Message From the President
Hypnosis, Primary Care and Psychophysiology

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I am honored to serve as President of Division 30. Historically, members of our small division have made large contributions to the science and profession of psychology. Currently, there is evidence converging from several domains (Rhue, Lynn & Kirsch, 1993; Fromm & Nash, 1992; Wickramasekera, 1988) that suggests that hypnotic ability and hypnotic procedures can contribute significantly to the explanation, prediction and the therapy of both mental and somatic disorders.

Historically, hypnosis was one of the first mind-body therapies, and it is becoming clear today that all diseases (including cancer and cardiovascular disease) are psychophysiological in nature. New findings in the basic sciences of immunology and neuroendocrinology have blurred the boundaries between mental symptoms like anxiety and depression on one hand, and physical disorders like allergy, cardiovascular disease, cancer and even the common cold on the other (Cohen, Tyrrell & Smith, 1991).

In 1996 Professional Psychology: Research and Practice will publish a special issue documenting the empirical efficacy of psychophysiological therapies (biofeedback, self-hypnosis, cognitive behavioral techniques) with strictly physical disorders commonly seen in primary care medicine. The goal of this issue is to provide “white papers” to inform and update health care providers in psychology, “primary care physicians” (family doctors, internists, etc.) and health care policy makers and legislators at the state and federal levels, about the extent to which psychological concepts and procedures in certain settings (major Medical centers) are becoming part of mainstream medicine. This quiet empirically based mind-body revolution in health care can be threatened by the short-sighted policy of the “managed care” movement in medicine, which may discourage the use of these labor intensive but highly-cost-effective psychosocial interventions. Primary care physicians are likely to be the gatekeepers of the health care system in the 21st century. It is crucial for our survival that psychologists be aware of the efficacy of psychosocial interventions in medicine and use them to

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bond with the “gatekeepers.” Each article on empirical efficacy will be written by a Ph.D./M.D. team with a national reputation in the relevant clinical domain (e.g., for headache, Ed Blanchard, Ph.D. & S. Diamond, MD). The editor of Professional Psychology: Research and Practice, Pat DeLeon, Ph.D., JD, principal aide to US Senator Daniel Inoye has invited me along with Mary Beth Kenkel to be the guest co-editors of this issue.

In order to further announce and celebrate this quiet revolution occurring in some major medical centers, I have selected “Hypnosis, Primary Care and Psychology” to be the theme of the Division 30, 1996 APA meeting in Toronto, 1996. My program co-chairs, Drs. Richard Griffin and Oli Palsson, are arranging a rich feast of clinical and scientific offerings for the Toronto meeting. We will be inviting several leaders of primary care medicine to participate in this celebration. Any member of Division 30 who is doing clinical or basic science work in the mind-body domain and particularly those working closely with primary care MDs are urged to submit his/her ideas or work to the program co-chairs (see the call for papers in this issue) for presentation at APA in Toronto. You can also contact me directly at (916) 673-3979 or PO Box 1198, Yuba City, CA 95992.

References


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issues of personal adjustment, depression, substance abuse and problems in relationships. The issues of childhood abuse or questionable memory retrieval techniques never enter into the equation in the great majority of therapy relationships.

What should I know about choosing a psychotherapist to help me deal with a childhood memory or any other issue?

The American Psychological Association has released to the public the following advice to consider when seeking psychotherapy services.

First, know that there is no single set of symptoms which automatically indicates that a person was a victim of childhood abuse. There have been media reports of therapists who state that people (particularly women) with a particular set of symptoms or problems or symptoms must have been victims of childhood sexual abuse. There is no scientific evidence that supports this conclusion.

Second, all questions concerning possible recovered memories of childhood abuse should be considered from an unbiased position. A therapist should not approach recovered memories with the preconceived notion that abuse must have happened or that abuse could not possibly have happened.

Third, when considering current problems, be wary of those therapists who offer an instant childhood abuse explanation, and those who dismiss claims or reports of sexual abuse without any exploration.

Fourth, when seeking psychotherapy, you are advised to see a licensed practitioner with training and experience in the issue for which you seek treatment. Ask the therapist about the kinds of treatment techniques he or she uses and how they could help you.

How can I expect a competent psychotherapist to react to a recovered memory?

A competent psychotherapist will attempt to stick to the facts as you report them. He or she will be careful to let the information evolve as your memory does and not to steer you toward a particular conclusion or interpretation.

A competent psychotherapist is likely to acknowledge that current knowledge does not allow the definite conclusion that a memory is real or false without other corroborating evidence.

What credentials should I look for when selecting a mental health provider?

You should choose a mental health professional as carefully as you would choose a physical health provider. For example, licensed psychologists have earned

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