

Inside This Issue

3

Candidates for
President-Elect

5

Candidates for
Treasurer

6

Candidates for
Secretary

8

Election Information

9

From Trepidation to
Publication
Carolyn Daitch, Ph. D

12

Efficacy of Ego State
Based Hypnosis for PTSD
Ciara C. Christensen, et. al

17

Correction

18

Member News &
Announcements

SCEH President:

- Stephen Pauker, M.D.

SCEH Treasurer:

- Donald Moss, Ph.D.

SCEH Secretary:

- Philip D. Shenefelt, MD

SCEH Executive Director:

- Michele Hart, M.A.

SCEH Focus Editor:

- Eric Willmarth, Ph.D.

SCEH Focus Student Editor:

- Werner Absenger, M.Sc.

SCEH Focus is published four times a
year: Winter, Spring, Summer &
Fall



Society for Clinical &
Experimental Hypnosis

FOCUS

Volume 55 | Number 2 | Spring 2013

Notes from the Executive Director Michele Hart, M.A.

Good day to all of you.

By now you know that we are in an election year for SCEH. You should have received a set of candidate statements and a ballot in the mail. All members in good standing as of May 15th are eligible to vote in an election but for student members. According to the SCEH By-Laws:

Ballots must be mailed by May 15 of the election year and returned no longer than 30 days after their receipt. The only people who are able to vote are members who have currently paid their dues and are full or life members. Student members are not able to vote.

Important Note! **Please sign the back of your return envelope containing your ballot.** This signature validates your vote and ensures we receive only vote per member.

It is important to the integrity of the organization that we follow the Society's by-laws exactly as written. Many of you may know that the organization is currently undergoing a

Hart, continued...

by-laws revision. This revision is critical to the overall functioning of the organization and a part of a current “restructuring”. During my four and half years as Executive Director it came to my attention that SCEH was not incorporated nor a state recognized not-for-profit organization. While SCEH has Federal 501(c)(3) status, the Society had not been filing annual reports in the state in which it operates - currently Massachusetts, which has specific reporting regulations around charitable and educational organizations. As a 501(c)(3) tax exempt organization, the Society is automatically a public charity under state law. Therefore, the Society will register with the Division of Public Charities and come into compliance with the Division’s reporting requirements. These changes do not affect the functioning of the organization but rather ensure that the Society is operating as a legal entity.

Senior members may recall that at one time SCEH was recognized by the New York State Board of Regents (part of the New York Office of Professions). In New York, the Board of Regents manages a unique system of professional regulation. It encompasses 800,000 practitioners and over 30,000 professional practice business entities in 48 professions. The State Education Department, under the direction of the Regents, administers professional regulation through its Office of the Professions, assisted by the twenty-nine State Boards for the Professions.

This recognition holds no value for the Society at present. The Board of Regents governs the *practice* of certain professions such as psychology, social work, and mental

health therapy. The Society doesn’t operate out of New York State and has members in multiple states and countries. While the Society includes individual members that practice mental health professions, the Society itself does not practice professions; meaning the Society doesn’t have an office where patients may come and choose a provider. Although we have a referral service online, the Society does not make *recommendations* for clinicians. Finally, the Society’s educational mission, the holding of an Annual Conference, takes place in different states (even different countries) yearly.

Which brings me to our meeting in Berkeley... The annual meeting is shaping up very nicely. We are on target to open registration July 1, as we have the past two years. This year we are introducing some alternate registration options, with the hope that these options will give you the flexibility (and CE/CME credits) that you need.

We are also introducing a free 2 CE/CME film program, guided by Dr. Eric Willmarth, as well as a 1 CE/CME credit for the Saturday evening banquet, where Alan Schefflin will give a talk on hypnosis and the CIA. Our new administration will also take office at this time. Tradition has been that the official handover takes place during the Saturday evening banquet ceremony. There is a lot to be excited about.

And remember – we want your news!

Please be sure to send any professional information about yourself to

editor@sceh.us.

Best- Michele Hart

Executive Director, SCEH

Candidate Statements – Election 2013

All candidates are listed alphabetically under the position for which they are running.

Candidates for President-Elect



**Philip D. Shenefelt,
M.D., ABMH**

I am honored to be nominated for the position of President-Elect of SCEH and am strongly committed to serve well in that role.

I am currently a Professor of Dermatology and

Cutaneous Surgery at the University of South Florida in Tampa, where I have practiced dermatology for 26 years. Twenty two years ago I attended my first basic workshop in hypnosis, and hypnosis has been part of my dermatologic practice for 17 years. I have been a member of SCEH since 2003 and have been an annual scientific session presenter and advanced workshop presenter at SCEH since 2003. I have been co-chair of the intermediate workshop for SCEH and also co-chair of the advanced workshop for SCEH. For the past two years I have served as Secretary of SCEH on the Executive Committee and Executive Council. Currently I am also chair of the SCEH by-laws committee. I am certified by SCEH and ASCH and passed the American

Board of Medical Hypnosis examination in 2007. I am also a Fellow of SCEH. I have authored or coauthored 48 peer reviewed journal articles including 18 on hypnosis and psychodermatology, and have authored a number of book chapters, including an e-medicine chapter on hypnosis in dermatology that is available on the web. Results of a randomized control trial that I conducted on hypnotic induction and self-guided imagery for relaxation for dermatologic surgery are scheduled for publication in the upcoming July issue of IJCEH.

