schizophrenia, 8 borderline personality disorder, and 7 schizoid personality disorder, narcissistic and dependent personality disorder. There were other relatives involved in the treatment.

Every participant showed a significant improvement in the Well Being Index (WBI) evaluation.

The statistical analysis were done with Wilcoxon test using SPSS software with a significant increase in WBI with a $p<.006$.

Other results reported by the patients on an open questionnaire and observed by us were: the sense of belonging to a "new family", the developing of a supporting social network integrated by the group and the Center. From the group new projects and initiatives for doing things together emerged.

Staff members (non-therapists) reported they overcame the fear of madness and severe disturbances of personality.

The fact of giving the leadership of the work to the *I am* and the results, made us, as therapists, gain humility and hope and it increased our ability to be astonished. We also discovered a light and agreeable way for working with severe disturbances.

References

Bateson, G. (1976). Pasos hacia una ecología de la mente. Carlos Lohlé, Argentina.

Bohm, D., & Peat, D. (1998). Ciencia, orden y creatividad, Kairós, Buenos Aires

Clément, C., & Kakar, S. (1993). La folle et le saint, Edits. Du Seuil, Paris.

Dale, A.M. (1998). Religion and Spirituality in the Care of Patients with Chronic Renal Failure, Dialysis and Transplantation, 27, 3.

De Avila, T. (1971). Las Moradas del Castillo Interior, Transcripcion of Francisco J. Perea, Ediciones CESP, México City.

Grof, S., & Grof, C. (Eds.)(1993). El poder curativo de las crisis, Kairos, Barcelona.

Jung, C.G. (1997). Jung on Sycnchronicity and the Paranormal. Key readings selected and introduced by Roderick Main. Routledge, London.

Khariditi, O. (1996). Entering the Circle, Harper Collins, New York.

Lazlo, E. (1997). El Cosmos Creativo, Kairós, Buenos Aires.

Lublin, H. (1998). Los aspectos educativos de la información psiquiátrica en Prelapse The Magazine edited by la Junta Consultiva Internacional Prelapse, Lundbeck, España, pp. 6-7.

O'Hanlon, W.H. (1990). An Uncommon Casebook. The Complete Clinical Work of Milton H. Erickson, M.D. Norton, New York

Piel, E. (1998). La integración profesional de los pacientes con enfermedades mentales -un experimento francés, Prelapse The Magazine edited by la Junta Consultiva Internacional Prelapse, Lundbeck, España, pp. 8-9.

Robles, T. (1993). Botellita de Jerez, todo lo que intestes te saldrá al revés, Cuatro recetas prácticas contra el Doble Vínculo, in La magia de nuestros disfraces, Alom Editores, S.A. de C.V., México City, pp.79-88.

Robles, T. (1991). Terapia cortada a la medida. Un seminario ericksoniano con Jeffrey K. Zeig, Alom, México City.

Ritterman, M. (1998). Empleo de hipnosis en terapia familiar, Amorrortu, Buenos Aires.

Selvini-Palazzoli, M. et al. (1982). Paradoja y Contraparadoja, ACE, Buenos Aires

Van der Hart, O. (1994). From Hysterical Psychosis to Reactive Dissociative Psychosis, Hypnos, 21, 3, 155-170.

Vas, J. (1993). The countertrance concept: Pulling psychotic patients out of the wall of pathological regression, Hypnos , 20, 94-100.

Watzlawick, P. et al. (1987). Teoría de la Comunicación Humana, Herder, Barcelona.

Effects and changes on the therapist's personality during hypnotic-psychotherapy training

Rolando Weilbacher and Alessandra Gandolfi

The goal of this paper is to explore some dynamics that might develop in the experience of hypnotherapy training. The data derived from our investigation show that a meaningful percentage of hypnosis students tends to delay or leave the professional use of hypnosis. A reason for this form of fugue from hypnosis can be identified in the fact that at the end of the training program, most hypnosis students suppose to master the hypnotic techniques. In fact they find themselves in an apparently safe mental phase, we have called "apparent mental phase". Later on, when they get in touch alone with a real therapeutic situation, the strong emotional impact produces a mental phase we might call "shock mental phase". It is this phase that can lead the new therapist to leave or postpone the use of hypnosis. The "fugue from hypnosis" is generally unconscious, so that the students prematurely leave their training without any "apparent" motivation. Only through the deepening of the hypnotic state and the intensification of the emotional exchanges between student and supervisor, a mental phase we have called "overcoming mental phase" develops. This phase allows the student to overcome the experienced "shock", and to reach a more functional syncronicity and integration of both the rational and emotive mental processes.

