Psychological Hypnosis

PRESIDENT'S MESSAGE

Ian E. Wickramasekera, Ph.D., ABPP
Saybrook Institute and Stanford Medical School

The APA journal Professional Psychology, Research and Practice will feature, in June 1996, a special section on psychophysiological protocols which are empirically effective in the therapy of 6 disorders previously treated with drugs or surgery. Each article will be co-authored for credibility by a Ph.D. and M.D. team (psychologist/physician) that has national visibility in the relevant clinical field. The goal of these peer reviewed and carefully documented "white paper" type articles is to update health care administrators, legislators, and psychologists about progress in documenting the empirical efficacy of mind-body therapies.

One of the major points of this series is that applied psychophysiology illuminates the empirical continuity between mind and body and even the incongruity between verbal report and physiology (Shedler et al., 1993; Bentin & Moscovitch, 1990; Kihlstrom, 1987; Wickramasekera, 1988). The mind-body gap existed only in language and biomedical philosophy (Wickramasekera, 1995; Wickramasekera et al., 1996, in press). Pat DeLeon, Ph.D., J.D., editor of Professional Psychology, Research and Practice invited me to introduce and to be the guest co-editor of the special series listed below on Applied Psychophysiology, Somatization, and Primary Care.

1) Applied psychophysiology: A bridge between the biomedical model and the biopsychosocial model in family medicine. Terence Davies, M.D., and Ian E. Wickramasekera, Ph.D., and M. Davies, M.D., Eastern Virginia Medical School, Norfolk, Virginia.

2) Psychological treatment of benign headache disorders. Edward Blanchard, Ph.D., State
Psychological Hypnosis is published in October (Fall), March (Winter-Spring), and July (Summer).

Please address correspondence to:
Etzel Cardeña, Editor
Psychological Hypnosis
Department of Psychiatry,
USUHS
4301 Jones Bridge Road
Bethesda, MD 20814-4799
TELEPHONE: (202) 782-5098
FAX: (202) 782-7003
EMAIL: cardena@usuhsb.usuhs.mil

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P.O. Box 10265
Fargo, ND

President's Message, continued

University of New York at Albany and S. Diamond, M.D.,
Chicago Medical School.

3) Fecal Incontinence. Douglas A. Drossman, M.D.
and W.E. Whitehead, Ph.D.,
University of North Carolina Medical School at Chapel Hill.

ity Medical School and E. Taub, Ph.D., University of Alabama at Birmingham.

5) Chronic and recurrent muscle pain. D. Hubbard, M.D., R.
E. Harpin, Ph.D. and R. Gervitz, Ph.D., University of Cali-

ornia Medical School at San Diego.

6) Urinary incontinence. Jeannette Tries, Ph.D. and
Linda Brubaker, M.D., Rush Medical College, Chicago.

7) Irritable Bowel Syndrome. Edward B. Blanchard, Ph.D.,
and Howard S. Malmood, M.D., Albany Medical College,
Albany, New York.

It should be noted that this special feature follows the National Institutes of Health technology assessment conference (Oct. 16-18, 1995) on the Integration of Behavioral and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia. This N.I.H. panel chaired by Julius Richmond, M.D., Harvard Medical School reviewed several methods including hypnosis, meditation, relaxation, biofeedback, and cognitive behavioral therapy. It concluded that "a number of well defined behavioral and relaxation interventions are now available, some of which are used to treat chronic pain and insomnia. Behavioral and relaxation interventions clearly reduce arousal and hypnosis reduces pain transmission. However, the exact biological underpinnings of these effects require further study" (Pg. 22).

Division 30 has been chosen to offer an APA continuing education workshop in Toronto 1996 on Treating Unconsciously and Consciously Based Somatic Symptoms Effectively with Hypnosis and Psychophysiological Methods. The work-

shop leaders will be Ian Wickramasekera, O. Palsson, Department of Internal Medicine, University of NC, Chapel Hill and R. Griffin, Behavioral Medicine Institute, Newport News, VA.

For further information, call (916) 673-3979.

References:


