. Both sets of grandparents emigrated to the United States before World War I, and my parents met in New York City.

EV: By whom or how were you introduced to Psychology?

JK: My mother also did part-time work for the school psychologist in the district, a man named Frank Coyle, and that was my introduction to psychology. I was fascinated by psychological testing at an early age, and long before college determined that I wanted to be a research psychologist. Of course, I had no inkling that I would do hypnosis research. My original interest was in mental testing, whether educational or industrial/organizational. I really had no idea what it was all about, except that I was fascinated by the possibility that mental abilities, attitudes, and the like could be measured. Later, when I was doing my clinical psychology internship, I surreptitiously traded all my therapy cases for testing cases – until I got caught, and was saddled with some real doozies to treat. I guess that, as a clinical practice, assessment is closer to my interests in research than therapy is.

Actually, I fell into hypnosis completely by accident. Colgate discouraged early specialization, you couldn't declare a major concentration until the end of your sophomore (second) year, and you were not permitted to take the introductory psychology course as a freshman. It also had a strong core curriculum, and by the time I actually took psychology I had fallen under the sway of existentialist approaches to philosophy and theology – this was the sixties, after all! Anyway, I got interested in

issues pertaining to self and identity, and the cognitive creation of the oneself and reality, and wanted to pursue those themes. Colgate's psychology department was very small, with not too many majors, and every one of us got to apprentice ourselves to one of the faculty. So I chose Bill Edmonston, who taught the course in personality. It was only after he accepted me into his lab that I learned he did hypnosis research – and psychophysiology to boot!

Once exposed to hypnosis, I was quickly hooked, but the old interests didn't dissipate. When I applied for graduate school, I actually wrote that I was interested in 'quantifying the concepts of existentialist approaches to personality'. The joke around Penn was that they admitted me just to see what I looked like. But it turns out that the very issues that are the focus of my research: consciousness, the self, and memory as the core of identity – are continuous with those old existentialist impulses.

Getting back to hypnosis, my roots there are wide and deep. At the time I was at Colgate, Edmonston was the Editor of the American Journal of Clinical Hypnosis. He had been a graduate student of Frank Pattie at Kentucky, who was doing experimental research in the 1930s (and who capped his career with a scholarly biography of Mesmer), and he had been a post-doc with John Stern at Washington University, St. Louis. At Colgate, Edmonston had replaced George Estabrooks, one of the grand old men of hypnosis research, who had retired after many years as chair. Estabrooks was still a fixture around campus, however, so I had some contact with him as well. Estabrooks got interested in hypnosis through William McDougall, who had been his advisor at Harvard. Interestingly, Pattie had also been a student of McDougall's, as were W.S. Taylor, P.C. Young, and Henry Murray. I didn't know this until recently (Mel Gravitv pointed it out to me), but it is interesting in that – like Hilgard – I have always felt an attachment to McDougall's purposive psychology, which was quite in opposition to the passive, mechanistic view of human mind and behavior that prevailed at the time. Through Orne, of course, I can trace my lineage back to William James: James taught Prince, who (along with McDougall) taught Murray, who taught White, who taught Orne. And through Fred Evans, who served as my day-to-day research supervisor at Penn, I am related to Gordon Hammer and J.P. Sutcliffe. Most people can probably trace such a lineage, if they try, but frankly I'm pretty proud of this heritage, and you can see it reflected in my work. My approach to consciousness and dissociation, for example, is essentially Jamesian in nature.

EV: Apart of an impressive output, what struck me in your CV is that you wrote three obituaries in the last five years: Ken Bowers, Marin Orne and Jack Hilgard. I remember you were in the special symposium for Ken Bowers in San Diego at ISH in 1997. These three have been key contributors in psychology and hypnosis. Their styles and approaches were very different. How have these three influenced your career. In what way did they contribute to or dispute your neodissociation theory?

JK: Well, the field of hypnosis has suffered these three great losses, so close together in time, and I hope we can recover from them. Hilgard had a great long life, of course, he was almost present at the creation of modern psychology, but Bowers died young, and Orne went before he could really give us a comprehensive statement of his views on hypnosis. I was associated in some ways with all three: I was Martin Orne's graduate student from 1970-1975, and I took a sabbatical from Harvard at Hilgard's lab at Stanford 1977-1978, where I cemented my relationship with Ken and Pat Bowers. I had

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met them both earlier, as visitors to Orne's lab and at SCEH meetings, but at Stanford we became much closer. Plus, I have some historical interests, plus an ability to see people's work in a broader context, so it was probably natural to ask me to do these obituaries.

In retrospect, it's interesting that I never even considered graduate study at Stanford with Hilgard. Of course, he had formally retired from Stanford in 1969, while I was still an undergraduate, so it might not have been possible in any event. I focused on Penn because I was interested in personality and experimental psychopathology, the basic-research arm of clinical psychology, and Penn had one of the few such programs in existence. It was the director of that program, Julius Wishner, who showed me the historical link between hypnosis and hysteria. When I became involved with posthypnotic amnesia, two other Penn professors, Burt Rosner and Paul Rozin, introduced me to the work of Endel Tulving and to the emerging cognitive neuropsychology of memory. Richard Solomon and Henry Gleitman ran a joint seminar on learning that was also very important to my development as a cognitive psychologist. Those influences, followed by my exposure to neodissociation theory during my sabbatical at Stanford, pretty much set the course for my career.

Hilgard published his 'Divided Consciousness' book while I was there, and Bowers was working through the ideas contained in his paper with Brennenman on automaticity. So there was a lot of neodissociation theory in the air. Orne, however, was always skeptical. He saw the same divisions of consciousness that Hilgard did – that's what 'trance logic' was all about, for example. And he understood clearly that posthypnotic amnesia was a temporary disruption of retrieval processes, hence essentially dissociative in nature. In the final analysis, however, I think that Martin was more focused on the matrix of social-psychological processes implicated in hypnosis – hence his emphasis on demand characteristics and ecological validity, and the 'debunking' character of his studies of age regression, antisocial behavior, and the disappearing hypnotist. But Orne was not so much of a social psychologist that he embraced the views of Ted Sarbin or Ted Barber. Orne was a student of the late Robert W. White, and his position was essentially the same as White's: hypnosis is an alteration in consciousness that takes place in a particular sociocultural context, and you have to understand both consciousness and context if you are going to understand hypnosis.

Orne and Hilgard were allies in the study of hypnosis, but with respect to neodissociation theory, Orne thought that Hilgard's approach, were being essentially cognitive in nature, ignored the social-psychological dimension of both hypnosis and hysteria and dissociation. I think Orne was right about this, as we very quickly when those who promoted the multiple personality 'epidemic' of the 1980s and 1990s fastened onto Hilgard's work for scientific justification. Hilgard believed that there were valid cases of multiple personality disorder, as do I, as did Orne. But while Hilgard recognized the possibility of simulation or iatrogenesis, those issues weren't salient enough in the 1970s, when he was writing the book, to make their way in as qualifiers to his theory.

EV: What is your take on Hilgard's idea of the hidden observer? It has been criticized but served as a key principle in his neodissociation theory.

JK: The hidden observer was in some respects an unfortunate metaphor, but it has mostly been criticized by people who didn't have any sympathy with the process of dissociation to which it referred. All Hilgard meant was that, in phenomena like analgesia, what Sutcliffe called the 'actual stimulus state of affairs' is still processed by the

individual's mental structures – just subconsciously. And because that subconscious processing has taken place, that 'stream of consciousness' can be contacted – at least in principle. The 'hidden observer' was both a metaphor for this dissociated state of affairs, and a convenient name for a technique for recovering this subconscious material. It's not all that different from the reversibility of posthypnotic amnesia – at one moment, the subject doesn't remember; at another moment, he does. It's not all that unusual.

And it's no mark against the hidden observer that, as Spanos showed, the phenomenon is affected by the precise wording of the suggestion. Everything in hypnosis is affected by the precise wording of the suggestion.

There's an analogous situation with respect to Orne's concept of trance logic. Anyone who's had any experience of hypnosis has seen trance logic, and I think that the phenomenon is essentially dissociative in nature. Orne might have been wrong to propose that it was uniquely characteristic of hypnosis, but he wasn't wrong to draw attention to the phenomenon. I only regret that he didn't really follow up his initial observations, which if you read the 1959 paper were rather informal, and give us a definitive study. I think that Hilgard learned a lesson from Orne's experience, which is why he did those follow-up papers in which he really nailed the phenomenon down.

EV: Do you have any 'one-liner's to describe Hilgard, Orne and Bowers?

