

Our Readers Write ...

The European Journal of Clinical Hypnosis welcomes readers' letters. Opinions expressed by correspondents are their own and do not necessarily reflect the views of the Journal. Letters submitted may be edited but every effort will be made to retain the tone and sense of the original. Readers are asked to be concise.

Hypnotherapy must cut out the pseudo-scientific gobbledygook ... and so must the EJCH

Dear Editor,

Please have a few firm words with some of your authors – keeping those words simple and asking them to do the same. In short, try to be our guardian against pseudo-scientific gobbledygook. For frankly too many engaged in hypnotherapy have fallen into the trap of wrapping what they say and write in impenetrable phraseology. They seem to work on the premise that balony baffles brains.

Take a look at the article in the last edition reporting on the workshop conducted by Dr Ernest Rossi. It is a textbook example of meaningless gibberish intended to sound impressive or authoritative but which merely confuses the poor reader with a babble of phoney phrases.

For a start, how many readers know what a *boson* is? No, it is not a naval term, it is from the world of nuclear physics which is totally inappropriate in clinical hypnosis.

The article later refers to “*negative entropy ... positive exponential evolution ... information transduction ...*” What tosh!

A few sentences later we stumble across “*the aim is to re-associate and re-synthesise the client's inner realities.*” And so it went on. To be fair, this type of pseudo-scientific language is now the fashion in so many publications and there is far too much of it in our own profession; practitioners using complicated language, peppered with high falutin' meaningless terms, trying to impress.

Do we have to read such articles with the Journal in one hand and a dictionary of psychology in the other?

What we should be seeking is clear, concise and specific explanations which carry unambiguous meaning and which are immediately understandable.

Therefore, I close with a plea to fellow professionals to remember one of the basic rules of success – KISS ... Keep It Simple, S.....

Yours sincerely

Denis Carroll,

Hounslow Heath,
Middlesex, England

● **Are these criticisms fair? Do you agree or disagree with Mr Carroll's assertion that those involved in hypnotherapy too often tend to use complicated jargon at the expense of straightforward simplicity? The EJCH would like to know your views, both about the use of language in clinical hypnosis in general and the comprehensibility of the Journal in particular. Please write to us giving us your opinions ... in whatever style you prefer.**

Clinical hypnosis must sort out its standards of training and practice and not get lumped with other disciplines

Dear Sir,

My apologies for sounding somewhat parochial in a European journal but I believe the EJCH should focus attention on what appears to be the start of an important debate for clinical hypnosis in the United Kingdom – the question of whether there should be National Vocational Qualifications in Hypnotherapy.

Clearly, it is an issue which several professional organisations – most notably the Institute for

Complementary Medicine (ICM) – regard as of great importance.

The argument for NVQs are defined in a statement by Dr. Elaine Sauve, chairperson of a body investigating NVQs in complementary medicine, summed up in the last sentence of her statement “If NVQs are developed, they will provide a nationally recognised measurement of competence for practitioners”. This would be fine if hypnotherapists were joiners or carpenters, where you can see the results of the craft in a physical way.

What I would like to know is how NVQs are supposed to test a hypnotherapist's “bedside manner” or his/her desire to help clients to not only get better, but to stay better. My own personal view is that Complementary and Alternative Medicine Steering Group (CAST) is doing a great disservice to hypnotherapists by lumping us together with many disciplines that are not, in my opinion, professional therapies.

As those of us who read the BMA's **Complementary Medicine: New Approaches to Good Practice** know, we as hypnotherapists should be trying to put our own house in order with regards to standards of training and practice.

But let us go back to the main argument for NVQs, “*they will provide a nationally recognised measurement of competence for practitioners*”. Of course qualified practitioners should want this. I know I do. However, NVQs are not the answer. If a patient goes to his GP is he or she likely to be impressed if the doctor has an NVQ in General Medical Practice? Of course not. In many cases, the general public have no idea what all the letters after a GP's name mean.