My past experience as an organizational President-Elect includes being current President-Elect of the Florida Society of Clinical Hypnosis. I am also the current Secretary-Treasurer of the American Board of Medical Hypnosis. I have served on committees and as an officer in various dermatological society organizations regionally and nationally and on committees in ASCH. I enjoy helping organizations to grow and prosper and would like to continue to contribute in that way to SCEH as President-Elect. My vision for SCEH includes maintaining and increasing its current excellence in promoting and presenting credible scientific evidence for various facets of the nature and usefulness of hypnosis and their clinical applications. In my view, SCEH will be a key element in promoting and maintaining research in

*Candidates for president-elect,
continued...*

hypnosis and also in promoting and maintaining the clinical use of hypnosis in the current and future practice climates. My vision also includes maintaining and increasing the health of SCEH as an organization and adapting and adjusting to new opportunities for promoting research, scientifically-based clinical practices, and growth in membership. It would be my pleasure to serve as President-Elect for SCEH in this time of both challenges and opportunities for hypnosis in general and SCEH in particular.



Eric K. Willmarth, Ph.D.

Hello. My name is Eric Willmarth and I would appreciate your support in my candidacy for the office of president-elect of the Society of Clinical and Experimental Hypnosis. I have been

a member of SCEH for close to 20 years and as far as I know, I have not missed an annual meeting during that time. I have presented either workshops or scientific papers at most of those meetings and I am proud to be a Fellow of SCEH. I have served on a number of program committees over the years and I have been a long-time member of the SCEH Ethics Committee. Currently I am the Editor of the SCEH Newsletter, FOCUS, and serve as a liaison between APA Division 30 and SCEH.

In my professional life I am the President of Michigan Behavioral Consultants, PC, a

group practice made up of psychologists, social workers and counselors who specialize in the area of pain management. I also teach Basic, Intermediate and Advanced Hypnosis for Saybrook University where I serve as the Director of Student Training for the School of Mind-Body Medicine and Co-director of the Consciousness, Spirituality and Integrated Health Specialization in the School of Psychology and Interdisciplinary Inquiry.

The experience that I could bring to this position includes my history as the President of the Society for Psychological Hypnosis, APA's Division 30, as well as being a Past President of both the Michigan Society of Clinical Hypnosis and the Michigan Society of Behavioral Medicine and Biofeedback. In short, I have been deeply involved with the field of hypnosis for my entire professional career and I have leadership experience that I believe would benefit SCEH.

My "agenda" if elected to a SCEH leadership role would center on three primary targets. First, in order to remain viable, SCEH needs to be on a better financial footing and additional revenue sources need to be identified so that we are not completely "dues dependent". Second, membership, and especially student membership needs to be a priority to restore the vitality that we once enjoyed in this Society. Finally, the expertise in this Society for publishing Empirically Validated Evidence for the use of hypnosis needs to be leveraged into political efforts to assure that hypnosis remains a reimbursable service for Medicare and other insurance carriers. I believe that coordinating efforts with larger groups such as the American Psychological

Candidates for president-elect, continued...

Association, where I serve on the Council of Representatives, may be a pathway to success in this area. Thank you for your attention to this election and again, I would appreciate your vote!

Candidates for Treasurer



Ciara Christensen, Ph.D.

Ciara Christensen studied abroad in Denmark before pursuing her Ph.D. in Counseling Psychology at Washington State University (WSU) with

Professor Arreed Barabasz. She was the Managing Editor of the International Journal of Clinical and Experimental Hypnosis (IJCEH) (the highest-ranking journal in the field). Ciara received Society for Clinical and Experimental Hypnosis (SCEH) Society Presidential Commendation for outstanding work as Managing Editor for two consecutive years. Ciara has presented papers both nationally, at the American Psychological Association (APA) and at SCEH, and internationally, at the International Society of Hypnosis (ISH) congress in Singapore and the Ericksonian German-Nepal Medical congress in Kathmandu. Ciara has co-presented several

workshops with Arreed Barabasz and senior or co-authored five peer-reviewed journal articles (four in the IJCEH and one in the American Journal of Clinical Hypnosis [AJCH]), three Ego State Abreactive Hypnosis Manuals for combat stress, PTSD, and ASD and two book chapters in Evidence Based Medical Hypnosis: A primer for health care practitioners. She was the recipient of the 2008 SCEH Crasilneck Award "For the Best 1st Research Presentation," and the 2012 Ernest R. Hilgard for "Best Thesis" Award from APA Division 30. Ciara is certified in Clinical Hypnosis by the Society for Clinical and Experimental Hypnosis -Active Commitment to Excellence (SCEH-ACE). She currently serves as a member of the SCEH By-Laws Committee and is a Co-Chair for the SCEH Scientific program for 2013. She is a member of the APA, ISH and SCEH.

Donald Moss, Ph.D.

Donald Moss, Ph.D., is past-president and current treasurer of Division 30 (hypnosis) of the American Psychological Association, treasurer for the Society of Clinical and Experimental Hypnosis, a SCEH delegate to the International Society for Hypnosis, a Board member of the Biofeedback Certification International Alliance, and an advisory board member for the International Network for Integrative Mental Health. He is Chair of the School of Mind-Body Medicine, at the Saybrook University in San Francisco.



Candidates for treasurer, continued...

He is co-author of a new book on mind-body assessment and treatment, *Pathways to Illness, Pathways to Health* (Springer, 2013). He is chief editor of the *Handbook of Mind-Body Medicine for Primary Care* (Sage Publications, 2003) and *Humanistic and Transpersonal Psychology* (Greenwood Press, 1998), chief editor of *Biofeedback: A Clinical Journal*, and consulting editor for the *Journal of Neurotherapy*, *Psychophysiology Today*, and *Journal of Phenomenological Psychology*. He operates a clinic in Michigan, providing hypnosis and other mind-body services for anxiety, PTSD, and functional medical conditions.

