

An abstract collage of various images including faces, leaves, and organic forms in muted colors like blue, green, and brown, arranged in a grid-like fashion.

VOLUME 37

NUMBER 1

AUTUMN 2015

The Australian Journal of

Clinical Hypnotherapy & Hypnosis

An interdisciplinary
journal dedicated to
advancing the art,
science and practice
of hypnosis



Australian Society of Clinical
Hypnotherapists
Change.Grow.Succeed.

Autumn 2015 Volume 37 Number 1

Editorial

Many years ago I did a drama course at the Q-Theatre in Penrith. The artistic director, the late Richard Brooks, introduced his students to two acting philosophies—classical and method.

Classical acting focuses on creating a character from the outside in, that is, first developing the physicality and expression of character through body, voice, gait, costuming, hair and makeup, as well as other affectations, which in turn influence the psychological.

Method acting, on the other hand, centres on the actors drawing on thoughts, feelings and personal experiences in order to find their character's emotional core and truth, which in turn manifests into their physical representation. Therefore, classical acting moves from the physiological to the psychological, whereas method acting moves from the psychological to the physiological. Over time, and after experimentation, actors will invariably default to one particular style over another to create and inhabit their characters.

In a strange way, these two acting philosophies parallel something in the therapy world—the concept of how psychosomatic disorders operate within humans. The word “psychosomatic” relates to the influence of the mind on the body, as well as the body on the mind, in regard to the development of illness. For the most part, hypnotherapists presuppose that many clients present with physical symptoms that originate from mental or emotional causes. However, psychosomatic disorders can just as easily be applied to emotional disorders with physical causes, although the term is rarely used in this manner.

This issue of the journal presents two research papers where there is evidence of psychosomatic processes in play. Peter Jackson's article on Hyperemesis Gravidarum (excessive nausea and vomiting in a pregnant woman), presents a compelling case that the underlying causes for this distressing illness are, in fact, psycho/social in nature. Therefore, he examines a disorder that works from the psychological to the physiological. Dr Travis Gee's case studies, however, examine the effect of inner ear damage on the emotional stability of his clients. In so doing, he makes the discovery that it is the physiological that affects the psychological.

Both papers serve to remind us that we need to keep our minds open, avoid making assumptions in regard to the causative factors behind our clients' presenting problems, gather detailed case histories, and continue educating ourselves so we can draw on other practitioners' therapy experiences and successes to further our knowledge, as well as to add new techniques to our hypnotherapeutic repertoire.

On another note, this journal also seeks to introduce innovative ideas from new world hypnotherapy pioneers. By this, I mean those hypnotherapists who are exploring fresh frontiers within our digital driven and technologically savvy society. They are asking the question—can technology fuse with therapy to provide clients with a better quality of inner life?

Lyndall Briggs and Peter Stroud are such visionaries. Their article examines the integrated use of a MicroBeatMini Machine in combination with pre-recorded guided visualisation through an MP3 player to help clients develop confidence. The results within their trial study were exceptionally positive. It seems the age of the hypnosis wheel and the swinging watch have faded into obscurity, replaced now by sci-fi inspired visors that pulsate light and sound to stimulate brainwaves in a therapeutic application. It is a brave new world indeed.

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