Contemporary Hypnosis (1998)
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BOOK REVIEWS

MULTIPLE SELVES, MULTIPLE VOICES: WORKING WITH TRAUMA, VIOLATION AND DISSOCIATION

by Phil Mollon

Wiley Series in Clinical Psychology, Wiley Publishers, London, 1996. Pp xvi + 211, £15.99 ISBN 0-471-96330-5 (ppb)

Reviewed by Mary Drummond

The title of this book describes it well. It is about a search for a way of comprehending and conceptualizing the experience both of the client and of the clinician working with trauma-based dissociative behaviour. Discovering that these clients cannot be contained within a framework which assumes an unviolated mind, Mollon reaches out in other directions to find a way of working with violated clients. This is the challenge which is addressed.

In writing this review I am attempting not only to convey what the book is about, but also to give a taste of its contents and to communicate the flavour of the relationship between the content and the attitude taken to the discussion.

I enjoyed reading this book. As a practitioner-scientist, counselling psychologist, and a teacher of counselling who is learning about hypnosis, I was delighted to encounter pieces of verbatim script from an analytic psychotherapy interview and to recognise the person-centred active listening skills of reflection, paraphrase and summary with barely a question among them. An even greater delight was to find explicit humility in the face of suffering humanity and a preparedness to say 'I don't know'. I know that I shall want to refer to it over and over again and that I shall also want to use it in teaching.

There are direct (although often brief) references to hypnosis in all but three of the nine chapters, but 'trance' threads its way through the pages like the warp through which the weft is woven. You won't learn about using hypnosis as a technique, but rather about non-structured self-hypnosis; about self-hypnosis as a way of being. Trance logic, for instance, abounds in Multiple Personality Disorder/Dissociative Identity Disorder (MPD/DID).

The back cover tells us that this book will be welcomed by 'therapists, counsellors and nurses who work within the cognitive or analytic approaches to assessment and treatment'. This sells the book short.

It could be regarded as essential reading for anyone working, or training to work, as a therapist or mental health professional; in whatever setting and from whatever orientation (unless that person's specialism ensures that his or her client catchment pool knows that he or she doesn't work with abused individuals). Clients or patients who have suffered at the hands of people who are supposed to love them, don't tend to announce it on arrival, they often come wearing a different coat.

Although it is not the sort of book that you read from cover to cover in one sitting, the effort it takes is more than rewarded. I found it easier to read than the author's previous book, *The Fragile Self: The Structure of Narcissistic Disturbance* (Mollon, 1993). There is a summary at the end of each chapter which can be read first to provide the hooks on which to hang the text of the chapter. It is perhaps appropriate to say that those readers who have not worked with abused clients or patients, may find the accounts of this work disturbing.

Early on in the book, Mollon refers unequivocally to the danger of fostering false memories, and he maintains that hypnosis should not be used to recover memories; that 'the therapist must stay in the position of not knowing what went on in the patient's childhood because he/she was not there' (p. 6); and that 'respect for the patient's autonomy should be paramount' (p. xvi).

How much trouble might be saved if everybody knew these things! We would no longer have to read criticisms of bad practice presented as criticisms of particular theories.

With a few exceptions, similar to those above, this book is exploratory and tentative. It lays out the evidence, raises and discusses, succinctly and palatably, a comprehensive range of questions associated with the subject. It is not dogmatic, but leaves the reader both aware of the inclination that the writer takes towards the questions, and free to reach independent conclusions. The tenor of the discussion is calm and reasoned, even when passionate. Unlike Sarbin (1995), when discussing the use of MPD/DID as a diagnosis, Mollon does not rail.

Definitions of dissociation and different sorts of dissociation are explored in the first chapter where the use of an analogy between dissociation (as a way of coping with trauma) and the feeling of not wanting to live in your house after it has been burgled, is helpful (p. 9). As a defence, repression, 'which implies a single area of warded off mental contents', is contrasted with dissociation, which 'implies multiple consciousness'. Although it is not laid out explicitly, the author seems to take a neodissociation interpretation of hypnosis (Hilgard, 1991). This position allows for partial dissociations and does not require the hypnotic condition to be an all-or-nothing change from the waking state. The author does not engage in a state/non-state discussion, preferring to illuminate his treatise with examples of his patients' experiences of themselves, some of which demonstrate 'hidden observer' phenomena (see Hilgard et al., 1975).

A historical perspective is taken in Chapter 2 and 3, with a reappraisal of Freud's view of trauma. Chapters 4 and 5 look at the effects of trauma on human development and the implications for therapy. This includes a discussion of biological addiction to trauma.

References to other writers and their writings is copious and useful. Chapter 6 ('Remembering, forgetting and confabulating: Terror in the consulting room') makes reference to the contemporary debate and to summaries of it. It also contains an important discussion on the difficult position therapists find themselves in, between the need to believe the patient (to hear with respect) but not to collude with 'false memory' (sic). 'Truly the tolerance of uncertainty is a most crucial and difficult discipline' (p.101).

Reading this book I learned much about psychoanalytic psychotherapy and how the same fragmented mental structures are described differently by different authors and how there is overlapping symptomatology between schizophrenia and dissociative disorders: the format tending to be external and the latter internal. Chapter 7

explores in depth the diagnostic issues of MPD/DID. Discussing different views of the demarcation between *normal* and *pathological*, the author gives a possible explanation for the intense hostility towards MPD within the literature. 'MPD threatens to offer a new implicit paradigm of mental disorders based around trance and dissociation' (p. 112).

A discussion of malpractice suits for misdiagnosis of MPD throws up a question central to non-organic diagnosis but seldom asked, namely 'What are we saying when we make a diagnosis:', or 'What is it for?' Are we trying to describe something or to define it and how are these two different? It could be argued that conceptualizing or describing a person's behaviour or experience in a productive way, a way that might help us towards a decision as to how to work with it (the behaviour or experience). This describing is not the same as defining. There can be discussion and argument (it seems to me) about how useful a *description* might be, but not about the validity of it, since it is not an attempt to pin something down, as a *definition* might, but rather a professional viewpoint or way of conceptualizing, to be shared or otherwise. Definitions require consensus. They have no status otherwise. This chapter ends with a small but informative paragraph on screening for dissociative disorders (p. 120).

Chapter 8 asks the question 'What is going on in multiple personality disorder/dissociative identity disorder?' While considering the possible answers to this question, the author provides a useful introduction to how to begin to think about one of Mearns and Thorne's (1989) distinguishing features of the person-centred counsellor; *being prepared to be manipulated by the client*, when he describes MPD/DID patients as 'people . . . who use pretence, imitation and illusion in order to survive in a world which has not provided support for living authentically' (p. 123). Multiple personality is a pretence that is experienced not 'as if' but concretely. Mollon has an inclination and ability, not shared by all clinicians, to regard his patients' experience of themselves as a significant contribution to his conceptualizations of them as people. The condition and the person are not separable in his discussions.

Studies of biological differences across alters indicate that MPD/DID may be usefully regarded as a disorder of self-hypnosis. The behavioural transition phenomena observed on switching between alters may, it seems, also be a further development of processes which occur naturally. Apparently, therapists give a little shrug, or some others a barely perceptible shift (but special to the individual), immediately prior to saying something important to the patient. This has been interpreted as grounding behaviour (Putnam, 1989), a sort of orienting, both in MPD/DID and in ordinary behaviour (Bach, 1994).

A discussion of demonic possession is masterfully handled and while demonic possession 'cannot be entirely ruled out except on the basis of an a priori dismissal of the possibility of any metaphysical realm' (p. 133), 'it is not uncommon to hear reports of patients who have suffered through being told their alters were demons and being subjected to deliverance ministries within church fellowships'.

In Chapter 9 ('Therapeutic considerations with MPM/DID') another useful idea 'defective sense of autonomy' is expounded (p. 142). In a consideration of what he calls 'deep dissociation', the author considers what might be seen as a kind of selective madness. It seems that MPD/DID might be a way of containing damage in such a way as to manage day-to-day life; selecting, when it is safe and potentially productive, to allow the damage to be presented. This chapter discusses adjunctive therapies, hypnosis among them, pointing out that, arguably, it is impossible to avoid working with hypnosis with these patients, irrespective of formal induction or otherwise, since this is the stage on which this work is played out.

An illustration of therapy with MPD/DID takes up the closing (10th) chapter. Here the idea of one alter in executive position – the designated patient – is, again, reminiscent of Hilgard's (1991) model.

Due to the attitude the author takes to his exposition, it seems difficult to enumerate its shortcomings. It is, I suppose, likely that some will find his insistence on not having answers – on not *knowing* – intolerable. For me, arrogance has no place in either part of the practitioner-scientist role. We must always be prepared to question the assumptions we are making, both in the questions we ask and in the answers we give. Anyone wondering will find, on reading Mollon's book, that this attitude is an excellent stance from which to work out his or her own, tentative and *for-now* position.

