

Our Readers Write ...

Dangerous hysteria over False Memory Syndrome may damage the therapeutic value of regression

Dear Editor,

The issue of False Memory Syndrome (FMS) is critical for the psychotherapy profession and requires wise and apolitical consideration. Bob Marsden's excellent article (E.J.C.H. April 1994) covered a lot of ground. For that very reason some salient points may benefit from being highlighted.

A real danger of the current near hysteria over FMS is of throwing the baby out with the bath water. Any psychotherapy, however responsibly conducted but which addresses possible past causes of clients' current problems, could come under suspicion. Quite illogically, hypnotherapy might be most at risk.

The British False Memory Society, in stating that a quarter of all its cases involved hypnosis, is however equally pointing out that three times as many did not. And if psychotherapists, generally, understood the actual nature of hypnosis they would realise that their clients are frequently in a hypnotic or hypnoidal state.

Formal hypnosis is unnecessary for the implanting of false memory. Indeed any relationship of the power holder/vulnerable person type is wholly sufficient, as false confessions by innocent people testify.

On the other hand, valid memories repressed into the unconscious of events stretching back to birth, and before, do exist. They are connected with an instinct for personal survival.

As part of a specific research, I have conducted some 10,000 hypno-regressions to past trauma during the last ten years. It was essential to establish that recovered experiences were not

pseudo-memories so after 'therapy,' participants were asked to check their recalls with parents and particularly with mothers about birth and pre-birth memories.

In just over 70 per cent of cases this was possible and no memory was found to be false. Due to a foetus's and neonate's absolute dependence on mother, there is some scale and time distortion in a baby's perception of perinatal events compared with the mother's but the actual facts were quite startlingly accurate.

In the remaining 30 per cent of cases, the recalls were so similar in principle to the confirmed examples that it is unlikely they were false.

Interestingly, in the present climate, only 1 per cent of cases recalled sexual abuse. Five cases presented with conscious (as well as unconscious) memories and just one recalled previously unremembered abuse by an uncle, which had apparently occurred between ages three and seven.

The reality of the recall was not tested but the process relieved the client of some serious problems. There was no motive for accusing the relative, who by then lived far away. Properly conducted regression therapy seems to be a valuable approach in appropriate cases. There is always a series of repressed traumas and they must all be resolved. When that has been achieved it has been of considerable long term benefit to clients' self-esteem.

An objective comparison shows hypnosis to be the most efficacious techniques by far for regressing to unconscious trauma. We must ensure therefore that dispassionate counsels prevail in the resolving of the FMS issue.

Yours sincerely

A Graham Gorman

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Research,
33 Westholme Gardens, Ruislip,
Middlesex,
England

Meanwhile the great gobbledegook debate continues ... some defending the Journal's style ...

Dear Editor,

Denis Carroll's assertions concerning so called "pseudo-scientific" word usage in the European Journal of Clinical Hypnosis must not go unanswered.

The European Journal of Clinical Hypnosis is published for the professional body of clinical hypnotherapists. Each professional group has a set of words that describe the service they offer to society. Hypnotherapists also have their technical terms.

Clinical Hypnotherapy takes many concepts from other human sciences that also have specific words: "Negative Entropy" for example, is widely used in both biology and psychology sciences, with which a clinical hypnotist must be familiar.

The European Journal of Clinical Hypnotherapy is also read by professionals such as physicians, dentists and psychologists who are used to terms like: resynthesise the client's inner realities.

If Dr. Rossi's paper had been published in a popular Sunday newspaper, it would have been out of place. Written as is, however, this was not the case. It is important for professional hypnotherapists to be able to do research and properly name these phenomena with the most appropriate and precise terms.

I close with a suggestion to Denis Carroll, which is his own "read such articles with the Journal in one hand and the dictionary in the other" and, I might add, good reading.

Yours sincerely,

Barbara Dobbs, BGN, MS.

Geneva
Switzerland

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.

... but others reckon part of the EJCH is written in a strange language desperately needing translation ...

Dear Sir,

I agree with Denis Carroll's assertion (Readers Write April 1994) that too many hypnotherapists have fallen into the trap of using complicated expressions and big words when straightforward English would, more quickly, put the point across to more people.

I find the European Journal of Clinical Hypnosis easy to understand and very readable. However I have never forgotten the time when a colleague of mine spent a great deal of time reading through a series of papers on hypnosis. At the end he said: *"It's all very interesting stuff but what language is it in?"*

I have had non-therapist friends express similar sentiments about the Journal. If your aim is to keep the general public in the dark then continue with the psycho-waffle.

If we want to reach a larger audience and not add to the already large body of misunderstanding about our work, then we have to stop impressing each other with how clever we are and get down to the job of letting the public know how helpful we are.

Yours sincerely,

Michael O'Sullivan,
52 Church Street,
Stoke Newington,
London,
England

... or plead with us to make more effort to keep our articles simple, straightforward ...

Dear Sir,

Having reading the April issue of the EJCH I am in complete agreement with correspondent Denis Carroll regarding pretentious jargon.

It has begun to increase in psychology and psychotherapy journals and papers and now seems to be encroaching on articles on hypnotherapy.

A typical example in Rossi's feature: Hypnotherapeutic suggestion is the entrainment and utilisation of psychobiological rhythms generated by the cybernetic loops of mind-body communication. Oh goodness! What on earth does that mean?

So please – keep it simple. Keep it practical. Let's have some genuine input that will help us to be better therapists.

Yours faithfully,

Dennis Rush,
25 Coris Close, Marton Manor,
Middlesborough,
England

... fearing it's all a deliberate plot to confuse!

Dear Sir,

I wonder if your correspondent Denis Carroll has missed the point?

Perhaps naively I assumed that the articles to which he refers were really

induction scripts using a highly sophisticated confusion technique.

They produced a deep trance state in me when I read them and I should certainly use them with clients if I were not afraid of sinking into total catalepsy while doing so!

However, I have sufficient induction scripts for the moment and should appreciate articles dealing with other aspects of hypnosis in a comprehensible manner.

Your cognitively verifiable correspondent,
Sandra Fox,
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England.

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:

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