JK: Orne was a methodological genius, very quick on the uptake, very quick to see both the relevance of a piece of work as well as any methodological problems with it. And he was the finest editor I think I'll ever see. He was absolutely committed to using the *International Journal* to building the field of hypnosis.

Hilgard was one of the great men of 20th century psychology, who knew everyone, and, for a while, everything there was to know in the field. Without Hilgard's interest and involvement, I don't think the post-war revival of hypnosis would have occurred at all. It would have remained more of an esoteric topic, held at arm's length by most people.

Bowers was the nicest person in psychology, extremely generous with his time and his talents. And he was a brilliant experimentalist. I have a little 'Faustian' list of studies that I'd have killed to have done myself, and there are more studies by Ken Bowers on that list than by anyone else.

One attitude I got from both Orne and Hilgard, and from Ken Bowers too, for that matter, is that while hypnosis is intrinsically interesting, for most people hypnosis is chiefly of interest for what it can tell us about other things. You never see academic departments listing a job for a professor of hypnosis. They want cognitive psychologists, or social psychologists, or whatever. Introductory textbooks might have a chapter on consciousness, but they don't have chapters on hypnosis. And so you have to make those connections. Hypnosis will thrive, and hypnosis researchers will thrive, to the extent that hypnosis is connected up to other things. Memory has served this purpose for me. Beginning with my work on posthypnotic amnesia, I've been able to branch out to work on other aspects of memory, and explicit-implicit dissociations in other domains, such as sleep or general anesthesia, and even to personality, through the role that memory plays in identity, and the idea that the self is a knowledge structure stored in memory.

Hilgard used analgesia to much the same purpose: at the same time as he was working on hypnotic analgesia, he was making fundamental contributions to the psychophysics of

pain, and using analgesia to promote hypnosis within the medical community. And his book on divided consciousness was full of things besides hypnosis: hypnosis was only one phenomenon that illustrated his fundamental point. No matter how many papers you publish on hypnosis, if you don't give people outside the small circle of hypnotists reason to be interested, you won't stimulate the field.

EV: In your work posthypnotic amnesia has returned more than once. What is your fascination in this theme.

JK: Well, you have to work on something. Edmonston was interested in the concept of 'neutral' hypnosis, what happens after hypnosis is induced but before suggestions are given. He was essentially a Pavlovian, as evidenced by his later book on hypnosis and relaxation. I wasn't a Pavlovian. As a student in the late 1960s, I was interested in altered consciousness, and at the same time as I was working on hypnosis I was trying to get the Colgate electronics shop to build an alpha-wave feedback device so I could replicate the studies Kamiya had recently reported in *Psychology Today*, and I was trying to get a visiting Zen master, Shibayama Roshi, into Edmonston's psychophysiology lab so I could record his brain waves while he meditated. As a result, my undergraduate honors thesis was entitled 'Alterations in Consciousness in Neutral Hypnosis' (it was published in the *American Journal* in 1971). I just took highly hypnotizable subjects and gave them a semantic differential test in and out of hypnosis. I gave Martin Orne a copy of my thesis to read, and his immediate response was to persuade me that nothing occurs in hypnosis except in response to suggestion. So that while my results were 'interesting', in his view they didn't have much to do with hypnosis. So from then on, my interests turned in toward figuring out how specific hypnotic suggestions worked.

I fell into posthypnotic amnesia completely by accident. Fred Evans had this idea that hypnotic subjects recalled hypnotic suggestions out of their correct temporal sequence, but he didn't have the proof. There was a lot of archival data in the Orne lab, so we took a couple of large samples and did a systematic study, and we found out he was right. Organization theory was very hot in the study of memory at that time, and my contribution was to link this observation to basic memory theory – hence my first experimental work on posthypnotic amnesia as disorganized recall. Organization theory faded in the study of memory, as new approaches came to the fore, but I still think that was good work, and the essential ideas are sound. More recently, my interests have focused on the dissociation between explicit and implicit memory in posthypnotic amnesia, but my view is that explicit memory refers to temporal context in a way that implicit memory does not. So there's a continuity there.

EV: What might the biological correlate for this dissociation be? Hippocampal disfunction? Has there not been some empirical evidence with PET to substantiate this viewpoint.

JK: To be honest, I haven't given this much thought. To my mind, it only makes sense to look at neurobiology once the psychology has been thoroughly worked out. Now, we have a pretty good grasp of posthypnotic amnesia from the psychological end, features such as reversibility and explicit-implicit dissociation, and with these new brain-imaging techniques available – here at Berkeley we have a 4T MRI dedicated to research – we can look at what's going on in the brain. Posthypnotic amnesia is fundamentally a

disruption in explicit episodic memory, so the hippocampus might well be involved at some level. But it's also a disorder of memory retrieval, so the frontal-lobe structures that strategically organize the retrieval process – remember that early work on temporal disorganization? – might also be implicated. The problem is getting people to stay hypnotized in an MRI machine, which is damn noisy. PET would be quieter, but it's also more invasive, and besides we don't have one at Berkeley. But we know how to do the experiment. There are just some practical details to be worked out.

EV: Let me go back to your idea about the Self. Daniel Dennet suggested the self as 'the center of narrative gravity'. Could you comment on this idea?

JK: Well, that's true so far as it goes, but I think there's more to it than that. The self is the center of consciousness. Every conscious state involves a mental representation of the self as the agent or patient of some action, or the stimulus or experience of some state. James understood this, as did Janet and Claparede. In all instances of unconscious influence, the mental representation of the self is somehow missing. In explicit memory, we say "I remember this or that". In implicit memory, we say "This or that is so". If you're conscious, you're conscious of what you're doing and experiencing, and you can't be conscious of what you're doing or experiencing without connecting that action or experience up to some mental representation of the self. Without a self, you're one of Dennet's zombies, operating completely on automatic pilot. I don't know whether consciousness causes self or self causes consciousness, but the two are intimately related.

EV: There are so many scales in Hypnosis, your approach has been more theory driven, what is your take on these scales, what do they measure?

JK: The scales are the most important thing about hypnosis research, and that's why Hilgard is such a central figure. He gave us the scales, and the scales put hypnosis research on a firm quantitative basis. Hypnosis can be studied only in the hypnotizable. By selecting subjects on their scale scores, we can predict with some confidence who is going to respond to suggestions for amnesia, or whatever.

One reason there are so many scales is that the purpose of the scales differ from one to the other. The Stanford Forms A and B have been supplanted by the Harvard Form A, which is useful for preliminary subject screening. The Stanford Form C is essential for confirming a person's level of hypnotizability. Assessment can stop there, in my view. Nobody uses the Profile Scales, and their essential purpose, for subject selection, is met by the tailored Form C that was developed as a group exercise during that year at Stanford with the Hilgards, and the Bowerses, Crawford, I, and others were together. I think that Barber introduced the BSS scale because he didn't want to use someone else's procedure, and I suspect that Spanos introduced the Carleton scale for the same purpose. But these scales have fallen into disuse now, and I think it's a mistake for there to be a proliferation of hypnotizability scales. We can all do our work with the Harvard A and Stanford C.

EV: Not to forget the Hypnotic Induction Profile. In what way do you consider this scale as different? And do you have ideas about the eye roll phenomenon, the sort of biological substrate of hypnotizability?

JK: Well, to be perfectly honest, I'm not a fan of HIP. I'm a big fan of Herb Spiegel, who gave me more useful psychotherapy training in one three-day SCEH workshop than I got

in a year of formal internship, and I admire Herb's eagerness to study things like his smoking treatment empirically. Herb understood clearly that it only made sense to use hypnosis to treat patients who were hypnotizable, and I appreciate the impulse behind the HIP, which is to permit rapid clinical measurement of hypnotizability. But it's pretty clear that the eye-roll sign is unrelated to hypnotizability, and if you take out the eye-roll sign the HIP is essentially a short scale of hypnotizability just like the others. I think that Stanford Hypnotic Clinical Scales, which take a little longer to administer, do a better job of assessing hypnotic talent. Sure, the HIP gives you a first approximation more quickly, perhaps, but if assessment is really important to treatment then you ought to take the time to do it thoroughly. Given how long we take to give patients the MMPI or a WAIS, not to mention a Rorschach or TAT, 20 minutes doesn't seem too long for assessing something that might actually be clinically useful, like hypnotizability.