Another criticism might be that the book is only useful (as the cover suggests) to those working through cognitive or analytic approaches. My difficulty here is that I don't agree. Reading this book has confirmed a long held view that the approach we take shapes our thinking more than it does our behaviour as therapists. Because Mollon's practice is so transparent here, it is possible to see in it the substantial overlap with existential and humanistic approaches. As to the way he thinks about his work with his patients – the attitudes he takes to his patients and the importance he places (in his thinking) on their sense of themselves – that too overlaps substantially with phenomological approaches. Only the 'model of man' on which he bases his interpretations is different, and even there the differences are often in the language. The days are gone when it was considered bad form to use more than one model to inform your thinking. Current attitudes are more integrationist, utilizing more of an evidence-based-medicine approach that asks, 'How can we form our questions so as to give us useful answers and where can we best ask those questions?' Whatever else, health professionals working from other standpoints will find the case studies useful to explore responses from their own perspective.

I learned such a lot from this book. Most ideas that were new to me were explained with sufficient background and in sufficient detail for me to grasp. Mollon has given me a stack of references and an imaginary pile of literature to get lost in, another maze to explore. My only confusion was on realizing that this psychoanalytic psychologist seems to adopt a stance towards his patients with which I can identify and which seems not unlike my own practice. As a counselling psychologist I might claim to offer psychotherapy, but analytic psychotherapy is *not* what I thought I was doing (and still don't). Writing about 'Reflective practice and the Diploma (British Psychological Society) in Counselling Psychology', Strawbridge (1997) says that the Counselling Psychology practice model suggest a more radical position than that of 'expert'; that this position involves embracing uncertainty with humility about our knowledge of the human condition. He may not be a counselling psychologist but, in this sense, Mollon is a radical. His book is a demonstration of the practitioner-scientist model at its very best.

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HYPNOSIS, MEMORY AND BEHAVIOUR IN CRIMINAL INVESTIGATION

By Kevin M. McConkey and Peter W. Sheehan

Guilford, New York, London, 1995. Pp. xvi + 239. £26.95. ISBN 1-57230-008-6

Reviewed by Graham Wagstaff

This is a fascinating book by two of the world's leading authorities in the area of forensic hypnosis. The general structure is unusual for an academic text; instead of presenting the standard research evidence, applying it to individual cases, drawing conclusions and making recommendations, the discussion of the academic literature is, more or less, left until the end of the book. The bulk of the book is taken up with a detailed presentation and evaluation of individual cases from Australia. (It is notable that the *per se* exclusion on hypnotically elicited testimony does not appear to apply in Australia.) Indeed, a set of 'suggested guidelines for practice' appears early on in the book in Chapter 3, before any real consideration of the implications of the experimental literature. Many of the guidelines are similar to those offered by the British Home Office and include proposals such as: the hypnotist should be a qualified and registered medical practitioner or psychologist, hypnosis should not be used with young children, hypnosis should only be used when investigating major crimes, and the hypnotist should not ask leading questions.

On the positive side, this structure adds considerably to the general readability of the book, and it should appeal to non-psychologists. The cases are also clearly presented and provide what I consider to be a unique insight into the various ways hypnotic procedures have been used for forensic purposes in Australia and the associated practical problems, including ethical difficulties. At the same time, however, the structure will probably leave the more informed reader wanting to find out a little more about how the cases and guidelines relate to what we know and do not know about behaviour in relation to hypnosis. To gain any real insight into the systematic research issues we really have to wait until the penultimate chapter, and in Chapter 9 we do indeed find a concise yet masterly summary of the available laboratory research, though its relevance to the guidelines offered earlier is not always obvious. For example, as one of the guidelines the authors state that 'The subject should have no history of significant medical or psychological conditions that contraindicate the use of hypnosis', and they give 'depression' as an example (p. 51). However, nowhere

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in the book is there any evaluation of the evidence regarding the effects of hypnosis on depressed individuals. One could argue, for instance, that in the hands of an experienced professional, a relaxed, guided and controlled hypnotic interview might be more beneficial than a routine police interview.

Perhaps most significantly, however, the authors (perhaps wisely) appear never actually to define what they mean by 'hypnosis'. The closest they come is in this statement: 'For us, hypnosis is essentially a phenomenon that reflects genuinely experienced alterations of reality in response to suggestions administered by a hypnotist' (p. 4).

It might seem, therefore, that the authors equate 'hypnosis' with 'responsiveness to suggestions'; in other words, there is no distinction to be made between so-called 'hypnotic suggestibility' and 'waking suggestibility'. However, later in the book reference is made to the person in hypnosis as 'returning to waking consciousness' (p. 178), clearly implying that hypnosis involves some state of consciousness that would not be reflected in waking suggestibility. These issues are, of course, unresolved in the wider academic literature. Nevertheless, I am sure that non-specialists would have appreciated a more detailed presentation of the theoretical perspectives on hypnosis and some discussion of these issues, as they have obvious important practical implications for answering questions such as, 'When can an effect be attributed to "hypnosis" rather than some other aspect of an interview situation?', and 'To what extent does a person in a hypnotic "state" lose control of his or her behaviour?' As it is, the reader is more or less left to sort out what is meant by 'hypnosis' for him- or herself.

The problems of defining hypnosis and relating various issues to the wider hypnosis literature become particularly apparent later in the book when the authors examine the tricky issue of 'faking'. In particular, they attempt to distinguish between 'faking hypnosis' and 'faking in hypnosis'. Thus in Chapter 6 the authors somewhat courageously provide a scheme to identify the faking of hypnosis (as distinct from telling lies whilst actually hypnotized). The proposed indicators of 'faking hypnosis' include 'unsolicited bouts of strategic and logical thinking', the dominance of hypnosis outside of 'the frame of reference created by the hypnotist', 'overplaying the role of the hypnotised subject', and 'demonstrating behaviour generally atypical of people claiming to experience deep hypnosis'.

The first of these indicators seems predicated on the popular assumption that hypnosis is an altered state of consciousness in which 'strategic and logical thinking is reduced'. However, this seems to contrast with experimental evidence which shows that highly susceptible hypnotic subjects are well able to respond both strategically and logically to suggestions if required to do so; they do not perform worse, for example, on intelligence test items (Barber, 1969). Indeed, Sheehan's seminal work in this area has played a major part in combating the myth of the hypnotic subject as someone with a reduced capacity for strategic or logical thought. As Sheehan (1991) says elsewhere, 'The task of responding to hypnotic suggestion can be viewed as akin to planful problem solving in a context that is defined and regulated by rules set by the hypnotist' (p. 526).

In addition, for these indicators to have practical relevance it would be useful to know in more detail the evidence regarding what exactly constitutes, 'overplaying the role of the hypnotised subject', and 'demonstrating behaviour generally atypical of people claiming to experience deep hypnosis'. There is clearly room for disagreement. For example, as an indication of 'faking', the authors refer to 'acting with extreme surprise to a suggested response that has occurred' (p. 145). However, dissociationists often report that subjects can be surprised at their responses, and use this

as evidence of the effects of hypnosis on the utilisation of dissociate skills. Similarly, according the kind of view expressed by those such as Perlini, Spanos and Jones (1996), Spanos (1992) and the present writer (Wagstaff, 1991), 'overplaying the hypnotic role' might also be demonstrated by reports of total amnesia, or successful negative hallucinations. Indeed, it might make sense on grounds of actuarial validity to label such responses as indicators of faking because they are the sorts of reports offered by some simulators. However, I can think of a number of researchers and theorists who might disagree and argue that, rather than being indications of faking, reports of total amnesia and profound negative hallucinations are indicative, indeed the hallmark, of the 'deeply hypnotized hypnotic virtuoso'.

The authors go on to hypothesize that faking whilst 'hypnotized' is unlikely, because deep hypnosis is characterized by a rapport with the hypnotist, and a person who has a rapport with another is unlikely to lie to them. Consequently, if a person wants to lie, he or she will have return to 'waking consciousness' to do it (p. 178). However, such an analysis begs a number of other questions, such as, is it possible to lie to someone with whom one has a rapport? Everyday experience would suggest that this is not only possible but sometimes socially desirable (such as lying to loved ones to protect them from unnecessary distress). And is it possible to remain 'hypnotized', yet break off rapport? If one defines hypnosis as an 'altered state of consciousness', different from 'waking consciousness', manifested by a reduction in strategic and logical thinking, it is not immediately obvious that 'rapport' must necessarily accompany it. And what about 'self-hypnosis?'.

The authors admit that detecting faking is extremely difficult, and there is no single indicator one can rely on. One senses that the authors are on to something very important here. However, without a more detailed reference to and examination of the relevant theoretical and experimental literature, I feel the authors may have jumped the gun somewhat with some of their prescriptions and conclusions in this respect.

