

Integrative Medicine: A Meeting Of The Minds

Stephen J. Healy BA, MCJ

ABSTRACT : For centuries renowned psychologists, psychiatrists and philosophers have attempted to apply a definition to the concept of separation of the mind and brain. Searching for this workable definition has led to many different concepts based on individual scholar's theories and beliefs. Mental problems and conditions remained in the abyss of ignorance and neglect. A relationship between the conscious and the subconscious (or unconscious) mind is and always has been essential to address mental health issues. In the end it could be arguably concluded that they never considered the concept of a synergistic relationship between the two. In years past, most psychologists followed the Freudian concept that the subconscious was a dark, unfriendly place, where socially unacceptable thoughts were stored, only to become sources of neuroses later. This was an accepted rationale at the time but proved to be wrong as research moved forward. The subconscious mind was evolving into an equal part of the brain with an understanding of its function and usefulness in addressing issues of the mind. Recent studies have shown that the subconscious works with the conscious mind in many of the processes and functions of activity, furthermore in some instances it has proven a better resource for decision making than the conscious mind. In the future, the subconscious mind could play a significant role in many processes, to include self preservation, conditioning and training, and alternative and complementary treatment for a variety of physical and mental illnesses. It should be noted that when the subconscious mind is used by the individual they can control pain, anxiety and phobias. Hypnosis and guided imagery has given the professional a means of taking a person back to the time the phobia occurred and assist the patient in dealing with the problem. It can also help a patient refer pain to another area of their body to allow them to complete a task moments before they were unable to do. Hypnosis and guided imagery historically have been used in Eastern medicine but looked down upon in the Western sector. Complimentary, alternative or Integrative medicine as it is now called has brought the Western world into a new means of healing as well as complimenting conventional Medicine. Hippocrates, the father of modern medicine, used the bark of the willow tree to treat his patients for pain or other maladies. He was aware of the healing and pain relief this bark brought to patients of his century. This was common practice, yet it was centuries before The Bayer Company in Germany developed the first aspirin. The reason for the story is that Salicylates, the main ingredient in non steroidal anti-inflammatory drugs, i.e. aspirin, is derived from the bark of the willow tree developed centuries before and used successfully. A delayed recognition of healing therapies, used and proven to have positive effects for a patient, borders on negligence in medicine. It is vital when something is used successfully to recognize its validity and importance and bring it to the forefront. Alternative therapies used successfully for centuries in the Eastern world are now in the Western world being used in hospitals and clinics across the country but still not at the status it deserves. Western medicine does not give it more than a complimentary status, perhaps out of fear of replacing modern methods. It should be accepted and welcomed as it makes a difference and perhaps could preclude more invasive treatments in the future. These therapies, including hypnosis and guided imagery are used throughout the world and are available to patients as complimentary but they need recognition and more importantly a board to regulate the practice of them as they are integrated into modern medicine. There needs to be a certification for practicing hypnosis and hypnotherapy. A board equal to the status of the State Medical Boards empowered to enforce strict adherence to the ethical and responsible standards used by the National Guild of Hypnotist. When this happens another great breakthrough will occur in the responsible treatment of patients.

Index Terms: Alternative Medicine, Complementary Treatments, Eastern Medicine, Hypnosis, Integrative, Medicine, Regulatory Boards, Subconscious