I should say, though, that I have concerns about the proliferation of scales outside of the Stanford-Harvard series. As I indicated earlier, the Stanford Scales put hypnosis research on a firm quantitative basis: for the first time, we could compare results across laboratories, and all select subjects the same way. And, of course, they made it possible to study hypnotizability itself, as a cognitive ability or personality trait. But when people started introducing their own scales, this uniformity disappeared. Some of the scales, such as the Barber Suggestibility Scale and the Carleton University Responsiveness to Suggestion Scale, were really in-house instruments that never caught on. But while Barber and Spanos were active, their use of these idiosyncratic scales made it just that much harder to replicate and extend each others' studies. This is not to say that after 40 years, there isn't a need to do some tinkering with the scales. In our own lab, we have added assessments of subjective success and experienced involuntariness, for example, and fiddled with the wording a teeny bit to reflect contemporary American English usage, but the fact is that they are pretty good as they were originally published.

EV: You wrote extensively about Hysteria and Conversion Disorder, or as you categorized them, 'Functional Disorders'. In Hypnosis we see two themes in Conversion Disorder patients: *Bewegungssturm*, or rapid movement, pseudo Epilepsy versus Catlepsia, Amnesia or Paresis, almost like the Hughlings Jackson phenomena you once described in the chapters in the Dissociation Handbook: Positive and Negative Symptoms. How do you address these phenomena?

JK: The dissociative phenomena that interest me most are the lapses in consciousness, as with functional amnesia, blindness or deafness, or paralysis. The negative symptoms, you might say. These are the phenomena for which some kind of neodissociation theory applies most easily. The positive symptoms, as in hysterical automatism, are more puzzling. But I don't think they're truly automatic, in the sense that has evolved in information-processing theory. I think they just appear to be automatic, because the person is not aware of initiating them.

EV: Any state dependent memory principle that initiates them?

JK: No, I don't think so. State-dependent memory is in some sense dissociative, in that memories that are not accessible in one state become accessible in another state. But posthypnotic amnesia is not a phenomenon of state-dependent memory. The memories come back when you give the reversibility cue, and the patient doesn't become rehypno-

tized. And when I was at Harvard, Ron Shor, Donna Pistole, Heather Brennehan, and I did a little study that showed pretty convincingly that the reinduction of hypnosis, per se, doesn't reverse amnesia. Neither is posthypnotic suggestion state-dependent: a clever study by Joe Reyher and Larry Smyth some years ago showed that people don't re-enter hypnosis when they execute a posthypnotic suggestion.

EV: A widely used principle is the affect bridge in Hypnosis. To ask the subject to use a certain mood state as a metaphoric bridge to go back in time to earlier states this mood was present? This is clinical effective approach, what may be an underlying principle here?

JK: I think that Jack Watkins' affect bridge was a brilliant clinical insight, and obviously there's a connection to state-dependency. Anybody who's ever been in a close, long-term relationship knows that when one party's angry over something, all sorts of stuff can come out, that's unrelated to the topic of the argument but is united by its association with previous anger states. Depression can work the same way, creating a vicious cycle in which depression makes someone more likely to remember sad events, which makes him more depressed, and so on. I'm sure that the technique is very helpful clinically, but there's a catch. If, for example, you're using the affect bridge to recover memories, then you incur some sort of obligation to check on the accuracy of those memories. Affect can bridge to imagination, and delusion, as well as to reality, and the clinician really has to work out which is which. That's how we got into such trouble with the recovered-memory movement: they accepted the memories at face value, because they made clinical sense, like Freud's old 'tally' argument, without bothering to check whether, or to what extent, they were true.

EV: What do you think: Is there an 'interpersonal vs an 'intrapersonal' as we see socio-cognitive approaches and more dissociation/trauma based approaches of Hypnosis?

JK: I reject the distinction between interpersonal and intrapersonal. Hypnosis is both a special state of consciousness and a social interaction, and hypnotic alterations in consciousness are embedded in a particular sociocultural definition of what hypnosis is. Some people prefer to study the social context, others prefer to focus on the altered consciousness. I'm interested in consciousness, so I'm in the latter crowd. But I acknowledge the importance of sociocultural factors – I just don't think they're the whole thing. And, OK, I'm a dissociation theorist, if you held a gun to my head, but only because I think that dissociations are the most interesting aspects of hypnosis. So did Jack Hilgard. So did William James. But to say one is a dissociation theorist doesn't mean anything more than that. To think of hypnosis as dissociative doesn't require one to think of hypnosis as trauma based, because as I said there is no good evidence that trauma has anything to do with dissociation. Hypnosis is dissociative because the person is not aware of something – memory, visual percept, whatever – that he or she would ordinarily be aware of, and which influences his or her ongoing experience, thought, and action outside of awareness. 'Dissociation' in this sense is purely descriptive.

EV: A theme that I'd like to address is the recovered memory debate, or exhumed memories, as you once called it. It was a pity you were not able to come to the symposium Dr Nelly Moerman put together a couple of years ago on this theme and the link to awareness during anesthesia. We've had a swing of 'the debate' in the Netherlands,

nothing like in the US though. The field has been in turmoil since. Has it matured the field or left the field knock-out? Now we're moving to an era of brain research and hypnosis. Please share your thoughts on this.

JK: Yes, I regret having to bow out of the Rotterdam symposium. I had given keynotes at the first two symposia on memory and awareness in anesthesia, in Glasgow and Atlanta, and I still think that the problem of implicit memory in general anesthesia is extremely interesting, if also extremely difficult to get a handle on. Still, I follow this area with great interest, as one of those extensions from my original work on posthypnotic amnesia.

With respect to the recovered memory debate, I have to say that it has been a disaster for hypnosis, for psychology, and for the mental-health professions in general, at least on this side of the Atlantic. I'm not all that familiar with how things have gone in Europe. The idea that trauma causes amnesia, through a mechanism like dissociation or repression, has been part of psychiatric folklore since the time of Janet and Freud. But there never was any good evidence for it, and there still isn't, no matter what some enthusiasts argue. And there has never been any good evidence of the validity of recovered memories of trauma.

In more than 100 years of clinical folklore, there is only a handful of well documented cases, and some of those are weak. Emotional arousal makes events more memorable, not less, and there is no theoretical reason to expect that hypnosis can recover forgotten memories, whether in the courtroom or in the consulting room.

The recovered-memory movement made three mistakes, I think. The first was to embrace the essentially Freudian position that mental illness is caused by specific traumatic experiences. There's no evidence for this, and aside from the occasional case of post-traumatic stress disorder the fact is that most people who have experienced trauma do remarkably well. The second, related to the first, was to believe that mental illness could only be treated by bringing those experiences into conscious awareness and working them through. But the most successful forms of psychotherapy, such as cognitive-behavioral therapy, focus the patient on the here and now rather than the there and then. The third mistake, and it follows naturally from the first two, was to fail to gather independent corroboration of recovered memories of trauma. If you believe that trauma causes mental illness, then you are disposed to believe it when the mentally ill tell you they've been traumatized. But, in my view, if you are going to attribute mental illness to historical events, and treat mental illness accordingly, you have an obligation to confirm that the history is true. Otherwise, patient and therapist can slip into a *folie à deux*, pardon my French, and therapy can go off in entirely the wrong direction. Which, apparently, it did, for thousands of people. There's no controlled clinical study showing that recovered memory therapy makes people better, and some evidence that it makes them worse.

Here's what we have to show for recovered-memory therapy in the United States: medical-malpractice lawsuits sometimes reaching into the millions of dollars; third-party lawsuits for damages, the first time nonpatients have ever been able to sue therapists for damages; and, in the United States, attempts to legislatively forbid certain therapeutic practices. At a time when the challenge from biological psychiatry has never been greater, the whole concept of psychotherapy has been thrown into disrepute – not to mention the concept of mental illness, and especially psychogenic theories of etiology. To the extent that hypnosis, and hypnotists, played a part in recovered-memory therapy, we have shared in these outcomes. Just when things were starting to go well.

EV: Veterans have shown us that trauma can disrupt the flow of life and lead to biological changes in brain structure and function (JD Bremner: *Does Stress Damage the Brain?*, Norton, 2002). But I do like to hear more about your viewpoint. The head of the department of the university of my residency – who had been in a concentration camp, he was branded on his arms with the deportation number – told me he did not believe in PTSD, “If anybody should have it, it should be me, and I do not have PTSD”. Does this reflect resilience, or is it avoidance or repression as is so hard to address, does the question implicitly exhume painful memories?