Although the book makes some reference to the idea of hypnotic coercion, in fact very little is said on this topic; most of the book is given over to the topic of memory enhancement with hypnosis. Notably, the authors are extremely modest in reporting the results of their own experimental work in the area of hypnosis and memory. The meticulous work of Sheehan and McConkey in this area has a well-earned international status, yet in the book it is allocated just a few pages. Nevertheless, the conclusions they draw on the basis of the experimental work by themselves and others are largely consonant with other workers in the area, namely: (1) when false alarms or criterion shifts are controlled for, hypnosis does not enhance the accuracy of memory; (2) hypnosis does not routinely lead to an increase in false reports, but it can often lead to greater confidence in both accurately and inaccurately recalled material, and, (3) by and large, hypnotic pseudomemory instructions are more effective than non-hypnotic instructions, and with highly susceptible or suggestible individuals. Given these conclusions, one would perhaps have expected the authors to take the line that there is little point in the use of hypnosis by the police for investigative purposes. However, this is not what they actually conclude. Instead they say,

> with the cases behind us, our position is that hypnosis is useful, but it is dispiriting to realise that the most conclusive instance of our analyses of investigative hypnosis was a case in which the court accepted expert testimony that hypnosis was **not** involved (p. 216).

The case they refer to is that of the murder of Miranda Downes, which is described in detail in Chapter 6. (The book is, in fact, dedicated to her.) Hypnosis was significant in this case because it was decided that the person accused of her murder was faking hypnosis, and this became one of a number of factors that led the court to decide that the accused was a liar and was guilty. Here the authors seem to be touching on the idea that, notwithstanding the rather negative findings from laboratory research, the procedures we label 'hypnosis' may still have advantages in the real-life forensic arena. Unfortunately the authors do not seem to explore the usefulness of hypnosis in any detail. It is possible that in practical investigations, compared with standard police interviews, many factors associated with hypnotic interviews might lead to an enhancement of witnesses' reports. For example, certain hypnotic interviewers, because of their psychological, clinical and interpersonal skills, may be better interviewers of certain types of interviewees than police officers. Also no mention is made of the possible overlaps between investigative hypnosis procedures and those involved in non-hypnotic memory enhancement techniques such as the cognitive interview, which may have distinct advantages over hypnotic interviewing.

My main impression, therefore, is that this book not so much a general overview of the theoretical, experimental and case literature on forensic hypnosis, but more a presentation of the 'Australian experience' of hypnosis in the legal arena. This is no bad thing however. Indeed, it sets the book apart from others that cover this area. As it stands, it presents a well written, unique source of case material, accompanied by the sort of scholarly, informed and thought-provoking comment one would expect from these authors. It certainly inspires ideas for further investigation; hence, despite the reservations I have noted in this review, I have no hesitation in recommending it to anyone who has an interest in this area.

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ABSTRACTS OF CURRENT LITERATURE

AUSTRALIAN JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 26(1), MAY, 1998.

Articles

Barnier AJ and McConkey KM. *Post-hypnotic suggestion, amnesia, and hypnotisability*. pp. 10–18.
This paper describes an analysis of the relationships between post-hypnotic suggestion, amnesia and hypnotizability in a large group of students who had completed the Harvard Group Scale of Hypnotic Susceptibility, form A. In line with some theoretical accounts, post-hypnotic suggestion was found to be a relatively difficult item that was associated with amnesia in some individuals; however, contrary to such accounts, post-hypnotic responding was not exclusive to these individuals and was not always related to amnesia. These findings are discussed with reference to specific factors influencing behaviour and experience in responses to post-hypnotic suggestions.
Corresponding address: Kevin M. McConkey, PhD, School of Psychology, University of New South Wales, Sydney, New South Wales 2052, Australia. E-mail: k.mcconkey@unsw.edu.au

Barling NR. *Experiential analogies and hypnotherapy*. pp. 19–25.
This paper discusses the use of experiential analogies with clients during hypnosis. The argument that experiential analogies can facilitate powerful therapeutic outcomes, especially when they are paired with multi-sensory suggestions, is developed. Two case histories are elaborated on as examples.
Corresponding address: Norman Barling, Bond University, Gold Coast, Queensland, 50723, Australia.

Roche SM, Barnier AJ and McConkey KM. *Absorption, hypnotic experience, and instructional set*. pp. 26–34.
Reports a study showing that scores on the Tellegen Absorption Scale (TAS) are similar in groups of subjects who have and have not had prior experience of hypnosis, but may differ if subjects are instructed to respond as if they were high or low in hypnotic susceptibility. Subjects instructed to respond as highs showed elevated TAS scores, while the converse was found for individuals instructed to respond as lows. The implications of these findings for the relationship between hypnotizability and absorption are discussed.
Corresponding address: Kevin M. McConkey, PhD, School of Psychology, University of New South Wales, Sydney, New South Wales 2052, Australia. E-mail: k.mcconkey@unsw.edu.au

McCarthy P. *Hypnosis in obstetrics*. pp. 35–42.
This paper reviews some recent literature showing the value of hypnosis in childbirth and outlines a simple structured hypnotic approach that may be used and taught in two and a half hours during the third trimester. Labour length, analgesic requirement

and anxiety are decreased; satisfaction with labour and spontaneous deliveries are increased.There may also be a reduction in the incidence of post-natal depression.
Corresponding address: Patrick McCarthy, 9th Floor, CMC Building, 89 Courtenay Place, Wellington, New Zealand.

Mander A. *Hypnosis in the treatment of dysphonia*. pp. 43–48.
This report describes a case of hysterical dysphonia in a male patient, successfully treated using hypnosis as an adjunct to therapy. (Original abstract.)
Corresponding address: A. Mander, PO Box 672, Nedlands, Western Australia 6909.

Schutz J. *Preparation for surgery using hypnosis*. pp. 49–56.
The power of hypnosis in overcoming strong negative expectations and adverse past experiences is demonstrated in this case history. Hypnosis enabled the client to achieve a sense of mastery over her illness, and maximised the likelihood of a good surgical outcome. (Original abstract.)
Corresponding address: Jacquie Schutz, RSD 35, Houghton, South Australia, 5131.

Lipsett L. *Hypnosis in the treatment of social phobia*. pp. 57–65.
Reports a case illustrating the use of hypnosis in the treatment of a client with social phobia. Following cognitive therapy and a trial of desensitization (which proved insufficient to attain the desired goal), the client's contradictory messages manifesting as ambivalence were sorted and a 'somatic bridge' was employed to trace the feelings of anxiety back to a sensitizing event. This was then re-experienced and resolved in hypnosis. Further desensitization allowed attainment of the therapy goal, but the client has requested further assistance for problems with dating.
Corresponding address: Lachlan Lipsett, The Cottage, 22 Rous Road, Goonellabah, New South Wales, Australia, 2480.

Hill T. *Hypnosis in the treatment of learning difficulties in children*. pp. 65–71.
This case describes the use of hypnosis in treatment for learning difficulties in a child. While there is little reference in the literature to the utility of hypnosis in such cases, the report describes the effectiveness with which hypnosis has been used to treat symptoms associated with this condition. (Original abstract).
Corresponding address: Timothy Hill, PO Box 6121, Halifax Street, Adelaide, South Australia, 5000.

Case notes

Schreiber EH. *Hypnosis in a case of acquaintance rape*. pp. 72–75.
Corresponding address: Elliott Schreiber, 708 Camden Avenue, Moorestown, NJ 08057, USA.

Book reviews

Michelson LK and Ray WJ, eds. Handbook of dissociation: Theoretical, empirical and clinical perspectives. Pennsylvania: Plenum Press, 1996. Reviewed by Norman Shum.
Samways L. Dangerous persuaders: An exposé of gurus, personal development courses and cults, and how they operate in Australia. Melbourne: Penguin Books, 1994. Reviewed by John W. Redman.

Evans BJ and Stanley RO. Hypnosis and the law: Principles and practice. Hiedelberg: Australian Society of Hypnosis, 1994. Reviewed by Ellis S. Magner.

HYPNOS, 25(1) FEBRUARY 1998

Articles

Fromm E. *An Ego Psychological Theory of Hypnosis and the research evidence supporting it*. pp. 5–15.
The author presents her Ego-Psychological Theory of Hypnosis. It is a cognitive theory, based to a great extent on a number of concepts developed in classical and neoclassical psychoanalysis. It is demonstrated how she developed this Ego-Psychological Theory step by step. Some of the experiments were done in order to prove or disprove an hypothesis she had made. In other cases, phenomenological reports, given by the subjects demanded an explanation. (Original abstract.)
Corresponding address: Erika Fromm, PhD, Professor Department of Psychology, University of Chicago, 5458 S. University Avenue, Chicago, Ill 60637, USA.