Donald Moss has served as an officer for SCEH for three years, and believes that his experience as a treasurer for SCEH and other organizations can be useful for the organization at a time when SCEH, like other professional organizations, faces challenges in sustaining membership and coping financially.



Candidates for Secretary



Emily Orne

For me, it is a true honor to be nominated for Secretary of SCEH, and I wish to take this opportunity to thank those involved in the nomination. Starting in 1959, I worked with a

research team directed by the late Martin T. Orne, first at Mass Mental Health Center and Harvard in Boston and then as of 1964 at the Institute of Pennsylvania Hospital and University of Pennsylvania; since 1995, I have worked at the University of Pennsylvania Perelman School of Medicine in research with Professor David F. Dinges, although as of 2010, I reduced to a 9-month year as limited staff. I have worked only in research and do no clinical work.

Let me state at the outset that I have a B.A. from Bennington College; though I was in the PhD program at Brandeis University from 1960-1965, I did not complete my degree when our research lab moved from Harvard to the University of Pennsylvania. In 1973, Dr. Erika Fromm nominated me to join SCEH as a full member (and later as a fellow) because she was familiar with my research studies as well as my work on the SCEH Journal, *IJCEH*, and the annual meetings since the late 60s when the meetings became university-sponsored.

Candidates for secretary, continued...

I am the co-author with the late Dr. Ronald Shor of the Harvard Group Scale of Hypnotic Susceptibility: Forms A and B. I am also co-author on research articles ranging from using hypnosis and self-hypnosis to control the pain of sickle cell disease to other studies evaluating hypnosis for use in memory enhancement.

Having worked closely with Martin Orne as Editor of IJCEH, I am very familiar with the decades of work in building a small specialty Journal such as IJCEH with 400 subscribers to a peak of over 2500 subscribers by the end of Martin's terms as Editor. During this time, IJCEH rose to be one of the 30 most cited journals in psychology, a rare honor for a specialty journal.

SCEH has faced a number of crossroads along its Journal's path. At present, with considerations of the possibility of SCEH merging with ASCH, and the question of IJCEH's survival were such a merger to take place, it is possible that my historical knowledge of the beginnings of IJCEH as a major citation journal may be helpful in gaining a perspective on SCEH's role in the future. I have a deep commitment to research as well as to the existence and mission of SCEH and the furtherance of IJCEH. In the event that in any way I could be helpful to SCEH and to the future of IJCEH, I would be willing to serve with pleasure as Secretary of SCEH.



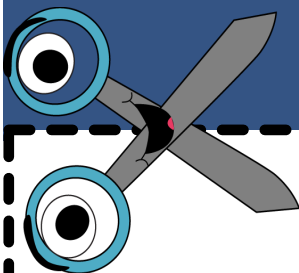
**Devin Blair Terhune,
Ph.D.**

I am seeking the position of Secretary of SCEH because I am committed to the society and eager to help to improve its

functioning and enhance its standing in the broader scientific and clinical communities. I think that SCEH should work hard to expand the use of hypnosis in both applied and scientific contexts, in particular by training clinicians and researchers in the ethical and effective practice of hypnosis and by promoting rigorous science. I am especially motivated to help the society attract more undergraduate and graduate students and postdoctoral researchers and trainees.

I have been fortunate enough to study under two remarkable hypnosis researchers. I was first introduced to hypnosis by J.-R. Laurence during my undergraduate degree at Concordia University and subsequently completed my Ph.D. on the topic of heterogeneity in high hypnotic suggestibility under Etzel Cardeña at Lund University. I am currently a research fellow in the Department of Experimental Psychology at the University of Oxford. My research at Oxford explores the instrumental use of hypnosis for studying cognition and perception and the neural basis of individual differences in hypnotic suggestibility. This research uses a range of neuroimaging and brain stimulation techniques as well as mathematical models of behaviour. I have published more than thirty articles and book chapters on hypnosis, suggestion, dissociation, and other

Don't Forget to Cast Your Vote



2013 BALLOT FOR SCEH EXECUTIVE OFFICERS

Please select one person or a write-in candidate for each office and return in the envelope provided. Remember to validate your ballot by signing your name over the rear flap of the return envelope.

Ballots must be postmarked by June 14, 2013

FOR PRESIDENT-ELECT

Philip D. Shenefelt, MD, ABMH

Eric K. Willmarth, PhD

Write-in Candidate _____

FOR TREASURER

Ciara Christensen, PhD

Donald Moss, PhD

Write-in Candidate _____

FOR SECRETARY

Emily Orne

Devin Blair Terhune, PhD

Write-in Candidate _____

Remember to validate your ballot by signing your name over the rear flap of the return envelope.

Candidates for secretary, continued...

topics, for which I have received awards from APA Division 30, ASCH, SCEH, and the Royal Swedish Academy of Sciences. I regularly review for scientific journals and I am a member of the editorial board of the new APA journal *Psychology of Consciousness*. I have co-organized conferences and symposia on hypnosis and other topics and am co-chairing the scientific programme of the 2013 conference. I am strongly committed to the mission of SCEH and I look forward to the possibility of serving as the society's Secretary.

From Trepidation to Publication

By

Carolyn Daitch, Ph. D.