JK: Well, I don't think of PTSD as dissociative in nature. It's an anxiety disorder, in an entirely different class of syndromes. For example, PTSD patients remember too much – they can't forget what happened to them, or at least set it aside. But in the functional amnesias, patients remember too little – they don't remember things they ought to remember. Trauma enhances memory – which is one reason that I doubt the traumatic etiology of dissociative disorder. But of course, given the base rates, some patients will have traumatic histories and dissociative disorder just by chance. But we shouldn't magnify that chance relationship.

As for your professor, it would be inappropriate for me to diagnose at a distance, but maybe he was right! Maybe he didn't have PTSD. Human beings are remarkably resilient. Not everyone who is exposed to traumatic circumstances suffers from PTSD. I don't see any *a priori* reason to label him as avoidant or in denial or *somesuch*.

EV: Now, research has demonstrated the leakage of amnesic barriers, and other research (e.g. Like the thesis of Dr Roelofs, The Netherlands) that the neodissociation theory is validated in her empirical approach in conversion disorder. These people are also more hypnotizable than the average population. Is this (and the subsequent aetiology) trauma based, has their genetic constitution facilitated (pruned) this in them, or is there another explanation for this? Is this a ‘chicken or the egg thing’ or is there more to say about this? Please share your perspective.

JK: There's clearly a relation between hypnosis and what we used to call hysteria and now call the dissociative and conversion disorders. In fact, I have argued that the conversion disorders are essentially dissociative in nature, and wrongly classified as ‘*somatoform*’. It may very well be, as some have argued, that hypnotizability is a risk factor for dissociative disorder. That would make sense. I don't think the evidence for a traumatic etiology of the dissociative disorders is very strong. It's mostly based on uncorroborated self-report. To find a history of trauma in a hysterical patient makes for a nice Freudian story, but like most Freudian stories, it's probably wrong. And, of course, there's no reason to think that trauma has anything to do with high hypnotizability. I think of hypnotizability as a skill or a talent. Some people have it, other's don't, like talent for music or a sport. We don't know how those talents arise, but in this respect hypnotic talent is no more mysterious than singing talent.

EV: You have interesting statements about Freud. Why can psychologists do without Freud, I know you can refer to the article, but are teachers contaminating the brains of new psychologists if they do?

JK: Psychologists can do without Freud because Freud was wrong in every detail. His view of unconscious mental life is wrong. His psychosexual theory of development was

wrong. His psychosexual theories of neurosis are wrong. Freudian psychoanalysis can't be an effective treatment for mental illness because people don't become mentally ill because of unresolved Oedipal crises. The whole thing is wrong-headed, and it always was. Freud's own patient Dora knew this intuitively, which is why she got out of Freud's office as fast as she could. Everybody else should have followed her example. The Australian psychologist Malcolm Macmillan has done a thorough analysis of Freudian doctrine (Freud Evaluated: The Completed Arc, MIT Press, 1991), and nobody who reads it can ever take Freud seriously again. I'm not even sure that Freud should be taught as part of the history of psychology. The psychological theories we have today, and the psychological therapies, that work, owe nothing to Freud. At the University of Arizona I was responsible for teaching the general survey course on personality, and on two semesters I cut Freud out entirely. I had to cut out half the textbook, too, but otherwise it worked quite well.

Psychologists who are interested in personality should do more to link theories of personality to theories in the rest of psychology, as Nancy Cantor and I tried to do in our theory of social intelligence, and in our work on the self. And those who are interested in mental illness and its treatment should do the same, as cognitive-behavioral therapists do in their successful treatments. We don't need Freud. We've got a perfectly good psychology without him.

EV: Why then has Freud been so extremely popular and has his theory been the mainstream in so many courses? And in relation to Hypnosis; it is argued that his giving up Hypnosis has had a negative influence on the use.

JK: Freud's been popular because he told wonderful stories, and human beings love wonderful stories. But they're just stories, like fairy tales. In my view, Freud's popularity in mainstream psychology courses reflects a real intellectual failure on our part. Whose theory of personality is as interesting as Freud's? Put another way, how many movies have been based on the 'Big Five' model of personality? Freud filled a vacuum. When most of psychology was off doing psychophysics and pigeon-pecking, psychologists influenced by Freud were grappling with the big issues in psychology. Think of the work of David Rappaport, for example. But once other psychologists started grappling with those same issues, taking them seriously, getting beyond what John Marks once called the world of 'rats and cheese', they found out that they didn't need Freud after all. For example, we now know a lot about the psychological unconscious, but we didn't need Freud for any of it, and none of it supports Freud in any way. Some people may have gotten involved in some issues by way of Freud, but those lines of research are now, as Gordon Allport would have put it, 'functionally autonomous' of Freud. We can get along without him – more than that, Freud is a dead weight, holding us down.

EV: So, which university will get the first professorship in hypnosis?

JK: There will never be a professorship in hypnosis, and the day it happens will be a disaster for the field. Just as hypnosis isn't a profession – there are only psychotherapists and physicians and dentists who use hypnosis – so hypnosis is not a science – there are just cognitive and social psychologists, among others, who do hypnosis research. Hypnosis will survive to the extent that it stays connected to these disciplines. When psychoanalysis moved out of the academy, and promoted itself as an

alternative science, or profession, or whatever, on that day it began to die. The same would happen to hypnosis.

EV: How should hypnosis be taught? By societies, in workshops, or by universities, to their respective students, psychology, social science, medicine etc.

JK: I'd prefer that hypnosis be taught in the regular curriculum, as a topic for research and a potential therapeutic modality, just as other things are. But failing that, it's really up to the societies, and I think that the societies – I'm particularly familiar with SCEH – do a pretty good job. The most important thing to stress, though, is not technique but rather the scientific basis of clinical hypnosis. Why would we think that hypnosis would work for such-and-such condition? Why favor this particular approach? What's the evidence that it actually *does* work? If we escape from the scientific base we're all in big trouble. So I worry a lot when, for example, we have one 'research' workshop and then a bunch of 'clinical' workshops, as if clinical practice is somehow separate from science. The future of medicine and psychotherapy is in evidence-based or empirically supported treatments, and I think that any clinical technique that is taught should be accompanied by scientific documentation that it really works. As an example, consider Elvira Lang's work on hypnotic analgesia as an adjunct to conscious sedation for outpatient surgery. Her carefully controlled studies show not just that hypnosis helps, but also that it is cost-effective. That's the kind of work we should be promoting, because that's the kind of work that will help hypnosis retain its place in the clinician's armamentarium, and its respect among medical authorities.

EV: Several lay-hypnotists are blurring the field of professional hypnosis. Ignore them, overrule them, abandon them?

JK: The question of lay hypnosis is a difficult one, because anyone can hypnotize – it's all in the subject, after all, not in the hypnotist. You can't prevent people from hypnotizing each other at cocktail parties and night-club shows. But lay hypnotists have no business treating patients. Martin Orne taught a good rule: if a person is not professionally qualified to treat something without hypnosis, then they're not qualified to treat something with hypnosis, either. First you look for that professional certificate on the wall – physician, dentist, clinical psychologist, or whatever. Then you look for the certificate of hypnosis.

EV: You moved several times to different departments, Penn, Harvard, Stanford, Wisconsin, Arizona, Yale and since 1996 at UC Berkeley. Mean is about 6 years before you relocated. Will the East Coast be next again?

JK: It's true that I've taught at a number of places, moving an average of about every six years – sometimes I wonder why I bothered to get tenure! But of course in the American system you take your tenure with you, and at least in this country academic life has become increasingly peripatetic. Anyway, every place I've been has had its attractions, so each move has much more been positive, moving toward something, than negative, away from something. Harvard was a great place to begin a career, not just because it was Harvard, with all its reputation and resources and very distinguished senior faculty, but also because of the extraordinary people I had as junior colleagues. But Harvard rarely tenures from below, and so I had to leave, and I was lucky

that Wisconsin came along – a beautiful campus in a wonderful city that fostered my development as a personality and social psychologist. Wisconsin's cognitive psychology, however, was somewhat weak, and so when the opportunity came to be part of a new program in cognitive psychology and cognitive science, and my wife told me how beautiful the southwestern desert was, I was ready to go. Arizona was great, another beautiful location, and the opportunity to build something new, but social psychology was weak. So when the opportunity arose to go to Yale, which was strong in both cognitive and social psychology, I jumped at the chance Yale was great, but Lucy and I had always hoped we might end up in Northern California, so when Berkeley came along, we jumped. I doubt that we'll be going 'Back East', as we say in America. Lucy and I have both had opportunities to move since then, but at this point I don't think we're going anywhere.