Núñez R. *Self-hypnosis for improving seizure control in epilepsy*. pp. 15–19.
This paper reports two cases in which, by means of Ericksonian Hypnosis, a symbolization of hypnosis was induced, such that patients become able to develop a personal version about the disease as a personal experience. In this hypnotic symbolization, the patient works to improve both the efficacy of their medication and their control of seizures. (Original abstract.)
Corresponding address: Rafael Núñez, M.A., Mexican Society of Hypnosis, Milton H. Erickson Institute of Mexico City. E-mail: instericksoncdmexico@compuserve.com

Bady SL. *Hypnosis and patient's belief systems: Working with psychics past-life regression and magic healing stones*. pp. 19–24.
Hypnotherapists working with patients who believe in the paranormal often face several challenges, such as coping with the strong emotional responses, which may arise with such individuals, and deciding whether a response of acceptance, utilization or challenge to the belief would best help the patient. The nature of the challenge may also vary according to the congruence between the patient's and the therapist's own beliefs. Several clinical examples of counter transference problems that may arise when the therapist is either a believer, a sceptic or a partial believer in the paranormal are discussed.
Corresponding address: Susan Lee Bady, 133 Eighth Ave, Apt 2B, Brooklyn, New York 112 15, USA.

Dünninger P. *Hypnopuncture: Can acupuncture and hypnosis be successfully combined?* pp. 25–31.
The medical indications for hypnosis and acupuncture correspond widely. Experimental comparisons of the methods suggest that hypnosis is more effective in the area of pain management, but the advantages of the two methods have never been combined within dentistry. The case report described in this article aims to show that doing so may be useful in individual cases. Possible synergisms and the different physiological actions of hypnosis and acupuncture are discussed.
Corresponding address: Peter Dünninger, Dr Med Dent, Kulmbacher Strasse 53, Münchberg, Germany.

Hunter ME. *The comma – Menopause*. pp. 32–35.
This article addresses the Fears, Frustrations, Fatigue and Flushes that often accompany the menopause, with suggestions for amelioration through hypnotic interventions. It is a clinical paper based on experience and includes a number of case vignettes.
Corresponding address: Marlene E. Hunter, MD, FCFP(C), 1835 Ambleside Lane, West Vancouver, BC V7V 4W4, Canada.

Robles T. *Reflections on how hypnosis works*. pp. 36–44.
The changes in clients brought about by hypnotherapy are explained through Freud's conceptualization of the unconscious and Bateson's epistemology and connecting pattern concept. This paper describes how the mechanisms of Symbolization, Condensation, Association, Displacement and Repression occur in the different kinds of images arising in hypnotic trance states facilitating psychotherapy.
Corresponding address: Teresa Robles, PhD, Sociedad Mexicana de Hipnosis, José Ma Velasco 72-402, Mexico, DF 03900, Mexico. E-mail: instericksoncdmexico@compuserve.com

Heap, M. *The case of a woman claiming damages from a therapist trained in hypnosis by a correspondence course*. pp. 45–49.
Describes the case of a 26-year-old woman who was diagnosed as suffering from post-traumatic stress disorder following 21 sessions for depression and anxiety with a private therapist, involving reliving vividly terrifying fantasies during hypnosis. Despite describing himself as an 'internationally recognized psychoanalyst', investigation revealed that he had no grounds for using such a designation, and suggested that his procedures were recommended by a private hypnotherapy correspondence course by which he appeared to have trained.
Corresponding address: Dr Michael Heap, Centre for Psychotherapeutic Studies, Department of Psychiatry, University of Sheffield, 16 Claremont Crescent, Sheffield, S10 2TA, UK.

Case notes

Scott DL. *Spontaneous somnambulistic trance. Two unusual linked stories*. pp. 49–50.
Corresponding address: David Scott, MD, Ravelstone, Manley, Ches. WA 69ED.

HYPNOS, 25(2) JUNE 1998

Articles

Peter B. *Normal instruction or hypnotic suggestion: What makes the difference?* pp. 61–71.
Various thereotical accounts of the difference between ordinary instruction and hypnotic suggestion are discussed, including hypnotic state, context, system and radical constructivist views. It is emphasized that the variables of importance to each of these views are of relevance only within a particular interpersonal relationship that has been known as 'rapport' for over two centuries.
Corresponding address: Burkhard Peter, Dipl Psych, MEG-Stiftung Konradstr 16, 8000 München 40, Germany. E-mail: 100421.1423@compuserve.com

Stanton HE. *Making the 'miracle' happen*. pp. 72–77.
In this article, two methods of linking De Shazer's (1985) 'miracle question' with other techniques are suggested. The first, the '15 minute solution', combines four NLP techniques, the 'switch', anchoring a positive feeling, installing belief, and rapid trance induction. The second combines age regression, age progression, and ego-enhancing suggestions. Case studies illustrate how each might be applied.
Corresponding address: Centre for Learning and Teaching, University of Tasmania, CULT, BOX 252-C, GPO, Hobart, Tasmania 7001. E-mail: harry.stanton @educ.utas.edu

Carolusson S. *Hypnosis and transference in the treatment of depression*. pp. 78–86.
Due to the mistrust and negative transference often present with the use of hypnosis for depressed patients, trance inductions must be highly idiosyncratic and sometimes indirectly communicated or postponed. The case presentations in this article illustrate some typical transferential communications, how they can be handled and some possible conclusions.
Corresponding address: Susanna Carolusson, lic psychol, lic psychother, Box 307, SE-430 85 BRÄNNÖ, Sweden. E-mail: torec@algonet.se

Moss GM and Oakley DA. *Stuttering modification using hypnosis: An experimental single-case study*. pp. 87–92.
This experimental case study examines hypnosis as an anxiety management and ego-strengthening technique for stuttering modification in a 29-year-old male with a severe stutter. The subject's fluency was measured at baseline, during 12 hypnosis sessions and in five follow-up sessions. Fluency improved immediately during hypnosis and a steady increase in fluency was seen over sessions; following post-hypnotic suggestions and directed practice, these improvements generalized to non-laboratory situations. The implications of these results for the use of hypnosis as an adjunct to speech therapy are discussed. (First published in Contemporary Hypnosis 1997; 14: 126–131).
Corresponding address: Dr David Oakley, Hypnosis Unit, Department of Psychology (Torrington Place), University College London, Gower Street, London, WC1E 6BT, UK. E-mail: oakley@the-croft.demon.co.uk

Gravitz MA. *Inability to dehypnotize – Implications for management*. pp. 93–97.
One of the possible complications of working with hypnosis is difficulty in alerting the patient from the hypnotic condition. Although such adverse reactions are rare and infrequently observed, they have been noted for many years. This article presents two cases of inability to dehypnotize and discusses the implications for clinical management of the dynamics that were found to be causally related to such behaviour.
Corresponding address: Melvin A. Gravitz, PhD, PC, Suite 105, 1325 Eighteenth Street, NW, Washington, DC, 20036-6511, USA.

Brown DC. *A group hypnosis smoking cessation program: Six month follow-up*. pp. 98–103.
Sixty-eight subjects attended a two-hour session designed to assist them in their attempt to give up smoking. Subjects were informed of the misconceptions and myths surrrounding hypnosis and taught two inductions, a number of deepening techniques and how to come out of trance. Twenty-six of the 68 questionnaires returned revealed a 10% six month quit rate; seven had quit and nine subjects had either stopped temporarily or were smoking less.

Corresponding address: Donald C. Brown, MD, Department of Family Medicine, Dalhousie University, Queen Elizabeth II Health Sciences Centre, 4th floor - Abbie J. Lane Memorial Building, 5909 Jubilee Road, Halifax, NS B3H 2E2, Canada. E-mail: dcbrown@is.dal.ca

Case notes

Erickson BA. *The development of brief therapy*. p. 104.
Corresponding address: Betty-Alice Erickson, MSLPC, 3516 Euclid Avenue. Dallas, TX 75205, USA.
Wicks G. *A case of persistent debilitating cough in a 12 year old boy successfully treated using ego state therapy*. pp. 105–107.
Corresponding address: Graham Wicks, MBBS, FRA CGP., AMA House, 161 Ward Str, N Adelaide, 5006 Australia.
Ffrench C. *Hypnosis to alleviate classically conditioned fear of choking*. pp. 108–109.
Corresponding address: Christine H. Ffrench, BA, Msc, Psychologist, Department of Psychology, Monash University, McMahons Road, Frankston, Victoria 3199, Australia.

INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 46(2) APRIL 1998

Articles

Walling DP, Baker JM and Dott SG. *Scope of hypnosis education in academia: Results of a national survey*. pp. 150–156.
A brief survey on hypnosis training was sent to all psychology doctoral programmes accredited by the APA (n = 218) as well as 24 non-accredited programmes. Twenty-six per cent of responding programmes report offering either required or elective coursework in hypnosis. Of those programmes offering a course in hypnosis, the mean semester credit hours earned was three. Although many programme directors support opportunities for hypnosis education in doctoral education, other constraints limit its availability.
Corresponding address: David P. Walling, PhD, Psychiatric Management Resources, 501 Washington Boulevard, 5th Floor, San Diego, CA 92109, USA.