Since the publication of my book, *Affect Regulation Toolbox: Practical and Effective Hypnotic Interventions for the Over-reactive Client*, back in 2007, many of my colleagues have been asking me about the writing and publishing process. First, I'd like to say that writing my first book was a steep learning curve for me and challenged me on multiple levels. Even with three books under my belt, writing a book continues to be a daunting yet satisfying endeavor.

The First Steps

It has been said that everyone has a book inside of him or her. Before starting

my first book, *Affect Regulation Toolbox*, I had often thought about writing a book, trying on titles and tossing around ideas but never following through. I was always too busy with my full therapy practice, teaching, and parenting. But a part of me thought it would be meaningful to record my observations of the clients I've been honored to treat and to share the interventions that I had been using and teaching for more than two decades. Some days I felt confident that I had a plethora of valuable information to convey, and other days I wondered if anyone would actually be interested in my treatment approaches.

Two experiences got me started. First, I witnessed my dear friend Eleanor Payson, a busy clinician like me, manage to write a groundbreaking book on narcissism, *The Wizard of Oz and Other Narcissists*. Ellie inspired me and helped me

believe that I could and should write.

Second, my friend Sally Palaian enrolled in Bill O'Hanlon's *Book Writing and Publishing Boot Camp* for therapists and she encouraged me to accompany her. It was a practical course attended by a dynamic group of clinicians, most of whom were talented writers. Bill felt that there was an audience for my book, that affect regulation was a hot topic, and that I should not delay in submitting a proposal to publishing houses. Buoyed by his encouragement I worked hard on a query letter, rewriting it several times. I even asked my former college roommate, who knew a bit about publishing, to look at it as well.

I sent the proposal to W. W. Norton, a publishing house which has a good reputation and has published many psychology books. Based on the experience of others who

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with SCEH



Daitch, continued...

had tried unsuccessfully to get published, I wasn't terribly optimistic. To my surprise, the senior editor of Norton Professional Books responded the following day, saying that she loved the idea and liked my writing style. I was offered a book contract within a week. My friend and colleague Bill O'Hanlon had given me wise counsel.

The good news was that the book was accepted for publication. The bad news was that I had to write it. And quickly. They gave me a year. That may sound like plenty of time, but trying to squeeze writing into my life while working full time was not easy. I spent weekends writing, took every Wednesday morning off, and took my laptop everywhere. Toward the end of the project, my ever-patient husband would wake up in the morning to discover my laptop next to me in bed! But I finished the book and got to the fun part: reading reviews, signing books, and sharing the good news with my colleagues, friends and family. The book also opened the door to

additional book contracts. Over the next few years I wrote *Anxiety Disorders: The Go-to Guide for Clients and Therapists* (WW Norton, 2011) and *Anxious in Love: How to Manage Your Anxiety, Reduce Conflict, and Reconnect with Your Partner* (New Harbinger, 2012).

Having spent the vast majority of my career sitting across from my clients face-to-face, spending hours at a time attempting to reach clients from behind a computer screen was quite a shift. One of the reasons that psychotherapy, and even training other psychotherapists, has been such a good fit for me is that I love dynamic, person-to-person interaction. Initially the book-writing process didn't have the same intrinsic reward as did facilitating a therapy session or hypnosis workshop. While I enjoy writing, interacting directly with others is a passion. I imagine this might be the case for many of us who are drawn to the field of psychotherapy. So it was very helpful for me to reframe the writing process as simply another means to interact—and interact with a far wider audience than

practice or even teaching could allow.

Shortly after the publication of my second book I went online and found a customer review written by a man who lived halfway across the country from me. My second book was written for the layperson and clinician alike, presenting the various treatment options that form an integrative recovery approach for anxiety disorders. The man shared that *The Go-to Guide* had provided him the entryway he needed to understand his anxiety disorder and find a therapist who offered a treatment modality he felt was a good fit for him.

For my third book, *Anxious in Love*, I often envisioned myself in the midst of a couples session as I wrote, since my third book provides affect regulation and relationship strengthening exercises for high-anxiety individuals and their partners. Likewise, as I wrote my first book I envisioned myself talking to other hypnotherapists as if I were currently giving an intensive workshop. My first book, the *Affect Regulation Toolbox*, is a compendium of hypnotherapeutic

Daitch, continued...

techniques presented in a four-tiered approach for the hypnotherapeutic regulation of affect. Both my interest and writing were enhanced as I tapped-in to my passion—practicing and teaching therapy—while I typed each page.

Connecting to my passion for psychotherapeutic practice as I wrote also would give me the extra push I often needed to keep hammering away when free time looked a lot more tempting than my keyboard. If you, like me, are trying to balance a full-time practice with speaking engagements and writing, it takes a lot of energy, discipline, and sacrifice to pull this off. I had to be willing to commit a set amount of time to my writing each week, devoting half of my work day on Wednesdays and most of Sundays to writing. I kept to this schedule come rain or shine, and worked several hours each day when I was on vacation. I even planned a few “working vacations,” little getaways at my timeshare where I would write for the

majority of the day and reward myself with breaks to go on hikes or enjoy a trip to the beach. Those working vacations were key for me because they provided me the opportunity to really increase my productivity, getting a lot of work accomplished in a relatively short time while I still felt as if I was giving myself a bit of vacation and some much needed pampering.

Even with a rigorous writing schedule in place, I learned to be clear that I needed at least a year and a half to write the initial manuscript for each book if

I was to maintain my private practice. Although my publishers encouraged me to get it done more quickly, the only way I could commit to a book deal was to be clear that I needed the extra time, given all the other work obligations on my plate—especially since I needed to devote time to developing marketing strategies for the book while I was still in the manuscript preparation phase.