YOUR SUBMISSION OF ARTICLES FOR INCLUSION IN THE FORTHCOMING ISH NEWSLETTER IS ENCOURAGED

Forward submissions to: Eric Vermetten, MD – Editor of ISH Newsletter
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CLOSING DATE FOR ARTICLES SUBMITTED FOR ISSUE 2, VOL. 26: AUGUST 31, 2002

BRITISH SOCIETY OF MEDICAL AND DENTAL HYPNOSIS – BSMDH

We were all sad to hear of the death of Helen R. Watkins – she will be sadly missed. We continue working to develop closer links with our sister societies, within the UK. Our many branches are strong with regular meetings

Again this year we are having our AGM at a joint meeting with BSECH. This is at the Falstaff Hotel in Leamington Spa on the weekend of May 18/19, 2002. We are delighted to welcome Camillo Lorio to present a workshop, on deep hypnosis: induction and utilisation in hypnosis and psychotherapy, recognising and using minimal cues in hypnotic diagnosis and treatment. Details are available from our national office secretary, Ms Julia Say, 4 Kirkwood Avenue, Cookridge, Leeds, LS16 7JU. Tel/fax: +44 07000 560309, E-mail: natoffice@BSMDH.org.

From October 4 – 6, 2002 at Ilkley, on the edge of the Yorkshire Dales Dr Ann Williamson is organising a conference, 'Aspects of Consciousness'. This will be an exploration of some of the boundaries between art, science and consciousness with Peter Naish, Professor Paul Robertson, Max Velmans. Details from Ann at Hollybank House, Lees Road, Mossley, Lancashire. Tel/fax: +44 (0)1457 839363. E-mail: ann.williamson@zen.co.uk.

In June, at the Royal Society Medicine, London, Martin Wall, who is now the President of the Section of Hypnosis & Psychosomatic Medicine at the Royal Society of Medicine is organising and chairing a meeting, 'Hypnosis – Princess or Handmaiden'. Discussants addressing this thought and the implications arising from whether hypnosis is a therapy or simply a set of procedures that are adjuncts to therapy are Professor Walter Bongartz and Dr Michael Heap. Details from Ms J Mullins, Academic Department, RSM, 1 Wimpole Street, London W1G 0AE. Tel: +44 (0) 20 7290 3918 Fax: +44 (0) 20 7290 2989, E-mail: hypnosis@rsm.ac.uk or book on line at: www.rsm.ac.uk/hypnosis.

All members of the constituent societies of ISH are welcome to attend to all the above meetings.

Finally there is a new revised 4th edition of Hartland's Medical and Dental Hypnosis by Dr Michael Heap and Dr K. K. Aravind.

Dr M L McKenna, British Society of Medical and Dental Hypnosis – BsMdh, Tel: 0114 274 0354
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FRENCH ASSOCIATION OF HYPNOTHERAPY – AFHYP

Association Française d'Hypnothérapie

AFHYP 2001 – 2002 Annual Report

Twenty professionals (ie: diploma in medicine, dentistry, psychology) followed AFHYP 2001-2002 annual training session (8 sessions, one week-end a month).

This year again, health physicians manifest a growing interest for training in medical hypnosis. In Paris alone, at least 5 centres managed by psychologist or physicians are offering some sort of hypnotical approach to health problems, two of these centres being 'nursed' by Parisian Universities of Medicine.

Patients also are more often and more openly asking for hypnosis, probably because medias are talking of this approach on a regular basis and because the technique is now used in (a few) hospitals.

The main reason of encounter and care in 'primary care' hypnosis remains the 'psychiatric' field: anxiety, depression, phobia, addiction (tobacco ++), anorexia-bulimia etc... Management of pain and anaesthesia techniques are more frequently addressed by hospitals.

Three training sessions with foreign teachers are organized in cooperation with other societies of hypnosis during the first semester:

- 3 day session with Bill O'Hanlon in Bruxelles (optimisation of the use of hypnosis)
- 2 day session with Jeffrey Zeig in Paris (current use of hypnosis)
- 2 day session with Eric Merlot in Paris (hypnosis and psycho-somatic disorders)

The International congress of hypnosis in Singapore should be attended by some of our members fluent in English. Translation in French should be initiated to allow French speaking professionals to participate.

AFHYP, 74 rue Lamarck, 75018 Paris, France. E-mail: dfayolet@noos.fr

GERMAN SOCIETY FOR DENTAL HYPNOSIS – DGZH

Deutsche Gesellschaft für Zahnärztliche Hypnose

On the Website of the German Society of Dental Hypnosis (DGZH) you will find a selection of articles and an overview of our work pertaining to hypnosis in dental phobias, hypnosis with children and scientific research. The texts are in German.

<http://www.dgzh.de/artikel.htm>

If you have any queries or comments or are interested in making contributions to our bi-annual newsletter, please e-mail to: mail@dgzh.de

We look forward to hearing from you.

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HUNGARIAN ASSOCIATION OF HYPNOSIS – HAH

Magyar Hipnózis Egyesület

In the past 12 years, a democratic system of institutes has developed in Hungary. This presented itself as a serious challenge to our Association: We had to realize that the previously routine patterns are no longer viable. The present leadership of the Association is gradually introducing the framework of an up-to-date activity of organization, in order to develop an independent association that can maintain itself by the aid of enterprises and services, that offers opportunities of professional education and training, that supports theoretical and clinical research, and fosters contacts with the international hypnosis community. The Board of HAH has recently decided to set up a Communication Management in order to be present at the 'information highway' as well. The Association has been taking greater care of the safeguarding of its members and of the control of their professional activity.

József Vas, MD – President of HAH

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ISRAEL SOCIETY OF HYPNOSIS – IsSH

האגודה הישראלית להיפנוזה

IsSH INVITES YOU ALL TO VISIT OUR WEBSITES:
www.hypno.co.il – and also – www.hypno.org.il

The IsSH has organized a new project: A series of 6 movies, screened monthly, which focus on hypnosis. The series is open to IsSH members, as well as to the public. The purposes of the project were to expose the public as well as the IsSH members to the way hypnosis reflects in movies, and to reduce misconceptions about its uses.

Prior to each movie, a movie critic speaks about the artistic aspects of the movie, and after each movie a senior member of IsSH speaks about the hypnotic aspects of the movie. The movies are: 'Manchurian Candidate' directed by John Frankenheimer, 'Dead Again' directed by Kenneth Branagh, 'Face' directed by Ingmar Bergman, 'Go And See' directed by Elm Klimov, 'Zentropa' directed by Lars Von Trier. On the sixth meeting a collection of portions of T.V. series that deal with hypnosis will be projected. About 250 people are participating in the series.

On 25-27 of April, IsSH will hold Hypno 2002, its' annual meeting.

This year it will focus mainly on two topics: memories, and deepening techniques. The original plan was to organize the annual meeting together with the Greek Society of Hypnosis in one of the Greek islands.

Unfortunately, due to problems with the Israeli tax regulations we had to cancel the idea. We want to thank warmly the Greek Hypnosis Society and its president Mrs Silvana Sofianopoulou for the assistance and good will.

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JAPAN INSTITUTE OF HYPNOSIS – JIH

日本催眠学会

Before the Annual Meeting the JIH (Japan Institute of Hypnosis) plans to attend the coming WPA (World Psychiatric Association) Congress in Yokohama Japan during August 19 and 23 for establishing a symposium called 'Hypnosis as a psychotherapeutic tool'. The symposium will be chaired by Prof. Walter Bongartz from Germany and Prof. Naoki Watanabe from Japan. The names of the other 3 speakers are: Dr. Walter Dmoch from Germany, Dr. Tatsuo Ishizuka and Prof. Noboru Takaishi from Japan. Namely recent metaanalysis on the effectiveness of hypnotherapy reveal that it can be conceived of as a moderate to good psychotherapeutic tool for a wide spectrum of psychiatric/psychotherapeutic indications. The symposium will portray the application of hypnotherapeutic interventions to a wide variety of psychological disorders. Participants will be able to integrate forms of hypnotherapeutic interventions into their daily psychiatric/psychotherapeutic practice.

The 19th Annual Meeting of the JIH (Japan Institute of Hypnosis) will be held on September 28 and 29 at Kyorin University in Tokyo. The congress president is Prof. Yoshihiko Koga from the Department of Psychiatry, Kyorin University School of Medicine. The special lecture will be held on clinical praxis of PTSD by Prof. Ichirou Kuru from the department of Pedagogy at Kagoshima University. As a symposium we chose a special topic entitled 'Multiple personality and Hypnosis'.