Barber J. *When hypnosis causes trouble*. pp. 157–170.
A review of the literature suggests a long-standing inattention to the potential harmfulness of hypnotic interventions, including patient's unexpected reactions, leading to clinical complications, including amnesia, catharsis, paralysis, disorientation, literalness of response, accelerated transference and memory contamination. In addition, complications can arise from a practitioner's need for power and by the inappropriately narrow focus on the hypnotic process itself.
Corresponding address: Joseph Barber, PhD, 413 Thirty-First Avenue, Seattle, WA 98122-6319, USA. E-mail: jbarber@u.washington.edu

Moene FC, Hoogduin KAL, Van Dyck R. *The inpatient treatment of patients suffering from (motor) conversion symptoms: A description of eight cases*. pp. 171–190.
Presents a preliminary study using two controlled randomized trials to study the

effect of hypnosis in the treatment of eight patients with (motor) conversion symptoms. Results suggest that comprehensive clinical treatment including hypnosis has enough promise to be studied in clinical trials. In the interpretation of the results, special attention is given to primary diagnosis, duration of complaints, traumatic experiences in childhood, dissociative capacity, and hypnotizability.
Corresponding address: Franny C. Moene, MA, General Psychiatric Hospital 'De Grote Rivieren', Overkampweg 115, 3318 AR Dordrecht, the Netherlands.

Perugini EM, Kirsch I, Allen ST, Coldwell E, Meredith JM, Montgomery JS and Sheehan J. *Surreptitious observation of responses to hypnotically suggested hallucinations: A test of the compliance hypothesis*. pp. 191–203.
Describes a study in which a group of highly suggestible and a group of low suggestible simulators twice received a set of suggestions, once when they believed themselves to be alone and once when they were openly observed by an experimenter. Surreptitious observation and video-recordings indicated that the simulators showed lower suggestibility and more role-inappropriate behaviour in the 'alone' condition compared with the high suggestible group, despite no differences between the two in the 'observed' condition. The highly suggestible subjects showed very little role-inappropriate behaviour even when they considered themselves to be alone. It is argued that these findings indicate that the responses of suggestible individuals are genuine and not the product of deliberate compliance (i.e. faking).
Corresponding address: Irving Kirsch, PhD, Department of Psychology, U-2-, University of Connecticut, 406 Babbidge Road, Storrs, CT 06269-1020. E-mail: irvingk@uconnvm.uconn.edu

Barnier AJ and McConkey KM. *Posthypnotic responding: Knowing when to stop helps to keep it going*. pp. 204–219.
Reports a study investigating the effect of specifying or not specifying the cancellation cue for post-hypnotic suggestion. Results show that hypnotic subjects maintain responding longer than simulating subjects in a cue condition, and both hypnotic or simulating subjects in a no-cue condition. It is argued that these findings highlight the interactional influence of individual, interpersonal and situational factors on post-hypnotic responding and underscore the active involvement of individuals in hypnotically initiated events.
Corresponding address: Kevin M. McConkey, PhD, School of Psychology, University of New South Wales, Sydney, New South Wales 2052, Australia. E-mail: k.mcconkey@unsw.edu.au

Book reviews

Spanos NP. Multiple identities and false memories: A sociocognitive perspective. Washington, DC: American Psychological Association, 1996. Reviewed by Kevin M. McConkey.
Godin J. La nouvelle hypnose: Vocabulaire, principes et méthode: Introduction à l'hypnothérapie Éricksonienne [The new hypnosis: Vocabulary, principles and method: Introduction to Ericksonian Hypnotherapy]. Albin Michel, 1992. Reviewed by Robert Nadon.
Kunzendorf RG, Spanos NP, Wallace B, eds. Hypnosis and imagination. Baywood: New York, 1996. Reviewed by Alan Richardson.

INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 46(3) JULY 1998

Articles

Brodeur JB, Kurtz RM and Strube MJ. *Hypnotic susceptibility order effects in waking analgesia*. pp. 240–249.
Describes a study questioning the assertion made by Spanos, Hodgins, Stam and Gwynn (1984) that susceptibility testing order effects generate a relationship between hypnotic responsivity and waking analgesia pain reduction. Two groups of subjects, one receiving the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C) prior to a cold pressor pain protocol and one receiving it afterwards, both showed significant partial correlations between susceptibility and non-hypnotic pain reduction, indicating that testing order does not influence the existence of this relationship.
Corresponding address: Richard M. Kurtz, PhD, Department of Psychology, Box 1125, Washington University, One Brookings Drive, St Louis, MO 63130, USA.

Bowers KS. *Waterloo-Stanford Group Scale of Hypnotic Susceptibility, Form C: Manual and response booklet*. pp. 250–268.
The manual and response booklet for the Waterloo-Stanford Group Scale of Hypnotic Susceptibility, Form C (WSGC) is presented. The WSGC is a group adaptation of the individually administered Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C). (Original abstract.)

Kirsch I, Milling LS and Burgess C. *Experiential scoring for the Waterloo-Stanford group C scale*. pp. 269–279.
Presents a scale assessing subjective experiences associated with the test suggestions contained in the Waterloo-Stanford Group C scale (WSGC). Normative data from 926 students indicates that the scale is both reliable and valid as a measure of suggestibility, and may be a useful addition to the behavioural scoring of the WSGC.
Corresponding address: Irving Kirsch, PhD, Department of Psychology, U-20, University of Connecticut, 406 Babbidge Road, Storrs, CT 06269-1020, USA.

Cardeña E, Alarcón A, Capafons A and Bayot A. *Effects on suggestibility of a new method of active-alert hypnosis: Alert hand*. pp. 280–294.
Describes a new technique for the induction of alert hypnosis that is simpler, less strenuous and requires less equipment than the more traditional active-alert method. A repeated measures study suggests that (1) suggestibility is greater following the alert method compared with the active-alert method; and (2) subjects are much more likely to discontinue participation during the active-alert induction compared to the alert induction.
Corresponding address: Etzel Cardeña, PhD, Department of Psychiatry, Uniformed Services University of the Health Sciences, 4301 Jones Bridge Road, Bethesda, MD 20814, USA. E-mail: ecardena@mx3.usuhs.mil

King BJ and Council JR. *Intentionality during hypnosis: An ironic process analysis*. pp. 295–313.
Using Wegner's ironic processes theory as a theoretical base, two studies assessing the intentional effort associated with hypnotic responding are described. The results of these studies indicate that dissociated control theory provides the best explanation

for hypnotic responding in one subset of highly hypnotizable participants, whereas more intentional responding provides the best explanation for the others.
Corresponding address: Brenda J. King, Department of Psychology, 307 Austin Peay Building, University of Tennessee, Knoxville, TN 37996, USA. E-mail: bjking@utkux.utcc.utk.edu

Book reviews

Lankton SR and Zeig JK, eds. Difficult contexts for therapy: Ericksonian Monographs number 10. New York: Brunner Mazel, 1995. Reviewed by Phyllis A. Alden.
Hunter ME. Creative scripts for hypnotherapy. New York: Brunner Mazel, 1994. Reviewed by Phyllis A. Alden.
Phillips M and Frederick C. Healing the divided self: Clinical and Ericksonian hypnotherapy for post-traumatic and dissociative conditions. New York: Norton, 1995. Reviewed by Thomas F. Nagy.

Contemporary Hypnosis (1998)
Vol. 15, No. 4, pp. 244–254

PROCEEDINGS OF THE BRITISH SOCIETY OF EXPERIMENTAL AND CLINICAL HYPNOSIS 15TH ANNUAL CONFERENCE, 26–28 JUNE 1998, GREAT BARR HOTEL, BIRMINGHAM

THE USE OF HYPNOSIS IN THE TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER

P. Alden: Derbyshire Royal Infirmary

As a general rule, hypnosis is not considered to be a treatment modality of choice for OCD. In common with many therapists, the author would normally opt for a straightforward behavioural, or cognitive-behavioural approach with good effect. However, three case examples were presented in which hypnosis had been an integral and key element of effective treatment.

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MEAN SCORES ON THE STANFORD, FORM C: ARE THEY 'CREEPING' HIGHER?

G. Benham, N. Smith and M. Nash: University of Tennessee

The Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C, Weitzenhoffer and Hilgard, 1962), is often considered the 'gold standard' of hypnotic susceptibility scales. But it has been the impression of several researchers that obtained means on the SHSS:C are higher in more recent work. In 1962, administration of the SHSS:C to 203 subjects yielded a mean score of 5.07 on the 12 item scale. The authors comprehensively reviewed all studies using the SHSS:C with unscreened and/or novice subjects. Their findings demonstrated a significant linear trend for SHSS:C means over the past four decades of use, with higher obtained means in more recent work. A similar decade-by-decade analysis of work with the Harvard Group Scale of Hypnotic Susceptibility (Shor and Orne, 1962) was also reported. Reasons for this trend across decades were discussed, and implications for future use of the scales were outlined.