The starting point of our research was the observation that a high percentage of hypnosis-therapists often abandon such a technique in favor of other forms of psychotherapy. Since the student seems to abandon his/her training without any apparent reason, we maintain that the cause of this abandonment may lie in the strong emotive impact it has at a personal level, and that the phenomenon occurs unconsciously.

Recently a number of studies (Walling & Baker, 1996; Elkins & Wall, 1996; Yapko et al., 1998; Watkins, 1998) on the spread and results deriving from teaching clinical

hypnosis in medicine and odontotherapy have been carried out and published. For example, a statistic published in the second number of the "American Journal of Clinical Hypnosis" in 1996, discloses that in the United States, between 1975 and 1995, the number of courses on hypnosis in dental schools increased from 15.9% to 30% (Clarke, 1996).

Although between 1975 and 1980, the increase mainly concerned the number of complete hypnosis courses, we noticed that between 1980 and 1995…even though the percentage of simple introduction and informative courses doubled, the number of complete hypnosis courses substantially decreased in the programs of dental schools. As a consequence, during the same period a drastic decrease has been observed in the number of dentists who registered at the American Society of Clinical Hypnosis. It is therefore presumable that in this case, insufficient teaching and a consequent shortage of "training" may not have provided the dentists any incentives for applying hypnosis in their daily practices.

Another study on the use of clinical hypnosis, carried out in 1996 as well, by four physicians and hospital residents at the University of Texas (Elkins & Wall, 1996), has shown that although 21% of the doctors and 33% of the residents have either experienced hypnosis or taken part in relative training, hypnosis is used only by 5% of them in their profession.

The alleged motivations were: scant knowledge and familiarity with the method, insufficient training, fear the patients would reject it, etc.

Despite these results, 85% of the doctors who were interviewed were in favour of the use of hypnosis in medicine and were particularly interested in attending qualified courses.

We have also analysed the situation in Italy, since we noticed, that over the years only a few (5%) doctors and psychologists, when compared to the number who had attended our basic specialization courses, actually use the hypnotic method, be it in the hospital, in the out-patient departments or at a private surgeries. After the course, most of them postpone hypnotic applications, even totally abandoning the use of such a method, in favour of other therapies. Therefore, we thought that there must be deeper underlying reasons for this significant estrangement than simple parameters concerning the level of instruction and knowledge of the method. We therefore considered it useful to carry out a motivational research involving both the student's personality and mental dynamics.

In a series of personalized interviews, a great number of our students have pointed out that they initially believe they have mastered the technique because its apparent simplicity means that they can easily manage to induce the hypnotic state; but when they enter into contact with the therapeutic reality, that is with a patient, they immediately become aware of the difficulties that arise. The alarm is initially given by sensations of physical unease originating in their own bodies: tachycardia, sweaty hands, a sensation of agitation, the student could hear his/her own body speak, telling its own

emotional tale, a tale written over the years; words, images, metaphors sounds, scents, flavours and sensations come back to mind; unaltered, forgotten, emotions which continue to live unknown to us, absorbing energies. The opportunity has arisen to perceive the pain of past emotions, "isolated" in time so to speak, and this affords a chance to find the necessary strength to remove it.

In neo-therapists this process is set off, by the state of self-hypnosis, which occurs simultaneously while inducing trance in a patient. It is in fact normal to be in a state of self-hypnosis when inducing a process; the alternation of the consciousness involved in the relation between hypnotist and patient creates a special type of communication. In other psychotherapy forms, defined as "traditional", we learn to gradually know ourselves on an emotional level, deeply experiencing ourselves over a period of time, but with hypnotherapy the impact is immediate and unexpected because it occurs in syntony with the patient's hypnosis.

Initially, during the course, this phenomenon does not occur when the student personally experiences what the state of hypnotic trance means. The difficulties increase when he has to use an appropriate language for the patient and when he has to widen his knowledge of the patient on the hypnotic state.

This is the very moment when a mental process that can be defined as a "shock", occurs within the neo-therapist. In fact, the student passes from an initial mental phase called "*apparent mental phase*", during which he believes he can master the technique to a second mental phase, called "*shock mental phase*", during which he is uneasy because of his emotional and physical responses, he becomes aware that he no longer possesses mastery of it.