If you're looking to write and publish, I wish you all the best on your journey. I have found it's definitely that: a journey. And sometimes a journey that can feel like a bit of an ordeal, with stress and self-doubt as an added perk. But the rewards, for me, have made it well worth my while to keep writing and valuing the conversations I continue to enjoy with therapists and clients alike through the written word.

Carolyn Daitch, Ph.D. is a psychologist, international presenter, and author of *Anxious in Love*, *Anxiety Disorders: The Go-To Guide* and the award winning *Affect Regulation Toolbox*. Dr. Daitch is the director of the Center for the Treatment of Anxiety Disorders in Farmington Hills, Michigan. She is a certified and approved consultant and



Der Hypnotiseur. (1906). Fritz Schönpflug. Image from the History of Medicine (National Library of Medicine).

Daitch, continued...

elected fellow with the American Society of Clinical Hypnosis and a certified Imago therapist. Dr. Daitch is recognized for her practical easy to implement interventions. Her time is split between clinical practice, supervision, consultation, writing, and teaching. She routinely gives trainings to practitioners in the United States and abroad. Her books and CDs can be purchased from Amazon.com as well as www.AnxietySolutionsOnline.com.

Efficacy of Ego State Based Hypnosis for PTSD*

By Ciara C. Christensen¹, Arreed Barabasz², and Marianne Barabasz²

¹ Psychology Resident, Burrell Behavioral Health, Springfield, Missouri

² Washington State University, Pullman, Washington

* PhD Dissertation chaired and supervised by Arreed Barabasz, PhD, ABPP

Posttraumatic Stress Disorder (PTSD) is a psychological disorder characterized by a preoccupation with traumatic events beyond normal human experience such as rape or assault, combat, violence, natural disasters, accidents, and torture (Barabasz, Barabasz, & Watkins, 2011; van der Kolk, 2004; Vermetten & Christensen, 2010). Traumatic experiences can leave the individual with intense terror, fear, and paralyzing helplessness. These experiences serve as a catalyst that can create recurring flashbacks of the trauma (Frankel, 1994), which individuals may experience on a daily basis.

The impact of a traumatic event on a person and the after effects of this experience are highly individualized. Encoding of traumatic experiences tends to be distinct from ordinary events. They are typically sudden, create discontinuities with prior experience, involve arousal of intense affect (including fear, anger, and sadness), and may create conflicting patterns of

association [a parent previously viewed as loving and protective is seen in this context as sexually abusive or a threat to life (Spiegel, 2006)]. Traumatized individuals often have a significant decline in their overall functioning. This decline is thought to be largely attributed to the trauma experience, which over the course of time erodes their ego capacities (van der Kolk, 2001). The deterioration of ego capacities has an adverse affect on one's self view (safe, worthwhile, and loved versus in danger, worthless, and hated) and, especially in children, can create conflicting psychological networks of information (Spiegel, 2006; van der Kolk, 2001).

The discovery that sensory input stimulates hormonal secretions and influences the activation of brain regions involved in attention and memory reveals that conscious control over our actions is limited (van der Kolk, 2007). This point is of critical importance in the understanding and treatment of individuals who have experienced trauma or traumatic events,

including both Acute Stress Disorder (ASD) and PTSD. The fact that reminders of the past can activate certain neurobiological responses helps to explain why survivors of trauma are vulnerable to react with irrational and sub cortically initiated responses that are irrelevant, and even harmful, in the present (van der Kolk, 2007). These triggered responses are typically coupled to ego state dependent defense mechanisms learned in early life (Barabasz & Christensen, 2009 a,b). Hence, a stimulus associated with the trauma experienced causes the trauma to become present (van der Kolk, 2001). Given such unwanted symptoms and distress, it is important to test effective ways to help those with PTSD overcome their traumas. The purpose of this research was to determine whether or not brief Ego State Therapy (EST) is an effective treatment for PTSD.

Participants included 30 volunteers from a rural university community who met DSM-IV TR criteria for PTSD (American Psychiatric Association, 2000). Telephone interviews served as a prescreening, excluding those not suitable for the study. Participants were asked to explain their symptoms, if they were currently receiving treatment, and if they were able to schedule a five to six hour block of time to receive treatment. If participants indicated they were currently receiving treatment, they were instructed to first speak with their therapist, psychiatrist, or counselor before participating. Next, the Modified Scale for Suicidal Ideation (MSSI) (Miller, Norman, Bishop, & Dow, 1986) was administered to assess for risk of suicidality; if it was considered low (total score= 0-3), they

were administered the Davidson Trauma Scale (DTS) (Davidson, et al. 1996) and Clinician- Administered PTSD Scale (CAPS) (Blake, et al. 1990), to establish the severity of symptoms of PTSD. The Beck Depression Inventory-II (BDI-II) (Beck, Steer & Brown, 1996), Beck Anxiety Inventory (BAI) (Beck & Steer, 1993), and Hypnotic Induction Profile (HIP) (Spiegel, 1977) were administered. Participants were assigned, in balanced order to EST or the active control group. The primary balance variable was PTSD symptom severity as measured by DTS scores. Complete data sets were obtained on 30 participants, all over 18 years of age. The EST treatment group consisted of thirteen (13) females and two (2) males (n=15). The active control group consisted of seven (7) females and eight (8) males (n=15). Hypnotic Induction Profile (HIP) scores revealed all participants were hypnotizable (EST group mean = 8.13; active control group mean = 8.4).