Many members of JIH are willing to participate in the upcoming ISH meeting in Singapore in the summer of 2003.

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ERICKSONIAN CENTRE OF MEXICO – CEM

Centro Ericksoniano de Mexico

CENTRO ERICKSONIANO de MÉXICO

INTENSIVE COURSE ON ERICKSONIAN PSYCHOTHERAPY TECHNIQUES

Starts July 1, until August 8, 2002

(Course taught in Spanish)

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Starts July 2002

INFORMATION E-MAIL: erickmex@hipnosis.com.mx

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SOUTH AFRICAN SOCIETY OF CLINICAL HYPNOSIS – SASCH

Die Suid-Afrikaanse Vereniging vir Kliniese Hipnose

We have had a very busy and productive year. We presented five training courses in elementary clinical hypnosis in 2001, and so far one in 2002. We also presented four intermediate courses in Egostate Therapy (two courses), Traditional Clinical Hypnosis and Medical Hypnoanalysis (a brief analytical model), and an advanced course in Medical Hypnoanalysis.

We also had four one day workshops in the use of clinical hypnosis with children, in sex therapy, anxiety disorders and PTSD, life-threatening diseases and physical disease.

We will continue try to make training available in four modalities of clinical Hypnosis, namely Egostate Therapy, Eriksonian, Medical Hypnoanalysis and Traditional Clinical Hypnosis. We try to encourage members and trainees to undergo training in modalities that correspond with their style of doing psychotherapy. Despite negative comments from some schools of thought, many psychologists in South Africa are still very interested in hypnoanalytical and regression work, and attend and request training in hypnoanalytical and regression work.

Our members are very active internationally and nationally, and many have presented papers at international and national congresses. Many of our members appear on national television and radio, where they promote the use of clinical hypnosis, and many members have had articles about the utilization of clinical hypnosis published in journals and popular magazines. Many senior members have also presented papers on the use of clinical hypnosis to professional persons from medical and other related fields.

Dr Pieter W. Nel, one of the founding members of SASCH, was included in the first edition of the 2000 Outstanding Scientists of the 21st Century, in honour of an outstanding contribution in the field of Clinical Hypnosis. Dr Cecile Gericke has started presenting training internationally, especially in the UK. Dr Louise Olivier continues to generate interest in the use of clinical hypnosis in forensic work and made national history when she assisted a member of the society to undergo major surgery while in hypnosis.

The goals of SASCH for 2002 are to continue promoting the use of clinical hypnosis to the public and to colleagues, and to start involving and training professionals from other cultures in South Africa in the use of clinical hypnosis. It is to this end that SASCH has started subsidizing the training of professionals from other cultures, in order to make the use of clinical hypnosis more easily available.

Elise Fourie, Chairperson SASCH. PO Box 73090, Lynnwood Ridge 0040, Pretoria, South Africa.

Tel/Fax: +27(12) 807 5426; E-mail: sash@icon.co.za; Website: www.sasch.co.za

SWISS MEDICAL SOCIETY FOR HYPNOSIS – SSMH

Schweizerische Ärztegesellschaft für Hypnose

2001 was an important year for the SSMH as we celebrated our 20th anniversary. The program for the 20th annual meeting, which was organised by Christine Glauser MD, included 30 different workshops and was completely booked out so that late comers had to be disappointed. Dr Konrad Wolff, a founding member of the society and now over eighty but with a mind as clear as a bell, held the opening lecture on 'Stages of the Imagination'. A regular and much loved feature of our meeting is the brief case presentation. A few short case reports which are not always about the phenomenal success of a hypnotic intervention – and which is always followed by a lively discussion. On the last morning we had a round table discussion moderated by Prof. Wolf Langewitz of the Department of Psychosomatic Medicine at the University of Basel on State of the Art in Hypnosis. Guest participants included Prof. Walter Bongartz, H-J. Ebell and Susy Signer-Fischer. A highlight of the Gala evening was a talk by Bertrand Piccard, a member of the SSMH who with Brian Jones was the first to circumnavigate the world in a hot air balloon. He talked about 'Hypnosis: a game with the Unknown'. Fritz Trechslin, secretary and heart and soul of our society gave a very amusing illustrated talk on 'The first 20 years of the SSMH'.

In September 2001 the Committee invited those actively responsible for the hypnosis training program to a two day seminar and brainstorming on didactics. This was led by Bernhard Trenkle from Rottweil, Germany who is also well known for his unsurpassed joke-telling. 41 members participated.

The fact that hypnosis is now recognised by the Swiss Medical Association has had a significant effect on the interest in hypnosis training in Switzerland. So far we have been able to distribute 187 Certificates of Competence (Fertigkeitsausweise) in Medical Hypnosis. The SSMH now has 382 members.

We invite you to take a look at our website: www.ssmh.ch which is in French and German.

Jane Wyler-Harper MD, Tel/Fax: 004161 281 1988; E-mail: wyl@bluewin.ch

J. Philip Zindel MD, President, Tel: 004161 731 3137; Fax: 731 3423; E-mail: jphillip-zindel@bluewin.ch

Secretary: Dr. Med. Dent. Fritz Trechslin, E-mail: ssmh@smile.ch



The SSMH is 20 years old. The founding members Nathaniel De la Cruz, MD, Konrad Wolff, MD and J. Philip Zindel, MD, photographed at the 20th Annual Meeting in Balsthal in November 2001.

THE INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS – THE EDITOR'S UPDATE

Michael R. Nash, PhD

The Journal's April 2002 issue (issue 2, volume 50) is of particular importance to clinicians and clinical researchers. The entire issue is devoted to clinical case studies.

The focus of the issue is best expressed by its lead article entitled: 'How practitioners (and others) can make scientifically viable contributions to clinical-outcome research using the single-case time-series design'. Here Borckardt and Nash note that even though clinicians typically possess considerable interest about what interventions work and do not work, all-too-often they dismiss the notion that they themselves can make viable scientific contributions to the outcome literature. This state-of-affairs derives in part from an unfortunate assumption that the only true experiment is a between-groups experiment. There is in fact another form of true experiment which is particularly compatible with real-world clinical practice: The single-case time-series design. Intensive and systematic tracking of one or a few patients over time can yield viable inferences about efficacy, effectiveness and, under some circumstances, even mechanism of change. This paper describes how clinicians working with hypnosis can carry-out such research. The rationale and essential features of time-series studies are outlined; each design is illustrated with hypothetical examples and actual studies from the hypnosis literature. New methods of data analysis, well within the statistical competence of practitioners, are described.

Following this lead article, there are three case study articles each involving one or just a few patients. Rucklidge and Saunders describe the efficacy of hypnosis in the treatment of pruritus in three people with HIV/AIDS. Langenfeld, Cipani, and Borckardt track five HIV/AIDS patients treated with hypnosis for pain. Finally Borckardt describes the treatment of a woman for hypertension. All the studies are rich in clinical description but also rigorous in analysis of the outcome data. It is the Editorial Boards hope that this special issue will demonstrate to practitioners that they can make exceedingly important contributions to the clinical hypnosis outcome research.

Michael Nash, PhD, Professor of Psychology & Editor, International Journal of Clinical and Experimental Hypnosis
Psychology Department, 307 Austin Peay Building, University of Tennessee Knoxville, TN 37996-0900.
Tel: 865-974-3326; Fax: 865-974-4896; E-mail: mnash@utk.edu

BOOKS BY MEMBERS

Bongartz, W. Bongartz, B. (Eds.) (2000) — *Hypnosetherapie*. 2. Auflage. Hogrefe Verlag. ISBN 3-8017-1321-0. E-mail: walter.bongartz@uni-konstanz.de

Burrows, Graham D., Stanley, Robb O., & Bloom, Peter B. (Eds.) (2001) — *International Handbook of Clinical Hypnosis*. Wiley Chichester UK ISBN 0-471-97009-3. 23 Chapters by International experts in aspects of hypnosis in clinical practice.