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ON THE NATURE OF HYPNOSIS AND SUGGESTION

R. Brown and D. Oakley: University College London

Suggestion and hypnosis have been inextricably linked since the late nineteenth century and the work of Bernheim and the Nancy school. Suggestion continues to be the predominant method for the induction of hypnosis, and most scales designed to assess individual differences in hypnotic responsivity do so by measuring the number of suggestions that an individual responds to following a hypnotic induction. Moreover, current evidence indicates that responses to both hypnotic and non-hypnotic suggestions operate according to the same fundamental psychological mechanisms (Kirsch, 1997). However, despite the fact that the explanation of hypnosis would seem to require an understanding of suggestion, virtually every major contemporary theoretical account of hypnosis has either ignored the concept or used it in a purely descriptive fashion. In this presen-

tation a theoretical model of suggestion based on cognitive psychological research and theory was described in a bid to redress this imbalance. On the basis of this model, an explanation of hypnotic behaviours and experiences was outlined. The model was evaluated with reference to existing research and theory within the field of hypnosis, and the implications and possibilities for future research was considered.

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VISUAL IMAGERY TO ELICIT AND RESOLVE THE DYNAMICS OF NEGATIVE TRANSFERENCE

D. Ebrahim: Coventry

Hypnotherapy is probably frustrated by negative transference; for which a rapid recognition and resolution strategy is described. The patient was asked to imagine himself and the therapist in close proximity, and to comment on his ongoing tension. The patient is then asked to distance the therapist to the point of disappearance, and to comment on his tension. Negative transference is recognized by increased tension during proximity, and by reduced tension during distancing of the therapist. Interpretation of the phenomenon, and encouraging the patient to keep his feelings neutral during the exercise, resolves the negative transference. It was concluded that negative transference can be rapidly uncovered and resolved in this way, facilitating subsequent progress in hypnotherapy.

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MULTIPLE CORRELATES OF THE HYPNOTIC SPECTRUM: DISSOCIATION, SUGGESTIBILITY AND ABSORPTION

F. Frasquilho and D. Oakley: University College London

It is becoming more apparent that hypnosis and hypnotizability represent a complex set of processes and interactions (e.g. Bowers, 1990; Woody, 1997). The multidetermined nature of hypnosis is potentially explained using a statistical metaphor concerning two ways of interpreting factor analysis, that is, a 'causal' model versus an 'emergent' (e.g. Wagstaff, 1998) or constructed approach. It is suggested that the assumption of multidimensionality renders total scores on hypnotizability scales difficult to interpret as different processes may underlie performance on separate scale items. Statistical techniques such as Spectral Analysis (Balthazard and Woody, 1989; Woody et al., 1997) provide a simple means of establishing the relevance of particular processes in passing particular items and item-categories. A Spectral Analysis of absorption, dissociation, social desirability, and placebo responding was reported and was discussed in the context of previous findings and theories of hypnotizability.

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THE PRACTICAL USE OF HYPNOSIS IN THE TREATMENT OF DENTAL ANXIETY AND PHOBIA

L. Gevertz: Hertford

Conference delegates were asked to fill in a questionnaire prior to this presentation to ascertain their reactions to dental treatment and how they cope with it. The extent to which delegates use self-hypnosis in this context was of particular interest. The results of the questionnaire and information elicited via delegate

participation during the presentation formed the background for a discussion of patients' fears and anxieties and a consideration of the psychological interventions, particularly hypnotic interventions, which can be used to help them. Important issues include the importance of history taking in establishing rapport, in identifying possible avenues of treatment and in determining appropriate hypnotic procedures. Also important is the question of 'control' in dental anxiety and the use of relaxation, desensitization, anaesthesia/analgesia suggestions, and uncovering techniques. The presentation had a practical rather than a theoretical emphasis and underlined the role of psychologists and medical practitioners as well as dentists in the treatment of anxious dental patients and those with dental phobia. The need for practitioners to stay within their own speciality and field of competence was stressed.

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PROPHYLACTIC BENEFITS OF SELF-HYPNOSIS ON IMMUNITY AND HEALTH OF STUDENTS AT EXAM TIME

J. Gruzelier, F. Smith, J. Levy, J. Williams and D. Henderson: Imperial College of Science, Technology and Medicine

Two studies were reviewed indicating benefits of self-hypnosis on stress-related immune compromise at exam-time. In the first (Gruzelier et al., 1998a,b) 28 students were assessed with CD2, CD4, CD8, CD19, NKC and cortisol measures three weeks before and during exams. Sixteen were assigned to 10 sessions of hypnosis training (8 high, 8 low Harvard Form C) and 12 mixed susceptibility controls. Self-hypnosis buffered the decline in NK cell (p <0.002) and CD8 counts (p <0.07 (45% and 35% differences) and increased cortisol (p <0.05); an intercorrelated pattern independent of life style changes. Energy was higher in the hypnosis group at exam time (p <0.01) and increased calmness correlated positively with CD4 counts (p <0.01). An action orientated personality correlated positively with increases in T and B lymphocytes. In the replication students were allocated to the same 'active' directed imagery (N = 11) or to non-specific, 'passive' relaxation imagery (N = 11) or a control group (N = 6). A decline in CD4 count was associated with passive imagery (p <0.008) and with illness in the exam period (p <0.02) and was not found with active imagery (p <0.27).

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BRIEF THERAPY (Workshop)

B.B. Hart: UK Counselling and Psychotherapy, Lincolnshire

The aim of this workshop was to introduce the participants to the assumptions and working principles of Solution Focused Brief Therapy as described by Steve de Shazer, in a manner to allow it to be incorporated into everyday clinical work. As the effectiveness of various forms of psychotherapy can be seen to be more a function of their similarities than their differences, common factors in psychotherapy were also reviewed to remind participants of the essential nature of therapy. The history, principles, rationale and assumptions of Brief Therapy were then described using case examples.

A parallel was drawn between the psychotherapy and hypnosis literature toward a 'mastery model' in clinical work and how this influenced the genesis of the solution focused approach was discussed. The emphasis on helping clients to discover 'inner resources' and 'what already works' is one familiar to readers of Milton Erickson. Brief Therapy does

this without using hypnosis and was thus presented as a very pragmatic approach to working with clients. Key aspects to working in this manner include asking for exceptions to when the problem occurs, looking for pretreatment change, acknowledging how the assessment interview can be an intervention, goal setting and establishing what 'kind' of client was presenting. It was suggested that treatment be tailored according to whether the client presented as a 'visitor, complainer, or customer', each bringing with them a different level of motivation for change. Different types of questions were reviewed as powerful ways to both determine this and to access existing solutions. These included questions about exceptions to the problem, the 'miracle question', scaling and coping questions. An interview was carried out with one of the participants to demonstrate this approach. Standard interventions were reviewed as offering 'keys' to solutions. The workshop finished with a role play exercise, giving participants the chance to carry out an interview using the Brief Therapy model. Handouts were given to guide the interview process and to explain its key features.

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HYPNOSIS FOR PAIN AND POST-TRAUMATIC STRESS DISORDER IN CHILDREN (Workshop)

C. Hart: UK Counselling and Psychotherapy, Lincolnshire

The aim of this workshop was to address both pain and PTSD in children. Participants were introduced to the literature on pain in children with reference to the earlier neglect of research in this topic, and the increasing complexity of models of pain reactivity. The factors that modify children's pain perception such as predisposing factors, situational, environmental, social and non-social factors were briefly described. As effective management of pain in children depends on accurate assessment, such methods were described with respect to what makes a child's pain better or worse, coping strategies and the meaning of pain.

Non-pharmacological methods of pain management were discussed according to physical, behavioural and cognitive methods within a developmental framework. Techniques for hypnoanalgesia were described with reference to the literature, to case examples and the presenter's doctoral research with diabetic children and children who had undergone renal transplants. General guidelines for managing painful procedures were given for both acute and chronic pain. Video presentations were shown on children with cancer coping with pain, and hypnosis in paediatric practice.

The DSM-IV diagnostic criteria for PTSD in children were presented as well as a discussion of common stress reactions in children. A brief review of precipitants, vulnerability factors, types of trauma and assessment was provided. Psychological interventions including debriefing, specialised imagery methods (e.g. the rewind technique and EMDR), and hypnosis were described. The relevance of hypnosis for treating PTSD was addressed, including the aim of hypnotic treatment, indications and contraindications, and various hypnotic procedures. Examples on the application of hypnosis to PTSD were presented which made use of imagery and storytelling, enhancing mastery, alleviating symptoms, retrieving information, exploring complex relationship issues, and providing supportive and comforting suggestions. Copies of overheads, reference lists, handouts and reprints of publications were given to participants.