Active Control Group - Fifteen participants were assigned to the active control group. The participants were exposed to a Veteran's Administration approved video treatment which provided them with general information about PTSD and the Counting Method (Ochberg, 1996). The Counting Method is a technique designed for mastering traumatic memories and conceptualized to be a brief treatment approach aiming to desensitize traumatized subjects (Johnson & Lubin, 2005). It is designed to help subjects process their traumatic memories without evoking intense affect. After reviewing the two DVDs, participants were re-tested on the BDI-II, BAI, and modified DTS and again at one and three months later.

Ego State Therapy Treatment Group - Fifteen participants were assigned to the EST condition. They were exposed to EST following the manualized protocol by Barabasz, Christensen, and Watkins (2010) and were exposed to no fewer than four hours and no more than six consecutive hours of EST therapy. Therapy was conducted within the co-therapy model as described by Watkins and Watkins (1997) and Watkins and Barabasz (2008). The therapists alternated the primary therapist roles according to the order of participant presentation.

Manualized EST is conceptualized to be a brief and intensive 5 phase treatment approach (Barabasz, Barabasz, & Watkins, 2011). In the first phase, an intake interview was conducted to qualify the participants for brief EST and to orient participants. In the second phase, myths about hypnosis were debunked and each participant received hypnotic like experiences, to reinforce that they remain in control. Hypnosis tailored to the participants was used to contact their ego states. In the third phase, participants learned about ego states they identified in the previous phase. During the fourth phase, participants were asked to draw on a blank sheet of paper the ego states they had identified. The map was used as an additional tool for the fifth phase where internal conflicts were resolved using hypnotically induced abreactions. Hypnotic age regressions, conducted according to Manualized EST were employed 3-4 times. Each evoked strong abreactive responses of the trauma and were carried out to emotional and physiological exhaustion.

After each abreaction, participants were provided reassurance and support to aid personality reconstruction. Upon completion of the EST treatment, participants were also re-tested on the BDI-II, BAI, and modified DTS and again at one and three months later.

Two way analyses of variance (ANOVAs) (2 groups X 4 measurement periods) were calculated on the DTS, BDI-II, and BAI scores. Follow-up univariate ANOVA's and Tukeys were calculated. Non-parametric tests were calculated appropriate to the distributions of the data (Mann-Whitney U and Wilcoxon Signed Ranks tests). One way ANOVA's computed for the DTS scores, BDI-II scores and BAI scores at pre-test revealed no significant differences between the EST and the active control group at pre-test for any measure (DTS, $F(1,28) = .17, p > .68$; BDI-II, $F(1,28) = 1.88, p > .18$; BAI, $F(1,28) = .03, p > .87$). *DTS Results*-The DTS was conceptualized to be the measure most directly relevant to the primary purpose of the study. The 2 X 4 analysis of variance revealed a significant within-subjects effect ($F(3,26) = 44.48, p < .001$, Wilks' Lambda = .1639), a significant between groups effect ($F(3,26) = 8.24, p < .0005$, Wilks' Lambda=.5126) and a significant interaction effect (trial X group) ($F(3,84) = 5.44, p < .007$). Follow-up univariate ANOVAs revealed significant decreases in PTSD symptoms for the EST group from pre-treatment to post-test ($F(1,28) = 15.46, p < .0005$ and one month follow-up ($F(1,28) = 7.68, p < .009$).

Examination of the data revealed a greater than 34% increase in variance at the three month follow-up (compared to post-treatment and one month data) which can be typical of small N therapeutic intervention studies. The distribution of scores became

Christensen, et. al, continued...

non-normal at three months which violates the normalcy assumption required for parametric analyses. Therefore, a non-parametric approach was adopted to analyze the three months data. A Wilcoxon Signed Ranks test was calculated. The result ($N_s-R = 15, T = 0, p < .001$) shows EST continued to have a significant positive effect on DTS scores at the three month follow-up.

Tukeys Studentized HSDs were computed to compare the EST and the active control group. The results indicated significantly lower DTS scores for EST versus the active control condition at post- treatment (Studentized critical value = 2.89, minimum significant difference 22.09, Control mean 78.2, EST mean 35.8, $p < .05$) and at one month follow-up (Studentized critical range = 2.89, minimum significant difference 22.95, Control mean = 60.20, EST mean = 29.13, $p < .05$). Due to the non- normal distribution of scores at the three month follow-up, the non-parametric Mann Whitney U was calculated. The result yielded a $Z=2.31, p < .05$ showing EST produced significantly lower DTS scores at three months than the active control condition.

BDI-II Results- The overall ANOVA revealed a significant within groups ($F = (3,26), 38.19, p < .001$, Wilks' Lambda = .18) and between groups ($F = (3,26) 20.64, p < .0001$, Wilks' Lambda = .29) results. Wilcoxon Signed Ranks test results showed significantly lower BDI-II scores at post-test ($N_s-R = 15, T = 6.2, p < .001$), at one ($N_s-R = 15, T = 1.5, p < .001$), and three months ($N_s - R = 15, T = 7, p < .001$).

Tukeys Studentized HSD results indicated significant effects for EST versus the active

control condition at post- treatment (Studentized critical value = 2.90, minimum significant difference 7.90, Control mean 21.73, EST mean 5.80, $p < .05$). Again, score distributions were not normally distributed at one and three months, Mann- Whitney U tests were calculated. The results showed EST produced significantly lower BDI-II scores versus the active control condition at one ($Z = 3.77, p < .01$) and three months ($Z=2.42, p < .05$).

