

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.

Local social services departments get their hypnotherapy for nothing

Dear Sir,

I was interested to see the suggestion from Alexander Tennant (EJCH October 1993) that Social Services departments might employ hypnotherapists as Community Care workers.

I am a social worker with a community drugs team and I have been providing a free hypnotherapy service to our clients for about two years.

I have had no support with respect to travel costs from the Social Security Department and there is no recognition within pay scales for my qualifications, though I have trained with the National College of Hypnosis and Psychotherapy and with British Hypnosis Research.

At present social workers who use hypnosis are rewarded as if they were using any other social work skill, such as counselling. Specialist posts for suitably qualified and supervised hypnotherapists would be a welcome and, I'm sure, cost effective innovation.

Yours sincerely,
David Howarth,
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 England

Please don't bind the Journal to the "political correctness" of sterile, orthodox academic fashion

Dear Sir,

The article by Taylor et al on Inflammatory Bowel Disease raises some issues both for your journal's editorial policy and the conduct of investigations into hypnotherapeutic phenomena. The study itself is admirable and interesting, and I'm glad you published it. But my central concern is about "statistication": the adoption of methods of experimentation and styles of presentation borrowed from the behavioural sciences, which they in turn imported from the physical sciences. However, if the field of investigation does not conform to the constraints necessary for hypothetico-deductive scientific activity, this paradigm fails.

Such orthodoxy seems now to be equated with academic respectability, a siren song your Journal's navigators may find alluring. But this kind of discursive political correctness has drawbacks: context-sensitive information is stripped down to numbers which are treated as if they were independent objects; the story of the research is fragmented and lost in the reporting format for describing experiments; the private language of statistical manipulation and experimental design methodology mystifies and confuses readers and writers alike; and important observations which don't fit the format

are discarded or overlooked. The article which emerges from all this tends to be so disjointed, enigmatic, and arcane that even the authors and editors don't read it properly. In the paper in question it is almost impossible to work out what actually happened from the presented graphs and statistical statements. For example, figures 1-10 seem to have been mislabelled, making their contents misleading. In figures 11-14 the graph lines linking values across the vertical lines dividing the treatment conditions can't represent real continuity, since half the subjects represented in the last value of any condition didn't go from there to the next treatment, but to another one. In several of the individual graphs there are negative values for average weekly totals of some variables, as if people had less than no physical symptoms or life problems. In figure 14 the last value is a negative geometric mean for reported problems.

How can a reader make sense of these things? Some of the difficulties may stem from trying to do parametric statistical tests on a small number of subjects, measurements of whose performance don't seem to be distributed in a way that naturally fits with what the tests require.

But my main concern is that the article's conclusion, that gut directed hypnosis has the most beneficial effect overall, seems at odds with what figures 11-14 seem to show, namely, that on all measures subjects got worse from week 3 of gut directed hypnosis and only improved at week 2 of follow-up. If the scores reflect the effects of the treatments so far, and they are all beneficial, then you would expect the scores to decrease consistently, with the best during follow up. If a treatment's

effect is not instant, but develops over the course of a week or a fortnight, then the worsening of the scores would be consistent with gut-directed therapy having a regressive effect.

However, follow up is, according to the text, a separate treatment condition. "On completion of the 12-week period of therapy, subjects were given tapes containing both hypnotic procedures together with instructions for use and 'reminder information' regarding tutorial therapy." So follow up constituted what might be called self-managed pick'n'mix therapy. This seems to have undone the gut directed regression. This is where the information-in-context from each subject about their problems and emotional reactions relating to each treatment condition would have been valuable.

For a journal of clinical hypnosis narrative integrity is valuable in itself and shouldn't be sacrificed to sterile academic fashion. By all means include statistical appendices in reports of experiments designed to be consistent with statistical and methodological propriety, but let the body of the article tell us lucidly what happened, showing clearly the real evidence and retaining the events contexts and natural linkages.

Although academically unfashionable, properly contextualised anecdotes (true stories) are valuable in this field of inquiry. While they may, of course, be abused by generalising from them to imply natural laws or patterns of phenomena, they can be used properly to show the natural variety of real occurrences, the anomalies, oddities, and chanced-upon possibilities.

Yours sincerely
Bob Marsden

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Bio-energy interaction between the client and the hypnotherapist may be inevitable

Dear Editor

Congratulations to Dr Dylan Morgan for structuring the hitherto chaotic intellectual scaffolding surrounding previous descriptions of the theory of hypnosis. Can I just remark that it might be slightly odd if, in the end, we found absolutely no interaction in terms of bio-energy between client and practitioner within hypnotism, especially since relaxation increases receptivity?

In parallel work the late Maxwell Cade made have, perhaps unwittingly, pointed the way. Analysing the brain waves of people receiving faith healing, he may have come across a power that, whatever else, was directional and neuro-detectable.

Now the question becomes just what subsystem might be involved.

Because it was found that the triad-like brain wave pattern was actually transferred to the recipient during the session, there seemed to be two possibilities.

Either the immune system is being "jumpstarted" into activity on a physiological level or the belief system is being targeted for some form of telepathic hypnosis instructing that improvement is both desirable and possible.

Yours sincerely,

P. V. Haynes,
Castle Hill Clinic,
Reading England

EJCH'S Pre-natal regression paper provided a ready model for therapy

Dear Editor,

The new EJCH launch brings to mind recollections of an enjoyable meal. It turns out to be a feast for the eyes, meat for the intellect and spice for the grey matter! A delicacy to dip into and colourful in texture. The contents are both absorbing and chewable. Long may the menu satisfy and educate. Long may there be a "doggy bag" and a place to "spit the bones"!

Which leads me on to comment on the article on Pre-Natal Regression by Dr. Donald Ebrahim. Imagine my surprise when after reading Dr. Ebrahim's piece a few days later I was confronted in my consulting room by a patient presenting problems almost identical to the published model. The catalogue of events in the patient's life mirrored closely those of the Traumatic Separation diagram and I was able to use this to clarify for the patient some of her confusion and distress.

The major difference between the Journal model and my patient was the age difference; my patient suffered trauma during the first few months of life but the symptoms produced later were very similar, which only goes to prove, that trauma at whatever stage of our development can upset and unbalance the natural course of events.

I should like to thank Dr. Ebrahim for his contribution and commend the EJCH for including it in its first edition.

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Your letters are not only welcome but positively invited. One of the purposes of the EJCH letters pages is enabling 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,**