Normally during basic and advanced specialization training, all students personally experience the real meaning of the hypnotic state. They have access to their own emotions, the possibility to respond anew to past experiences and to express their uncertainties and doubts to their own trainers. Then, together they all practice trance induction while gradually acquiring familiarity with different hypnosis techniques, and start subsequent to the initial confidence acquired during the training period. The phenomenon can be explained with the example of two students - who were almost forty years of age and already professionally established - both approaching hypnotherapy out of a personal need to learn new techniques. Once the training was over, they asked one of the trainers if it were possible, under his supervision, to experiment the acquired knowledge on patients.

Milan's "Fatebenefratelli" Hospital had an advisory bureau for the treatment of nicotine addiction. The trainer invited two students - a man and a woman - to take part in the treatment groups, telling them that after induction they could conduct the trance themselves, taking turns for short periods of time. Here is what happened during the first meeting: the teacher welcomed the group and induced the trance at what he judged as an opportune moment and invited the doctor-student to proceed. Although he had extensive knowledge of the technique, he started to have a sensation of mental

emptiness and an unexplainable incapacity to speak; his words sounded like a mechanical litany that made no sense at all, while he experienced a physical sensation of excessive tiredness, as if he were making an effort beyond his powers. All this occurred within a few minutes, during which the doctor, however, managed to control himself and to bring his session to an end. When she started to speak, the second doctor-student had the first and only panic attack of her life. As a physical reaction, she started to feel a form of tachycardia, her perspiration became extensive and was accompanied by cold shivers; her speech became mechanical and off-beat: she also ended her intervention with great difficulty. The trainer started talking again, took over, and brought the session with the patients to an end. When they woke up, they hadn't noticed anything: they even praised and commented positively on the people who had conduced the hypnotic session.

This example shows us how contact with one's unknown self can be disquieting to neo-therapists, and how emotional wounds and traumas, when felt, can be dysfunctional, leading to a mental state that can be defined as "an island of isolation". Control of one's self has prevailed over the feeling and on letting go and, therefore, on the rational and emotional simultaneity of mental functionality. It seems absurd that for years, one can live, love, demonstrate a certain professional competence, even though devoid of a profound identity. It is therefore a form of emotional impact that could generate the deep-seated confidence needed to act, open up and grow, but that most people reject because the world they live in strengthens the hold of beliefs that are linked to a fear of change. The students do not expect to have to undergo a certain amount of emotional fatigue to evolve mentally, nor do they expect to have grown at the end of their training. That is why a high percentage of students abandon the technique *without admitting it clearly to themselves*. Such a behavior is called "*not clearly admitted abandonment*" and occurs in two different ways that we have classified in the two following pat-terns:

Pattern a)

The therapists end the courses and start endless research into the matter. They thoroughly investigate the concepts they have assimilated and continue to intellectualise hypnosis, writing articles, sometimes teaching their own knowledge to others without ever practicing it themselves.

We remember a number of students who have attended the basic and advanced courses over the years, repeating them many times. When they were asked to give clinical examples they had learned, they would hide such a want with literary casuistry. Some of them became good professors, experts on the history and theory of hypnosis.

Pattern b)

The student gradually abandons hypnotic psychotherapy. The therapist keeps calling himself a hypnosis-therapist but uses the technique, less and less often, preferring other

therapies which are only apparently more adequate.

For example dentists, advancing reasons of time do not apply hypnosis; they introduce audio and video tape recorders into their surgeries in order to distract the patient and to create a hypnotic-like atmosphere.

Although many clinical hypnosis out-patient departments do exist in Italy's most important hospitals, 90% of the physicians working in hospitals have the same attitude, they simply hide behind public operative structures.

These underlying dynamics allow us to highlight the importance of the psychological impact of hypnosis and the transformations it generates in the student, and how it may therefore both influence and "scare" those about to apply the technique on the others; that is, the student learns to focus attention on his own inner self, triggering autonomous processes of unconscious adjustments. As the hypnosis therapy proceeds, he refines and deepens his understanding.

The student gradually acquires mastery but the merit goes to the trainer who has a prior understood and stimulated the student's capacities. Through anecdotes, for example.