De Pascalis, V., Gheorghiu, V., Sheehan, P. & Kisch, I. (Eds.) (2000) — *Suggestion and Suggestibility, Theory and Research*. (Hypnosis International Monographs 4) München: MEG. — Stiftung, www.MEG-Stiftung.de

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Yapko, M. (2000) — *Hand-me-down-Blues: How to stop depression from spreading in families*. Golden Books. www.yapko.com

Yapko, M. (2001) — *Treating Depression with Hypnosis: Integrating Cognitive-Behavioural and Strategic Approaches*. Brunner-Routledge. www.yapko.com

Zeig, J.K. & Geary, B. (2000) — *The Letters of Milton H. Erickson*. Zeig, Tucker & Thiesen, Inc. www.miltonherickson.com

BOOKS BY OTHERS

SHEPARD, Ben (2001) — *A War of Nerves (soldiers and psychiatrists in the 20th Century)*. Harvard University Press. Review copies may be obtained from: <http://www.hup.harvard.edu/Newsroom/review>

SOCIETY HOME PAGES

ISH — International Society of Hypnosis	www.ish.unimelb.edu.au
AFHYP — French Association of Hypnotherapy	www.afhyp.org
ASCH — American Society of Clinical Hypnosis	www.asch.net
ASH — Australian Society of Hypnosis	www.ozhypnosis.com.au
BSECH — British Society of Experimental Clinical Hypnosis	www.bsech.com/homepage.html
BSMDH — British Society of Medical and Dental Hypnosis	www.bsmdh.org
CEM — Ericksonian Centre of Mexico	www.hipnosis.com.mx
DGAHAT — German Society for Medical Hypnosis and Autogenic Training	www.dgaehat.de
DGH — German Society of Hypnosis	www.hypnose-dgh.de
DGZH — German Society for Dental Hypnosis	www.dgzh.de
IsSH — Israel Society of Hypnosis	www.hypno.co.il or www.hypno.org.il
MEG — Milton Erickson Society for Clinical Hypnosis	www.hypno.org
NvvH — Netherlands Society of Hypnosis	www.nvvh.com
SASCH — The South African Society of Clinical Hypnosis	www.sasch.co.za
SCEH — Society of Clinical and Experimental Hypnosis	http://sunsite.utk.edu/ijceh/scehframe.htm
ShypS — Swiss Society for Clinical Hypnosis	www.hypnos.ch

SOCIETY HOME PAGES *continued*

SII – Società Italiana di Ipnosi	www.hypnosis.it
SMSH – Swiss Medical Society of Hypnosis	www.smsch.ch
SSCEH – Swedish Society of Clinical and Experimental Hypnosis	www.hypnos-se.org
TH-VH – Finland Society for Scientific Hypnosis	www.hypnoosi.net
VHYP – Flemish Society of Scientific Hypnosis	www.vhyp.be

MEETINGS AND CONGRESSES IN 2002

May 16 – 19: British Society of Medical & Dental Hypnosis/British Society of Experimental & Clinical Hypnosis – BSMDH & BSECH – Joint National Conference.

The Falstaff Hotel, Leamington Spa, Warwickshire, UK.

For enquiries contact: Mrs. Julia Say (National Office Secretary), 4 Kirkwood Avenue, Cookridge, Leeds. LS16 7JU. Tel/Fax: + 44.07000 560309, E-mail: nat.office@BSMDH.org, Website: www.bsmdh.org,

June 7 – 9: German Society of Medical Hypnosis and Autogenic Training – DGAHAT Conference: 'Autogenic training and hypnosis with the psychic trauma' Blankenburg.

Contact: Dr. Med. W.-R. Krause, Chief doctor, Department psychiatry and psychotherapy with day-clinic, Secretary of DGAHAT, Regional hospital Blankenburg, Thiestr. 7 – 10 38889 Blankenburg, Germany. Tel: 0049(0)3944/962186, Fax: 0049(0)3944/962350, E-Mail: psychiatrie@kh-blankenburg.de Website: www.kh-blankenburg.de

July 1 – August 8: Centro Ericksoniano de México. Intensive Course on Ericksonian Psychotherapy in México City. (Spanish).

Contact: CEM, Patricio Sanz 1205. Colonia del Valle C.P. 03100 México D.F.

Tel: + 52 55 8500 6161, + 52 55 8500 6262, + 52 55 8500 6363, Fax: + 52 55 8500 6767.

For further information: Website: www.hipnosis.com.mx and our E-mail: erickmex@hipnosis.com.mx

September 12 – 15: 4th World Congress on Stress, Edinburgh, Scotland.

Further information: Northern networking Ltd., Stress 2002, 1 Tennant Avenue, College Milton South, East Kilbride, Glasgow, G74 5NA, Scotland. Tel: +44 (0) 1355 244966 Fax: +44 (0) 1355 249959, Website: www.stressconf.co.uk, E-mail: stress@glasconf.demon.co.uk

September 13 – 15: Annual Meeting of the German Society for Dental Hypnosis (DGZH), Steigenberger Hotel Berlin, Berlin, Germany.

For information contact: DGZH e.V., Esslinger Str. 40, D-70182 Stuttgart, Germany.

Tel: +49 711 2360618, Fax: +49 711 244032, E-mail: mail@dgzh.de, Website: www.dgzh.de

September 25 – 29: 9th Congress of the European Society of Hypnosis, Hypnosis and the Other Therapeutic Modalities in the New Millennium: Hosted by Società Italiana Di Ipnosi – SII, S. Thomas Aquinas University.

Registrations and information: Società Italiana di Ipnosi – Via Tagliamento 25 – 00198 Rome.

Tel: +39.06.854.2130, Fax: +39.06.854.2006, E-mail: ipnosi@tin.it

For further and updated information visit the website: www.hypnosis.it

October 3 – 6: German Society of Hypnosis (DGH) 23rd Convention of DGH 'Traumatherapie und Traumaphylaxe'

Contact: Deutsche Gesellschaft für Hypnose e.V., Geschäftsstelle, Druffels Weg 3, D-48653 Coesfeld

Tel: +49 (0) 2541/ 880760, Fax: +49 (0) 2541/70008, E-mail: DGh-Geschäftsstelle@t-online.de,

Website: www.hypnose-dgh.de

October 31 – November 3: Swiss Medical Society of Hypnosis, Seminar in French in Lausanne.

Information and registration: René Rumley Dr.med.dent Rue de Cossonay 15 1008 Prilly

Tel: 021/624.81.14 Fax: 021/624.81.69,

Online: http://smsch.ch/f/semi/fch_semi.htmlhttp://smsch.ch/f/semi/fch_semi.html

November 1 – 3: The BSH – Brazil Society of Hypnosis, is preparing the IX Brazilian & Panamerican Congress of Hypnosis, Hotel Glória, Copacabana; Rio de Janeiro, Brazil, October 31.

Information: Sonia Pereira Nunes; Praça Olavo Bilac, 28; Cobertura 03 CEP: 20041-010 Rio de Janeiro; Brazil, Tel: (055) 21-25079048.

Contact: João Jorge Cabral Nogueira; Av. Princesa Isabel, 150; Sala 603, Copacabana; Rio de Janeiro, Brazil, CEP: 22011-010, E-mail: jjcabral@prolink.com.br

November 7 – 9: Swiss Medical Society of Hypnosis Yearly Seminar and General Meeting in Balsthal in the Solothurner Jura/Switzerland.

Contact: SMSH secretariat, Tel: +41(41) 281 17 45, Fax: +41(41) 280 30 36, E-mail: smsh@access.ch or vrenigreising@csi.com, Website: <http://www.smsch.ch>

November 9 – 10: The Society for Clinical and Experimental Hypnosis – SCEH: 53rd Annual Scientific Meeting, Boston, Massachusetts

Contact: E-mail: elang@caregroup.harvard.edu, Website: <http://sunsite.utk.edu/ijceh/scehmain.htm>

December 12 – 15: The Milton H. Erickson Foundation, Inc., Phoenix, Arizona: Brief Therapy Conference, Orlando Florida at the Hilton Hotel in the Walt Disney World ® Resort.

For questions or to register: Website: <http://www.erickson-foundation.org/brfther.htm>,

E-mail: office@erickson-foundation.org

MEETINGS AND CONGRESSES IN 2003

March 22: Milton Erickson Society for Clinical Hypnosis Germany – MEG: Annual Conference in Gottingen.

Contact: Central Office: M.E.G. Monika Kohl (executive officer), Waisenhausstr. 55,
Tel. 089 340 297 20, Fax 089 340 297 19, Konradstr. 16, 80801,
E-mail info@meg-hypnose.de, Website: www.MEG-Muenchen.de.

April 4 – 8: American Society of Clinical Hypnosis (ASCH): 45th Annual Scientific Meeting and Workshops on Clinical Hypnosis, Visibility, Collaboration and Progress, Alexandria Virginia.