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A LEGAL CASE OF A MAN COMPLAINING OF AN EXTRAORDINARY SEXUAL DISORDER FOLLOWING STAGE HYPNOSIS

M. Heap: University of Sheffield

The plaintiff, Mr N, was claiming four years of mental illness due to his participation in Mr B's stage hypnosis show in a local hotel bar. The cornerstone of his allegation was that for several nights following this he experienced hours of extreme sexual arousal and an overwhelming and uncontrollable urge to have intercourse with his household furniture and domestic appliances. He was admitted on two occasions to the local hospital Casualty Department; however, during the daytime he was untroubled (at least initially) by these urges and spent several consecutive evenings in the hotel bar as usual. It was claimed by two psychiatrists that Mr B caused all of these problems (and an additional three and a half years of an extraordinary array of mental symptoms variously diagnosed as major depression, post traumatic stress disorder, paranoid psychosis and schizoaffective disorder) by telling Mr N and the other volunteers that they would feel extraordinarily 'sexy' when their head hit the pillow that night, and in addition, 'not bringing him out of his trance properly'. The author was the only expert witness for the defence. (Paper read by Les Brann.)

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USE OF HYPNOSIS IN PSYCHOSOMATIC DISORDERS (Workshop)

G. Ibbotson and A. Williamson: Lancs

This workshop had a practical rather than a theoretical basis and aimed to demonstrate how various processes might be used in clinical practice to treat a variety of psychosomatic symptoms. It started with an overview of the causation of psychosomatic disorders, covering topics such as conflict, organ language, identification and self-punishment. Underlying presuppositions were (1) that the symptom/behaviour was the person's best response at that particular time and therefore had a positive intention behind it for the good of the individual, and (2) that the person can generate within themselves all the resources that they need for change. The workshop then looked at ways of generating and utilizing unconscious resources and generating alternative behaviours with reframing. This was followed by an account of how anchoring could be used not only to access calmness or confidence but also to elicit and maintain a state either before (or without) the symptom. The workshop also covered spatial anchoring/metaphor in the context of a process whereby the person looks at the 'cause' of the problem and sees/generates the resources needed to respond in a more appropriate way. Ways of using imagery, both client-generated and classical and using imagery to help resolve conflict were demonstrated. Examples of imagery for treating irritable bowel syndrome, eczema/psoriasis and pain were discussed.

Bill O'Hanlon's distillation of Milton Erickson's work into 'Class of Problem – Class of Solution' was demonstrated. This model defines the problem (e.g. muscle incoordination in irritable bowel syndrome), defines the solution (e.g. muscle control), evokes examples of this in trance (e.g. arm levitation) and matches it across to the problem. Another example might be panic disorder, which could be seen as one end of

the spectrum from unconcern to panic and the solution could be seen as a balance between these. Examples of balance, e.g. learning to stand and walk, learning to cycle, could be elicited in trance and matched across. In addition a framework for dealing with past trauma was described and demonstrated. This uses a combination of ego strengthening, imagery, recoding memory, making a learning from different perspectives, letting go of negative emotions, if necessary using a variant of the cinema technique. Ideomotor Modelling was also covered briefly as another possible way of stimulating the 'unconscious' to generate solutions when someone is 'stuck' or unable to use imagery.

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POST-TRAUMATIC STRESS DISORDER IN EMERGENCY PERSONNEL: IS THERE A ROLE FOR HYPNOSIS?

A. James: Swansea

In 1979 research was undertaken to ascertain the level of health and stress in the Ambulance Service in the UK. In 1983 comparable work was being undertaken with the emergency services in Baltimore, USA and in 1984 a similar research project was carried out in Australia with the Victorian Ambulance Service. These studies led to the development of psychological support services such as counselling, debriefing, as well as training and further research facilities. Following on from this work an International Study is taking place and the study has been extended to include research into the health, stress, coping and job satisfaction together with sections on experiences with traumatic situations, the personality profile of emergency service personnel and assessment of counselling and support facilities, where these exist. A total of 4000 Police, Fire and Ambulance personnel in the UK have taken part in this research; approximately 2700 emergency services personnel and 1300 husbands/wives/partners. The largest proportion have been from the Ambulance Service. However, it has still been possible to make comparisons between the services and between England and Wales as well as between different areas. This paper presented the UK results and examined the role and appropriateness of hypnosis in the treatment of Post Traumatic Stress Disorder in Emergency Personnel.

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RECONSTRUCTING HYPNOTIZABILITY: EMPIRICAL ASSESSMENT OF A MIDSUMMER NIGHT'S DREAM (Keynote Address)

Irving Kirsch: University of Connecticut

In previous attempts to establish its correlates, hypnotizability has been confounded with non-hypnotic (i.e. 'waking') suggestibility. In this first empirical attempt to assess the correlates of hypnotizability, as distinct from non-hypnotic suggestibility, responses to suggestions were assessed twice, first without inducing hypnosis and then again after a hypnotic induction. This allowed for assessment of the relation of non-hypnotic and hypnotic responding to absorption, fantasy proneness, motivation, and expectancy. It also allowed assessment of the relation of these variables to hypnotic suggestibility, with non-hypnotic suggestibility controlled. Surprisingly, some participants were more responsive without hypnosis than they were following an induction. Using conventional terminology, these people

could be said to be negatively hypnotizable. However, conventional terminology is part of what these data called into question.

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HYPNOSIS AND HIV/AIDS SPECTRUM ILLNESSES: AN ERICKSONIAN METHOD OF UTILIZATION

J.D. Marcus: Miami

The intent of this paper was to discuss the uses of an Ericksonian utilization approach to clinical hypnosis within two discrete populations: those being recently diagnosed as seropositive for the HIV virus, and those who have progressed along the disease spectrum and have achieved an AIDS diagnosis. These are two divergent populations that fall within a single continuum of a terminal disease process. It was the contention of this paper that although these two populations suffer from a single disease, there are two distinct and discrete methods of treatment. The author described an Ericksonian method of treatment, and the use of a more traditional mode of hypnosis to effect change on physiological and psychological levels. The cornerstone of the treatment is the 'utilization' aspect of an Ericksonian approach. The newly integrated theory of mind-body communication greatly expands the traditional domain of hypnotherapy (Rossi, 1994). There is evidence that the progression of the HIV disease process can be slowed with the reduction of anxiety (Bradley,1991). The use of hypnosis to facilitate the dying process was examined. Dealing with terminal illness with this population presents particular problems for the clinician. An Ericksonian approach was discussed with emphasis on developmental, and cultural aspects of the patients.

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AN ERICKSONIAN APPROACH TO ADDICTION: A SINGLE SESSION INTERVENTION FOR CRACK COCAINE ADDICTION

J.D. Marcus: Miami

Cocaine addiction is a problem of considerable magnitude in the United States of America. One of the major problems in the treatment of this disorder is the propensity for relapse. This is particularly true with Crack Cocaine. Crack Cocaine has its impact on the pleasure centre of the brain. The intensity of its affects have been compared with sexual orgasm. Because Crack is smoked, its effects are almost immediate. In a gaseous state this form of the drug goes into the bloodstream and up to the brain in an undiluted form in contrast as is the case when the drug is taken intranasally, or intravenously. The effects of the smokable cocaine are also depleted in a rapid fashion. This creates a rapid cycle of craving and dependence. It also sets up an environment where every environmental stimulus can be presented as a cue for craving, and consequently relapse. This cycle of craving and relapse is characterized by feeling of hopelessness, and anhedonia. A single session intervention for Crack cocaine addiction was offered as an example incorporating an Ericksonian (Otani, 1989; O'Hanlon and Martin, 1992) approach with traditional methods of hypnosis. The corner stone of this approach is the utilization (Zeig, 1988) and the use of the symptoms (DeSchazer, 1979) that the client presents with. Orienting the client to the future (Erickson, 1954; Erickson and Rossi, 1989; Torem, 1992) and developing an orientation towards success is critical to this approach. A one-year follow-up was also discussed.

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HYPNOSIS WITH SELECTED MOVEMENT DISORDERS

D. Medd: Redcar, Cleveland

A particular subgroup of movement disorders have aetiologies involving the basal ganglia of the brain which integrate signals from the cerebral cortex and other inputs to effect coordinated physical movement. Such disorders are classed as resulting from shortages or imbalances of specific neurotransmitters and perhaps failure of inhibitory mechanisms. In recent decades, hypnosis has been used with patients suffering from Parkinson's Disease (PD), Tourette Syndrome (TS) and the Dystonias, either experimentally or to achieve therapeutic changes. In this paper, an attempt to identify common and distinguishing factors was made, centred on the role of the relaxation response and hypnosis. The outcome of previous work with PD, TS and the Dystonias was selectively reviewed, and new work with Dystonia and Sydenham's Chorea was presented.