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In the late 1800's and into the 1900's, several therapists, including Sigmund Freud, Jean-Martin Charcot, and Pierre Janet, recognized hypnosis as a useful tool in psychotherapy, and incorporated it into their practices. The recognition of the therapeutic value of hypnosis by these prominent experts gave credence to hypnosis and it evolved into an important component of psychotherapy and as a complementary or alternative treatment for medical issues. Interviewing Dr. Hari Sharma, MD, Professor Emeritus and retired Director of Cancer Prevention and Natural Products at The Ohio State University College of Medicine was an interesting and enlightening. He is widely published and recognized throughout the world for his research and practice of Holistic medicine. Dr. Sharma is a Fellow, National Academy of Ayurveda, Ministry of health and family welfare, Government of India and DABHM (Diplomate, American Board of Holistic Medicine, and a member of DABP (Diplomate, American Board of Pathology and FRCP, Fellow, Royal college of Physicians of Canada. Dr. Sharma now works at the OSU Center for Integrative Medicine, where he practices Ayurvedic medicine, lectures, and strongly supports complementary and alternative therapies. He describes Ayurvedic medicine as not only a treatment, but a lifestyle change that includes a dietary regimen with supplements, meditation, and exercise. He is a strong advocate of this to promote healthy living for people. Dr. Sharma is of the belief that integrating complementary and alternative medicine techniques such as meditation, reiki, guided imagery and hypnosis with

traditional Western Medicine increases the probability of a quicker recovery for the patient. He estimates that in the US today, approximately 36% of adults receiving medical treatment have included in their regimens some form of complementary or alternative treatment. Notably when nutritional therapy and meditation are added to therapy, the number increases to 62%. The statistics speak volumes as to the usefulness of these methods in treating patients. While he acknowledges that the U.S. and Western Medicine are lagging behind other parts of the world in accepting the notion of complementary or alternative medicine there is an increased use of these methods as an integrated treatment. Dr. Sharma is encouraged by the rise of interest in complementary or alternative medicine in recent years. He believes this is a move in the right direction to provide complete medical care for the patient by using all of the proven methods available. Dr Hari Sharma is a well known, respected medical doctor also trained in India in the ways of Eastern medicine. At the Ohio State University, integrative medicine provides a diverse availability of treatments integrating both conventional therapy and alternative methods providing the patient with a comprehensive assessment, and treatment and optimum care. The trend of complimentary or alternative medicine has moved from 36% to 62% according to a recent study by the National Institute of Health's Department of complementary and alternative medicines. The use of this diverse expertise in patient care is moving modern medicine to the twenty first century. His practice at the CIM focuses on the comprehensive, multi-strategy, prevention-

oriented healthcare system of Ayurveda.

I am in strong agreement with Dr. Sharma on the advantages of integrating complementary treatments to conventional medicine. My theory of pain relief using non-invasive or opiate use has been substantiated in several peer reviewed professional articles. This could have a strong social impact on the reduction of prescription drug dependency, which is a growing concern. This alternative method of using imagery and hypnotic suggestion to assist the individual in controlling pain without drugs could be a solution to the growing dependency of those in pain becoming addicted to opiates. Examining the thesis from the opinions of both ends of the spectrum and the mid point, it appears there is more than enough support for the use of this method of pain relief both in conventional and alternative or adjuvant pain therapy. This is becoming more and more accepted in conventional therapy of pain relief.

A collaborative research of Gabriel Tan, Julie Alvarez and Mark P. Jenson examined the use of long term opiates as well as other conventional medications for long term pain relief and discovered only a thirty-two percent reduction of pain; thus the long term use left the patients unresponsive to this therapy but often addicted. This research group involved the use of individual case studies. They introduced the comparison of two particular case studies where there were two men with chronic back pain. One of the men received hypnotic therapy to relieve his pain. He was given five hypnosis sessions involving a basic induction and then deepening procedures. He was presented with a suggestion for personal control of his level of pain through using his own mind. It was suggested to him that the more he incorporated this method in his life the less pain would affect him. He was also provided, through suggestion, with an alternative means of control by using transference of pain to another area of his body which would enable him to continue whatever task he was trying to complete without pain. It should be noted that personal research and practice does not totally support or agree with this method of transference but rather with the reduction of pain. One issue that this research paper did not cover was that transference of pain does not alleviate the back problem and when he transfers the pain he could further injure his back. I would advocate a technique in which the subject can lower the intensity of the pain to a tolerable level but not eliminate all pain and cause further damage. Pain is an indication that there is a problem and I would suggest lowering the pain rather than transference for this reason. The authors are examining these alternative therapies and have done a thorough piece of work which supports my theories but I find them in disagreement to some extent with my methods of practice. The sessions did include breathing exercises, reinforcement of prior suggestions and encouraged him to practice the techniques. Reporting results from this article were presented on a zero to ten scale, zero being no pain and ten being intolerable pain. Each session using the hypnotic suggestion reduced the patient's level of pain. The final session revealed the patient felt confident in using self hypnosis as a means to control his pain intensity. This research group also used other methods of pain relief but those were accompanied by self hypnosis to help modulate the pain. When used in