Further information: Website: www.asch.net, E-mail info@asch.net

April 9 – 16: International Congress on Hypnosis of the German Society for Dental Hypnosis, (DGZH)

at Gozo/Malta, L-Imgarr Hotel, Ghajnsielem, Gozo/Malta

For information contact: DGZH e.V., Esslinger Str. 40, D-70182 Stuttgart, Germany

Tel: +49 711 2360618, Fax: +49 711 244032, E-mail: mail@dgzh.de, Website: www.dgzh.de

August 2 – 8: 16th International Congress of Hypnosis in Singapore

Contact: ISH Central Office, Level 3, Centaur Building, A&RMC, Repatriation Campus,
300 Waterdale Road, Heidelberg Heights, VIC 3081, Australia.

Fax: +61(3) 9496 4107, E-mail: ish-central.office@medicine.unimelb.edu.au,

Website: <http://www.icms.com.au/16ish>

September 12 – 14: Annual Meeting of the German Society for Dental Hypnosis (DGZH),

Steigenberger Hotel Berlin, Berlin, Germany.

For information contact: DGZH e.V., Esslinger Str. 40, D-70182 Stuttgart, Germany

Tel: +49 711 2360618, Fax: +49 711 244032, E-mail: mail@dgzh.de

October 30 – November 2: Swiss Medical Society of Hypnosis Seminar (in French) in Lausanne.

Information and registration: René Rumley Dr.med.dent, Rue de Cossonay 15 1008 Prilly

Tel: 021/624.81.14, Fax: 021/624.81.69, Website: http://smsh.ch/f/semi/fch_semi.html

November 6 – 8: Swiss Medical Society of Hypnosis Yearly Seminar and General Meeting

in Balsthal in the Solothurner Jura/Switzerland.

Contact: SMSH secretariat, Tel: +41(41) 281 17 45, Fax: +41(41) 280 30 36,

E-mail: smsh@access.ch or vrenigreising@csi.com, Website: <http://www.smsh.ch>

MEETINGS AND CONGRESSES IN 2005

10th European Society of Hypnosis – ESH, Jerusalem, Israel

Contact: Shaul Livnay Tel/Fax: +972 2 567 2076; E-mail: livnshau@Netvision.net.il

MEETINGS AND CONGRESSES IN 2006

October 2006: 17th International Congress of Hypnosis in Queretaro, Mexico

For further information: E-mail: erickmex@hipnosis.com.mx, Website: www.hipnosis.com.mx

POST CONGRESS WORKSHOPS

AUGUST 10 – 13, 2003

LE MERIDIEN PHUKET BEACH RESORT

Freedom Beach

HYPNOTIC SUNSETS OF PHUKET – THAI TRANCE THERAPY

Are you ready for the hypnotic sunsets of Phuket? Are you and your family ready to experience the friendliness of Thailand? Are you ready to ride on elephants or to take the fast motor cruiser to the multitude of islands of Phang-nga Bay (where the speed boat chases of the James Bond film 'The Man with the Golden Gun' were filmed)? Are you ready to snorkel the tropical reefs of the Andaman Sea, to canoe through sea caves into the lagoons inside the volcanic islands? Are you ready for Thai seafood, fine dining or dinner on a tropical beach? What about the Thai shopping of famous Patong Beach? For jewellery, precious gems or pearls straight from the source? Or do you just want to enjoy the hypnotic sunsets, or laze about a private tropical beach? You choose, but we'll see you there.

TIMES	SUNDAY, AUGUST 10	MONDAY, AUGUST 11	TUESDAY, AUGUST 12	WEDNESDAY, AUGUST 13
9.00 – 10.30		Workshops 1 a, b & c	Workshops 2 a, b @& c	Workshops 3 a, b & c
10.30 – 11.00		Refreshments	Refreshments	Refreshments
11.00 – 12.30		Workshops 1 a, b & c	Workshops 2 a, b @& c	Workshops 3 a, b & c
12.30 – 13.00		Lunch	Lunch	Lunch
13.00 – 15.00	Registration	Workshops 1 a, b & c	Workshops 2 a, b @& c	Workshops 3 a, b & c
15.00 – 18.00	Registration	Informal Sessions – Preparation for hypnotic sunset (own activity)	Informal Sessions – Preparation for hypnotic sunset (own activity)	Informal Sessions – Preparation for hypnotic sunset (own activity)
19.00 –	Welcome Reception on the beach		Workshop Dinner (informal)	

For further information about the Post-Singapore Congress Workshops being held in Phuket, please contact the Congress Secretariat on:

Tel: +61 3 9682 0244, Fax: +61 3 9682 0288, E-mail: 16ish@icms.com.au

Website <http://www.icms.com.au/16ish>

• EUROPEAN SOCIETY OF HYPNOSIS • SOCIETÀ ITALIANA DI IPNOSI • È SOCIETÀ ITALIANA MILTON ERICKSON



9TH CONGRESS OF THE EUROPEAN SOCIETY OF HYPNOSIS

September 25 – 29, 2002

S. Thomas Aquinas University
Largo Angelicum, 1 Rome, Italy

HYPNOSIS AND THE OTHER THERAPEUTIC MODALITIES IN THE NEW MILLENNIUM

INVITED SPEAKERS

Keynote Speakers

Éva L. Bányaí
Walter Bongartz
Michael D. Yapko
Jeffrey K. Zeig

Invited Lectures

Peter B. Bloom
Ernest L. Rossi
Karen Olness

Opening Lecture

Camillo Lorio

Closing Lecture

Shaul Livnay

Invited Addresses

Phillis A. Alden
Chiara Angiolari
Daniel Araoz
Norma Barretta
Philip Barretta
Claude Beguelin
Graham Burrows

Henri de Berk

Consuelo C. Casula
Giuseppe Collott
Giuseppe De Benedittis
Emanuele Del Castello
Giuseppe Ducci
Guglielmo Gulotta
Vilfredo De Pascalis
Gaby Golan
John H. Gruzelier
Moris Kleinhauz

Luisa Martini

Marianne Martin
Vincenzo Mastronardi
Mary L. McKenna
Matthias Mende
Giorgio Nardone
Michael R. Nash
Jane Parsons Fein
Burkhard Peter
Massimo Rabboni
Michelle Ritterman

Teresa Robles

Marisa Saina
Robb O. Stanley
Wilma Trasarti Sponti
Bernhard Trenkle
Eric Vermetten
Rolando Weibacher
Per-Olof Wikstrom



Congress Venue: The S. Thomas the Aquinas University, a very prestigious location situated right in the center of Rome, a few steps away from the the Capitolium, the Forum and the Coliseum, will host The Congress.

Weather: September is generally considered the mildest (22-25° C) and most pleasant month in Rome.

Accommodations: The very central location of the Congress allows the greatest variety of accommodations at different categories and prices. If you prefer to be assisted by a travel agent, please contact the Congress Secretariat.

Cancellation Policy: Only written requests for refunds are accepted and subject to 40 Euros administrative fee. After July 25, 2002, no refund request will be considered.

Banquet: The Congress Banquet will take place on the evening of September 27. Ticket can be purchased at the price of 50 Euro.

Scientific Program: (September 26-28) consists of Keynote Addresses, Invited Lectures, Invited Addresses, Invited Seminars, Symposia, Dialogues, Panels and Papers. Specific Sessions will be dedicated to Training, Research and Ethics.

Pre-congress and Post-congress Program: Pre-congress and Post-congress Workshops will allow the participants to experience two entire days (September 25 and 29) dedicated to practical work with the most experienced congress faculty. Clinical Panels, Supervision Panels and Demonstrations complete the Program.

Call for Papers: If you would like to present a Paper in the Scientific Program, please submit a 20 lines abstract together with your completed Registration Form by April 30.

Hypnosis and the Other Therapeutic Modalities in the New Millennium 9th Congress of the European Society of Hypnosis in Psychotherapy and Psychomatic Medicine hosted by Società Italiana di Ipnotisi and Società Italiana Milton Erickson.

Congress Chairperson: Camillo Lorio. **Congress Scientific Committee:** Éva Bányaí; Claude Beguelin; Henri de Berk; Shaul Livnay; Marianne Martin; Mary L. McKenna; Matthias Mende; Walter Bongartz (Training); Vilfredo De Pascalis (Research); Phillis A. Alden (Ethics). **Organizing Committee:** Luisa Martini, Wilma Trasarti Sponti. **Congress Secretariat:** Livia Ajò, Jonida Cama. **Registrations and info:** Società Italiana di Ipnotisi – Via Tagliamento, 25 – 00198 Rome. Tel: +39.06.854.2130; Fax: +39.06.854.2006; E-Mail: ipnotisi@tin.it

For further and updated info, visit the website: www.hypnosis.it