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WHEN OUR ADULT PATIENTS REPORT A HISTORY OF CHILDHOOD ABUSE: RESPONDING WITH SENSE AND SENSIBILITY (Keynote Address)

M. Nash: University of Tennessee

This paper challenged the current conventional assumptions that: (1) all pathology is *de facto* a result of a traumatic event; and (2) treatment always requires extensive and detailed reexamination of early maltreatment. To the contrary, it was contended that the genesis of pathology is usually not traumagenic *per se*; that the roots of the problem are more often traceable to chronic, longstanding chaos in the family environment; and that effective treatment requires the patient and therapist to reconfigure interpersonal schemas with or without special attention to memories of maltreatment. What is known about memory and its plasticity was outlined, with special attention to treatment implications for patients who present with stories of early maltreatment.

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HYPNOSIS AND CONSCIOUSNESS: A STRUCTURAL MODEL

D. Oakley: University College London

This paper presented a model of consciousness and hypnosis, which has its origins in a series of neuropsychological studies on the role of neocortex in associative learning and memory in animals. The model is essentially an evolutionary and hierarchical description of increasingly more sophisticated levels of information processing in vertebrate brains that places the more recently evolved systems which are associated with subjective experience into a more meaningful perspective. With the evolution of representational systems (consciousness systems) with the capacity for parallel processing a need was created for a central executive structure to prioritize some currently active representations as the basis for action, particularly in novel situations. Consequently, a major function of the central executive is in the re-representation of a selected subset of these representations for further processing in a subsystem (self-awareness system) with priority access to action.

Representations that enter the latter subsystem constitute the contents of our subjective experience. In hypnosis, it was argued, influence is exerted via the central executive to orchestrate the re-representation of information into the self-awareness system and hence to influence the nature of subjective experience. Important among the pressures acting on the central executive are those identified by sociocognitive theories as capable of influencing hypnotic enactment and experience.

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EFFICACY OF SELF-HYPNOSIS ON TREATMENT AND IMMUNITY IN RECURRENT GENITAL HERPES: INDIVIDUAL DIFFERENCE PREDICTORS

M. Rollin, A. Champion, P. Fox, D. Henderson, S. Barton and J. Gruzelier: Imperial College of Science, Technology and Medicine

The authors investigated the efficacy of self-hypnosis training with 21 patients suffering from frequently recurring genital herpes and set out to replicate results with an individual difference predictor – the active/withdrawn personality, based on work on functional laterality and the immune system. After six weeks of self-hypnosis training with directed imagery, compared with a control period, there was 48% improvement (p <0.01). Immunity was enhanced: CD3 and CD8 counts (both p <0.02), NKC (p <0.06), LAK cell activity against HSV (p <0.05); clinical responders (N = 16) versus non-responders:- NKC (p <0.04),change in NKC (p <0.05), CD8 (p <0.05). HAD depression decreased (p <0.02) as did anxiety (p <0.038), more so in responders (p <0.05). As hypothesized the active personality was associated with improvement (p <0.03) as was an activated mood (p <0.03). Increased activation correlated positively with NKC against HSV (p <0.00), while a reduction in cortisol correlated with the active personality (p <0.05). Conversely withdrawal was associated with non-improvement (p <0.04), low baseline NKC (p <0.02) and increased cortisol (p <0.03). High scores on Eysenck's lie scale were also associated with withdrawal (p <0.04) and less clinical improvement (p <0.04). Barber scores correlated positively with clinical improvement (p <0.02), with increase in NKC (p <0.03), and CD3 (p <0.01), CD4 (p <0.06), CD8 (p <0.02). Frequency of practice correlated positively with baseline NKC against HSV (p <0.04), and with the increase in specific LAK activity to HSV (p <0.02). It was concluded that these encouraging results warranted wider clinical applications.

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HYPNOTIC AMNESIA: SUGGESTIONS FOR EPISODIC AMNESIA CAN ATTENUATE THE GENERATION OF PRIMED RESPONSES DURING AN IMPLICIT MEMORY TASK

C. Smith, J. Morton and D. Oakley: University College London

Highly hypnotizable subjects exhibiting a suggested amnesia in free recall of a word list indicate priming in their generation of these items during implicit memory tasks such as free association (Kihlstrom, 1980; Spanos et al., 1982). Previous research suggests that by modifying the amnesia suggestion, to imply that the amnesia will generalize to tasks other than free recall, this priming effect is markedly reduced (Spanos et al., 1982; Bertrand et al., 1990). Because the use of

such modified amnesia suggestions has been criticized as engendering hypnotic agnosia (Kihlstrom, 1985), the present study employed an amnesia suggestion indicating that subjects will forget both having performed an initial free association trial and which words they generated (an 'episodic' amnesia). The same cue-word list was then administered again. As predicted by a broadly sociocognitive perspective, subjects displayed decreased priming and greater response times on the second free association trial, compared with a non-hypnotic control group instructed not to inhibit generating the same associate again. This indicates that the suggested amnesia cannot be simply the result of a selective impairment in episodic ('explicit') memory functioning. Rather, it strongly suggests that the subject's interpretation of the nature of the deficit is a key factor in determining the subsequent characteristics of the amnesic display.

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HYPNOTHERAPY FOR THE UNSTABLE BLADDER: FOUR CASE REPORTS

N. Smith, V. D'Hooghe, S. Duffin, D. Fitzsimmons, C. Rippin and G. Wilde: Nottingham City Hospital

The unstable bladder is a common disorder associated with urge incontinence. Four consecutive patients presented with the unstable bladder which failed to respond to first-line treatment by a specialist nurse. Treatments included advice on fluids, caffeine intake and bladder training. Detrusor instability was confirmed on urodynamic testing. These patients were unable to tolerate anticholinergic drugs or had contra-indications to their use. Treatment consisted of three one-hour sessions of hypnotherapy, including anxiety control methods, ego-strengthening, training in self-hypnosis, age progression, explanation of stable bladder function and the hand-on-abdomen technique used in the treatment of the irritable bowel syndrome.

The patients were three women and one man, ranging in age from 47 to 69 years, in whom urinary symptoms had been present for between two and 20 years. Two patients had an excellent response with complete remission of symptoms during a follow-up period of six months. Two patients derived some benefit from the treatment but continued to experience lower urinary tract symptoms. Possible factors relating to treatment outcome include age, anxiety score and hypnotic susceptibility. It was concluded that brief hypnotherapy may benefit some patients who have failed to respond to first-line treatment and are unable to take anti-cholinergic drugs.

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ENHANCEMENTS IN HYPNOTIC SUSCEPTIBILITY: ENACTMENT, IMAGINATION OR MOTIVATION? STUDY I

V. West: University of Luton

Much research has shown that, with the use of the Carleton Skills Training Package (CSTP) (Gorassini and Spanos, 1986) hypnotic susceptibility can be significantly enhanced (see Spanos, 1991 for a review). Previous component analyses of the CSTP have attempted to determine which component is responsible for these large training enhancements. One study compared the original CSTP to a modified version, where instructions for the physical enactment of the suggestion were removed (Gearan et al., 1995). It was found that susceptibility could be enhanced equally without these

instructions, leading the authors to conclude that the critical ingredient in the CSTP appeared to be the instructions to actively imagine along with the suggestions. These findings challenged Spanos, Robertson, Menary and Brett (1986), who claimed that the instructions for physical enactment was the critical component of the CSTP.

The current research investigated the role of these two components of the CSTP by comparing physical enactment and active imagination instructions. A control group was administered motivational instructions. It was found that all three sets of instructions equally and significantly enhanced the hypnotic susceptibility of participants. Therefore, the research did not reveal a critical component of the CSTP, but concluded that enactment, imagination and motivation are equally important factors in the modification of susceptibility.

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ENHANCEMENTS IN HYPNOTIC SUSCEPTIBILITY: ENACTMENT, IMAGINATION OR MOTIVATION? STUDY II

V. West: University of Luton

Previous component analyses of the Carleton Skills Training Package (CSTP) (Gorassini and Spanos, 1986) have revealed conflicting results. One study proposed that the instructions to physically enact each suggestion were the critical component of CSTP training (Spanos et al., 1986). Other research claimed that the instructions to actively imagine hypnotic suggestions were the critical ingredient (Gearan et al., 1995).

Research by the author has shown that physical enactment, active imagination and motivational instructions are equally important factors in the modification of hypnotic susceptibility (see Part I abstract). In order to follow up this finding, the current research adopted a case study approach, to provide in more detail and depth, an experiential analysis of the effects of the three different sets of instructions. To this end, the hypnotic experiences of six participants were analysed via the Experiential Analysis Technique (Sheehan and McConkey, 1982). It was found that the physical enactment instructions led to strategic, sometimes compliant responses, the active imagination instructions led to a flexible, though not always successful, use of imagery and the motivational control instructions led to more motivated responses. It was concluded that the experience of hypnosis is a complex response that is modifiable via instructions in either enactment, imagination or motivation.

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