conjunction with another therapy self hypnosis could be called an adjuvant or complimentary therapy. Research shows this alternative works well alone or used with other methods of pain control. In this article the lessening of intensity of the patient's back pain in the short term was substantiated. There is need for further research studies to determine if this method could work long term for chronic pain thus reducing the use of drugs. This could provide a breakthrough in those who become addicted to long term drug intervention and thus eliminate a social issue of prescription drug dependency. The authors suggested that patients in pain but who do not have time for more intensive therapy would find self hypnosis beneficial.

Candy Bamford, from the Disablement Services Center, Washington Hospital, Manchester England presents a study involving several approaches to phantom limb pain of amputees in England and Scotland. Thirty four patients were initially selected for the study but with entry criteria nine were eliminated. Twenty-five patients ranging in age from twenty seven to seventy eight with the mean age of fifty seven, ten males and fifteen females were studied from their initial baseline pain levels to a six month follow up post-therapy reading. Each of the twenty five had been on prescription medications for pain and had achieved little relief. They were eligible for this study using methods including hypnotic analgesia, visualization of movement of an imaginary limb, psychological therapies including hypnosis for mood adjustment and reduction of depression and anxiety, and self hypnosis.

The study therapy was initiated with six weekly sessions followed by a personal commitment to self hypnosis three times a day. All patients were entered after gathering critical information from each. It was noted that the common feature to each was pain. There were many other health issues besides the shared one but the purpose of this study was pain relief through these alternative methods. Their six sessions over a six week period introduced hypnosis and guided imagery to each in the study. Through the use of guided imagery the patient was able to use their own resources to imagine and eliminate the phantom limb pain. In addition to guided imagery post hypnotic suggestions are needed to boost the patient's confidence, allowing their self hypnosis sessions to be more effective. The baseline pain results were recorded and following the six week in house therapy a second recording was listed followed by a questionnaire six months post therapy for a final reading. The patients were to complete and return the questionnaire which requested information not only on their pain levels but their continuation of self hypnosis. Results indicated that each of the patients reported a different kind of relief. There were many other benefits from the sessions and self hypnosis but overall it was reported that their quality of life had been improved with the use of guided imagery and self hypnosis. This study has provided even more than anticipated at the onset, in that it has reduced the number of pain clinics and the use of strong pain medications for amputees. This strongly supports my research and practice of the use of guided imagery, hypnosis and self hypnosis in pain control. The techniques used in this research study were either identical or similar to my personal use of this method of pain

management.

Leonard S. Milling et al, from the University of Hartford did an analog treatment study to see whether or not hypnosis used with conventional therapy enhances the effectiveness of that therapy. Dr. Milling approached his study to examine if using hypnosis would actually improve the therapy rather than improve the patient's ability to handle the treatment more pain free. The population was comprised of 285 psychology students. To select the population for their study they administered the Carleton University Responsiveness to Suggestion Scale test to fifteen hundred psychology students. This was initially done for another study. Normally a population group is selected for a particular study and not borrowed from another. He chose his study group for this paper from the highest and lowest objective suggestibility scores of the fifteen hundred. Each of these two hundred eighty five were given the pain stimulator gauge test which administered finger pressure pain and recorded the patient's reading on a level of zero to ten. There were five analog treatments including hypnotic analgesia suggestion, no hypnotic analgesia suggestion, cognitive-behavioral, hypnotic cognitive-behavioral, hypnotic induction and no treatment. Each of the selective study participants were randomly placed in one of the six treatments arms of the study. The control group was comprised of 47 participants. In essence he was comparing each treatment method group to the control group as an equal. Results indicated that each of the five analog treatments were more effectively responsive than the control group. It should be noted this is a very small control group. None of the five treatments proved to be better than any other one.