BAI Results- The overall ANOVA revealed a significant within-groups ($F (3,26) = 21.46, p < .0001$, Wilks' Lambda = .28) and between groups ($F (3,26) = 7.13, p < .001$, Wilks' Lambda = .54) results. Follow-up ANOVA results $F (1,28) = 15.4, R^2 = .35, p < .0005$) showed EST produced significantly lower BAI scores at post-test versus pre- treatment. Wilcoxon Signed Ranks test results showed EST produced significantly lower scores than pre-test at one ($N_s-R = 15, T = -3, p < .001$) and three months ($N_s-R = 15, T = 2, p < .001$).

Tukeys Studentized HSD results indicated significant effects for EST versus the active control condition at post- treatment (Studentized critical value = 2.90, minimum significant difference 7.13, Control mean 20.6, EST mean 6.93, $p < .05$). Due to the non normal distribution of scores at one and three months follow-up, Mann Whitney U tests were calculated which showed EST produced significantly lower BAI scores than the active control condition at one ($Z = 2.44, p < .05$) and three months ($Z = 4.9, p < .01$).

Discussion: This was the first placebo controlled study to investigate the efficacy of a manualized single session EST intervention for PTSD meeting evidenced based criteria (Chambless & Hollon, 1998). The primary purpose was to determine

Christensen, et. al, continued...

whether or not brief EST is an effective treatment for PTSD by testing it experimentally against an active control group. Standardized instruments to assess PTSD symptoms before and after treatment and at follow-ups were employed. The procedure (Barabasz, Christensen, & Watkins, 2010) combined the efficiency of the cognitive behavioral approaches with the psychoanalytic tradition (Barabasz, Barabasz, & Christensen, 2011; Barabasz, Barabasz, & Watkins, 2011; Watkins & Barabasz, 2008; Watkins & Watkins, 1997). Findings demonstrated hypnotic abreactive EST, in contrast to an active control condition, produced significantly lower ratings of PTSD, depression, and anxiety symptoms after treatment and at one and three month follow-ups.

The findings are remarkable although further research is needed comparing single session manualized EST for ASD, PTSD and the combat stress injury (CSI) testing a much larger sample. Future research should not use a control group video of the counting method as a coping mechanism. It is possible that the counting method inadvertently exposed subjects in the active control group to a method of self-hypnosis for intrusive symptom management.

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Have You Reserved Your Room for the 64th Annual SCEH Conference Yet?

Rates are \$159 per night through September 10, 2013.

Guests may make reservations by calling the hotel directly at 510-548-7920. Please mention that you are part of the Society for Clinical & Experimental Hypnosis Meeting Group.

The Hotel will honor the conference room rate up to three days pre- and post event.

You may also book your room online <http://doubletree.hilton.com/en/dt/groups/personalized/J/JBKCADT-ANW-20131001/index.jhtml>.

BOOK YOUR ROOM SOON!

Correction

On page 7, column 2, at the top of the Winter issue (Volume 55, 1) we listed an incorrect email address for Daniel Kohen M.D. It should be dpkohen@umn.edu. We apologize for any inconvenience this may have caused in contacting Dr. Kohen.

Member News & Announcements

Karen Olness, M.D. Taught a Hypnosis Workshop in Thailand

Karen Olness, M.D., FAAP, ABMH taught in a two day workshop on hypnosis for pain management given at the University of Khon Kaen, Khon Kaen, Thailand on December 3 and 4, 2012.

The workshop was directed by Srivieng Pairojkul, M.D., Associate Professor of Pediatrics who is Director and Founder of the Palliative Care Program. Faculty included two former fellows of Dr. Olness-- Chanyut Suphakunpinyo M.D., Director of Developmental Behavioral Pediatrics at Khon Kaen University, and Niramol Patjanasontorn, M.D., Director of Child Psychiatry at Khon Kaen University.

Additional faculty included Pulsuk Siripul R.N., Ph.D. who did her post graduate training at Case Western Reserve University and Kesanee Boonyawat R.N., who works in the pediatric oncology program at University Hospitals, Khon Kaen. All of the Thai faculty had taken pediatric hypnosis workshops either in Cleveland or at the University of Minnesota in Minneapolis.

Participants in the workshop were members of the Thai palliative care treatment team, including physicians, social workers, and nurses.

News from CERCAP, the Center for Research on Consciousness and Anomalous Psychology at Lund University in Sweden

On the 1st of October of 2012 the symposium The Cognitive and Neural Mechanisms of Hypnosis, in honor of Devin Terhune's prize as the best young research psychologist of 2011 and co-organized by him and Etzel Cardeña, was held at the Kungliga Vetenskapsakademien in Stockholm, Sweden.

Etzel Cardeña and co-authors got the 1912 Pierre Janet Award from the ISSTD for Evaluation of the evidence for the trauma and fantasy models of dissociation. *Psychological Bulletin*, 138, 550-588.

Besides various book reviews, Etzel Cardeña published the following during 2012:

Cardeña, E., Lehmann, D., Faber, P. L., Jönsson, P., Milz, P., Pascual-Marqui, R. D., & Kochi, K. (2012). EEG sLORETA functional imaging during hypnotic arm levitation and voluntary arm lifting. *International Journal of Clinical & Experimental Hypnosis*, 60, 31-53. doi 10.1080/00207144.2011.622184

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John Churchill, MSW, has Authored Books and Articles

Item 1: A Tool Used For Healing. Airman Magazine. Official magazine of the U.S. Air Force, Vol. XXVII, No. 2, pp. 44-47, Feb. 1984.