GPs have our respect as professionals because they are in a trade where they have to be licensed and registered in order to practice.

Why should hypnotherapists be any different? We, as a profession, need to take control of our own destiny and get an independent national register established. Also we need to cut down on those schools, colleges, and institutions that can grant qualifications in hypnotherapy.

I believe that once an officially recognised Register is established it should be responsible for granting licences not only for hypnotherapists, but for training schools as well. We all know that among those awarding qualifications today are excellent schools, average schools, and ones that don't even bear mentioning.

We must support those few excellent schools and root out the others.

This may be difficult for some to accept, but properly trained hypnotherapists who work ethically should have nothing to fear and should support this idea. How many times have we heard from clients about the terrible experiences they had with a poorly trained hypnotherapist? We are the only people who can stop this. We must take the initiative.

Your reader may feel I have strayed somewhat from the point. However, if we are to discuss national standards, we must concentrate on all of the possibilities – not just the narrow view of NVQs being the only best way.

We must question our professional bodies about their stand on NVQs and put forward alternative views if we disagree with the *party line*. Never as a profession have UK hypnotherapists had so much to gain by regulation. More and more GPs recognise the value of what we do. Let's not blow this chance by taking the quick, easy – and wrong – option.

Dr Shaun Brookhouse,
25 Edge Lane,
Manchester, England.

A single organisation for clinical hypnosis must still allow for diverse techniques and different approaches to therapy

Dear Sir,

Congratulations, I think you've really achieved something with the EJCH.

When the first issue came through my door I was impressed and subscribed but at the same time I wondered if the quality and interest could be maintained.

When the second issue arrived I was even more impressed, it was even better, and I'm so pleased to see that the articles are coming from a spread of people and are so balanced.

Just to give you my views on the position of hypnotherapy today, I believe that hypnotherapy should be seen as a therapy in its own right and not as an adjunct to physical medicine, dentistry or anything else.

When I hear of the efforts of different groups to bring hypnotherapists together under one authority I welcome it in one way and yet I feel uneasy, because there are so many inflated egos out there who want to be in control and believe that their way is the only way and would soon try to banish anything and anyone who differed from the true way.

A good first step would be if an independent person could devise a basic course in hypnotherapy that, when completed, was acceptable to the majority of associations.

This way each group could retain its independence until a time when trust and understanding could be built, yet achieve a position of cohesion lacking at the moment. This would also discourage the situation where each group denounces the training of the

others and offers to "*bring the therapist up to their standards,*" usually for a high fee. I feel that trying to achieve a single authority in one jump will be very difficult.

I use an eclectic approach although believing in hypno-analysis. I know that this does not suit everyone and so have studied many ways – Groves, Bandler and Grinder, Erickson, Rossi etc – and believe that if a therapist is sensitive and observant the right method can be found from the myriad of techniques available to help the client.

That, after all, is what we are trying to do.

I believe that one day (UK) hypnotherapists will all come together under a single organisation and will welcome that day and just hope that the organisation, when it is set up, will allow for all points of view and many different methods and not fall into the hands of people who would exclude all but clones of themselves.

Yours faithfully,

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Correction

In the launch edition of the EJCH there was a typesetting error in the letter from Dr Sheila Cromwell of Waltham Abbey. The word *experiential* was unfortunately printed as *experimental*. Therefore the final paragraph of Dr Cromwell's letter should have started: *I have no doubt that controversial issues will arise and I hope these will always be addressed from a strictly clinical and experiential point of view.*

The EJCH apologises for this error.

Your letters are not only welcome but positively invited. One of the purposes of the EJCH letters pages is to enable those involved in clinical and experimental hypnosis to communicate ideas and opinions. It is an open forum, in keeping with the Journal's overall policy. Correspondence should be submitted to: **The Letters Editor, European Journal of Clinical Hypnosis, 16 Connaught Street, London, W2 2AF, United Kingdom.**