The researchers did not feel the treatments for pain used could be enhanced by the addition of any form of hypnosis. Dr. Milling and his colleagues did not present a clear design for their method of selection, elimination of bias or substantiation of their results other than opinion. This is one of the few studies that would be considered incomplete as to the design and accumulation of results. It clearly shows that in examining pain management there needs to be clear criteria to examine and guidelines to follow. These observations are expressed in the first few pages of the paper and indicate that the authors re-examined their study and found several flaws. It appears they retested and achieved the same results. Further studies are required to prove results. I would say this does not support my theory but nonetheless is part of the literature and should be examined in discussion.

Dennis C. Turk PhD, et al. approaches pain management through the use of conventional and complimentary techniques. They believe that persistent pain highly affects quality of life and, when there is no cure for the source of the pain, you have to adapt the use of treatments to the individual. Dr. Turk and his colleagues are searching for therapies to adapt to an individual's needs both from the normal methods of pain relief and the complimentary methods.

Dr. Turk's group reviewed the available psychological models pertaining to chronic pain. The three models were

psycho-dynamic, behavioral and cognitive-behavioral. They identified a number of treatments including guided imagery and hypnosis as potential treatments to compliment the three models. Imagery is presented as a tool to assist an individual in relaxing and maintaining self control in managing their pain. Through the use of the individual's imagination, he then gains the ability to remove himself, psychologically from the distressful situation i.e. pain, and move to a more comfortable state of mind. Dr. Turk believes that to reach the highest success you have to incorporate all five senses. In the use of hypnosis Dr. Turk believes that it is a complimentary treatment for pain relief. Hypnosis is presented as a tool for acute or sharper pain than the treatment of chronic pain with guided imagery. Hypnosis is going to require further research to determine the practical uses for the therapy. Although it is used at present it still exists in the world of alternative therapy.

After careful examination and study it appears that Dr. Turk feels it would be best to use a combination of therapies including medicine, physical and psychological approaches adapted to the individual patient. They believe self-management plays a vital role in the effectiveness of any treatment and the inclusion of the cognitive-behavioral techniques has the best chance of success. Though my work and studies I concur with Dr. Turk and his colleagues in my beliefs regarding pain management.

David A. Oakley, University College London and Peter Halligan, School of Psychology, University of Cardiff collaborated on an examination of one individual whose arm was rendered useless from an accident. This patient was experiencing phantom pain much like that described in an earlier paper cited above. His arm was immobile and because the nerves were torn from his spinal cord and all feeling was gone. Yet, he was experiencing pain in the useless arm. They initiated a mirror test, which involves using a mirror in front of his right hand, which presented the illusion to him of also viewing his left hand. The left hand was the phantom limb. He was moving both hands in his mind. When questioned about degree of pain, once again the zero to ten scale was used. Before the test his pain level was seven, during the test it was zero and after the test it was two. As long as he was seeing the mirror he was feeling positive results. Upon closing his eyes the good results ended and his pain level rose to a four. At this point Oakley and Halligan decided to use hypnosis to counteract the shutdown of progress from the action of closing his eyes. It appears that as long as he could not see the other hand he could not feel it was there. The authors realized they needed to give him a visualization that would not require a mirror and presented him with a subconscious suggestion of a mirror. They asked him to place his hand in front of the mirror and asked him what he saw, and he replied, "the reflection of my hand." They noted that this time his eyes remained closed throughout but he was exhibiting the same results. Through hypnosis they discovered that the hypnotic suggestion of a mirror brought the same results as the actual mirror. They noted that both tests brought the pain level to zero. Imagery based strategies with hypnosis could be employed for treatment of phantom limb pain.