Item 2. Hypnotherapy with Psychotherapists: An "Innocuous" Means of Seeking Help. The Haworth Press, Inc., New York, 1984.

Item 3. Treating Military Families Overseas: Focusing On Conjoint and Multiple Impact Therapy. In Kaslow, F.W. & Ridenour, R.I.(Eds).

Member News & Announcements, continued

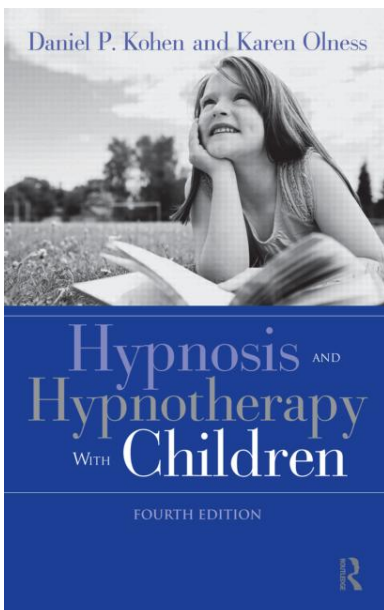
The Military Family: Dynamics and Treatment, Guilford Press, New York, 1984.

Item 4. The Use of Self Hypnosis in Hospitals. Article in San Antonio Express-News, March 13, 1984.

Item 5: Hypnotherapy and Conjoint Family Therapy: A Viable Treatment Combination. *American Journal of Clinical Hypnosis*, Vol.28, No. 3, pp.170-176, January 1986.

Item 6: Archtypal Healing. The American Journal of Hospice & Palliative Care. Vol.II, No. 1, pp.26-23. January-February 1994.

Kohen and Olness Are Proud to Announce the Publication of a Recent Book



Updated and revised in response to developments in the field, this Fourth Edition of Hypnosis and Hypnotherapy With Children describes the research and clinical historical underpinnings of hypnosis and

hypnotherapy with children and adolescents, and presents an up-to-date compendium of the pertinent world literature regarding this topic. The authors focus on the wide variety and scope of

applications for hypnotherapy, including an integrated description of both clinical and evidence-based research as it relates to understanding approaches to various clinical situations, case studies of practical aspects, and how-to elements of teaching hypnotherapeutic skills to clients.

The book is available from:
www.routledge.com/978-0-415-87627-8

News From Gary Elkins, Ph.D., ABPP

Director, Clinical Psychology Program
Director, Mind-Body Medicine Research Laboratory,
Department of Psychology and Neuroscience,
Baylor University.



Gary Elkins has an interview on NIH Radio on using clinical hypnosis to help postmenopausal women sleep. The five NIH Radio "Health Matters" segments were posted online at:

<http://www.nih.gov/news/radio/healthmatters/index.htm>

The longer podcast interview is posted online at:
<http://www.nih.gov/news/radio/nihpodcast.htm>

Continued on next page...

Member News & Announcements, continued

Elkins, continued from page 20...

NIH Radio tweeted about the interview on its Twitter page the following: We at the NHLBI plan to highlight the interview through our social media channels (Facebook and Twitter) and NHLBI newsroom as well.

<https://twitter.com/NIHRadio>.

Gary Elkins has received an award: He was recently awarded the 2012 Complementary and Alternative Medicine Research Investigator Award from the Society for Behavioral Medicine for his research on hypnosis for hot flashes published on-line ahead of print:

Elkins, G., Fisher, W.I., & Johnson, A. (2012). Clinical hypnosis in the treatment of postmenopausal hot flashes: A randomized controlled trial. *Menopause*, Oct 22 [Epub ahead of print] PMID: 23096250.



64th Annual Meeting of the Society for Clinical and Experimental Hypnosis

At the Doubletree Berkeley Marina Hotel from October 2nd through October 6th 2013.

The theme of this meeting is:
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- Henry Guze Award for the best research paper published in the previous year.
- Roy Dorcus Award for the best clinical paper
- Bernard Raginsky Award for outstanding contributions/ leadership/achievement in the field of hypnosis
- Shirley Schneck Award for a physician who has made significant contributions to the development of medical hypnosis

Award Categories, continued

- Arthur Shapiro Award for the best book in hypnosis
- Best first paper presented by a graduate student or young scientist at a SCEH Meeting
- Hilgard Award for the best theoretical paper on hypnosis
- Erika Fromm award for excellence in teaching
- Living human treasure award

About The Society For Clinical and Experimental Hypnosis-SCEH

Our Mission: To promote excellence and progress in hypnosis research, education, and clinical practice.

Founded in 1949, the Society for Clinical and Experimental Hypnosis (SCEH) is an international organization of psychologists, psychiatrists, social workers, nurses, dentists and physicians who are dedicated to the highest level of scientific inquiry and the conscientious application of hypnosis in the clinical setting. The membership represents a rare union of some of the finest academicians, researchers and clinicians whose collaboration is designed to support and inform the clinical work and research of its members and other professionals.

A distinguishing feature of the group is its premise that sound clinical practice is built upon serious scientific inquiry and that important empirical questions are often raised by those who care for patients. Through workshops, lectures, publication of the *International Journal for Clinical and Experimental Hypnosis* (IJCEH), and other teaching activities of SCEH, members educate health care professionals, academicians, researchers, students and the general public about the nature and ethical uses of hypnosis and related phenomena.

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