Erickson was known for his capacity to communicate through anecdotes. Anecdotes offer the best result when referred to a single individual's way of thinking and lifestyle. Anecdotes free the inner strength capable of generating positive reactions and fortifying the ego. As knowledge of the hypnotic state widens, the emotional exchange between student and teacher increases; the student who overcomes the "shock" phase then enters the third mental scheme which can be defined as the *overcoming* phase. As the scheme demonstrates, he notices that time is fluid and no longer linear, that the apprenticeship of the hypnosis-therapy occurs on many mental levels of intelligence and language, that is, levels of "*rational intelligence and language*" and "*emotional intelligence and language*", until simultaneous functioning is reached. This allows him to maintain the "relation", to enter self-hypnosis, to rationalize the strategic concepts, and to produce an adequate metaphoric language for the patient.

While learning this simultaneous functioning, the student will feel a profound sensation of confusion; the same sensation Erickson described as helping to reduce intellectual control in order to let affective reality reorganize more creatively (Erickson, Rossi & Rossi, 1976).

We know that the phenomenon of confusion is necessary for therapeutic apprenticeship and change.

The student understands he has finally overcome his fear and the criteria of logic and sense (expressing the left part of the brain) in favour of creativity, imagination and intuition (expressing the right part of the brain).

Speech no longer seems necessary to him as he closes his eyes, using concentration to communicate his thoughts, trying to exclude the left part of the brain (seat of logic and sense) to open up to his inner part and listen to the message within, freeing his mind of every thought.

For example, a student expressed his sensation as follows: "a luminous flux within me swept everything away, only to leave a pleasant mental void, as if a gust of wind were erasing the past experience off a blackboard". Another student had the sensation of being in a crystal "submerged in a sea of colours dancing over, under and around me".

As can be seen, the student first perceives the event and then becomes the event itself. He uses all of his senses; it's as if he were feeling everything in the first person. For example, wanting water is like smelling the scent of water, tasting its flavour, hearing it flow, seeing it is clear, dark, blue, green, ruffed, tiny drops of rain, sea, humidity; seeing it as water under all possible forms. At this point, the mental procedures are lost in an utterly peaceful unconsciousness.

Once the neo-therapist has clearly understood the sense of the message, he can start working autonomously. But he must bear in mind that the sense of the message will be understood as soon as he becomes aware which chord is most deeply touched by the power of words. Herein lies the subtle difference between one image rather than another in different therapeutic situations.

Inducing a trance is an extremely simple task - even a child can do it - but the neo-therapist who has overcome the mental state of "shock" must first know which metaphors and words to use.

At this point, I would like to stress that for most students, accessing more complex consciousness mechanisms, and therefore higher levels of knowledge, coincided with an increase in self-esteem, both in their professional and private lives.

Students who have overcome the mental state of "shock" had all undertaken this new study to question previous knowledge. When the question is over, in a paradigm of an existential condition, it leads to a reordering of one's own life. What emerges is a relation based on cause-effect.

A student told us: "In terms of my own personal experience, I had long yearned and hoped, with a mixture of fascination, suspicion and curiosity, to approach such a form of psychotherapy which, in some respects, is 'hardly traditional'. I believe it is symptomatic that such an approach occurred at a time I would define as transitory for professional and human reasons".

After the course, therapists become individuals capable of controlling and recalling emotions. Adult and children patients need stories; they open wide their eyes and become magicians or fairies surrounded by thousands of floating images and they live the uniqueness of their selves. Such a procedure releases quiescent inner strengths and fosters individual growth. In short, during hypnotic psychotherapy, utterly trusting one's own capacity to use a wide range of experiences one was unaware of possessing, one learns to look at apparently simple things, to admire perfection and describe its complexity.

References

Clarke, J.H. (1996). Teaching clinical hypnosis in U.S. and Canadian dental schools. American Journal of Clinical Hypnosis, 39, 89-92

Elkins, G.R., & Wall, J.V. (1996). Medical referrals for hypnotherapy: opinions of physicians, residents, family practice outpatients and psychiatry outpatients, American Journal of Clinical Hypnosis, 38, 254-262.

Erickson, M.H., Rossi, E.L., & Rossi, S.I. (1976). Hypnotic Realities. New York: Irvington.

Walling, D.P., & Baker, J.M. (1996). Training in Psychology Intern Programs. American Journal of Clinical Hypnosis, 38, 219-222.

Watkins J.G. (1998). Training in clinical hypnosis. A historical perspective. The Montana Experince, 41, 10-17

Yapko, M.D., Barretta, N.D., & Barretta, P.F. (1998). Clinical Training in Ericksonian Hypnosis. American Journal of Clinical Hypnosis, 41, 18-27.