This clearly substantiates my findings in research and practice and I would extend it to many other conditions and pain management. It is clear that guided imagery and hypnosis have gained a great deal of ground in the treatment of many conditions as well as the treatment of pain. More and more researchers are making contributions to the success rates of such alternative methods of therapy. The least invasive methods of dealing with many conditions are usually the least traumatic to the patient, as shown in the phantom limb papers. Although it is not accepted completely by the medical community, I sincerely believe it will continue to find its way to the forefront of treatment options. The more pain can be relieved through hypnosis and guided imagery, the less need for prescription medication that can become addictive over a period of time.

As the complementary and alternative treatments are used with more frequency, the need for highly qualified professional practitioners grows. Every aspect of life has some code that it operates within, often called ethics and morals. They define the right from wrong and keep the person, organization or institution running with good standards. It also allows for checks and balances keeping honesty, integrity and high moral standards present. These codes are often continuously evolving making the person or group better. Each individual and organization must have some consequences for stepping outside the guidelines of their code of ethics. To enforce such a code there must be a leader or board who reviews the actions of the people or company and takes action with pre-established consequences if the person or company deviates from the rules. This code is known to everyone it effects, ignorance of the rules can result in disciplinary action on several levels.

Today's physicians seek out the complimentary therapist for many forms of alternative therapy including hypnosis. This alters the long existing view that hypnosis was entertainment at best, a form of spiritualism or connected to the occult having no useful purpose. There were many hypnotists or "Mesmerists", as they were known in centuries past, after German physician Franz Mesmer, whose theories became the basis for the development of hypnosis years later. Unfortunately, these Mesmerists often took advantage of people, and perpetrated fraud. Actions of this type caused hypnosis to be relegated to the stages of vaudeville, and small groups of uninformed people who were desperately seeking quick answers to all their problems, whether they are medical, psychological, social, or personal, and unethical "Mesmerists" who were willing to tell them what they wanted to hear for a price.

In 1951, The National Guild of Hypnotists was founded to advance the field of hypnosis. It works to establish hypnosis as a serious profession that is an asset in the treatment of many medical and psychological issues, and is a resource for legislative and legal action in regard to the practice of hypnosis. It is the largest and most prestigious organization in this field and, while they have a very conscientious Ethics Committee and Standards of Practice that educates members and redirects behavior within the membership. As in conventional medicine, there are ethical issues raised every day calling for a need for

committees to oversee ethical decision making. The American Medical Association and the State Medical Boards oversee licensed physician's practices. There are guidelines and laws of practice long established by the Medical Board, making licensed physicians and care givers subject to review by this board. They have a code of ethics in healthcare and review all complaints thoroughly to determine if a violation has occurred and the authority to act accordingly. The medical board can maintain high standards with the options to review and publish results on those not abiding by the rules of practice. The Guild, which is the most reputable organization in the United States in the field of hypnosis, would like to have the same option of overseeing its practitioners and the same options of exposing those who exploit the treatment and do not meet the high standards designated by the board.

Making ethical decisions is essential when treating patients with conventional, medical or combination therapy. There are many considerations when alternative therapies are being used. Sometimes conventional medicine is the not the best choice or not the best choice as a single therapy. We have reached a time in treatment when a patient needs to be presented with all alternatives in therapy and play a role in choosing their treatment. Many instances have been documented as curing a patient or assisting in their recovery with the use of alternative methods. This is where ethics can come into question as many in the medical profession still maintain the archaic view of this as more of a nightclub act than an actual treatment.

In the western world alternative therapies are in the embryonic stages and have yet to take their place beside conventional medicine. This has nonetheless been recognized and used in the eastern world for centuries. Changes and the evolution of the treatment of patients in a more holistic concept have paved the way for acceptance of complimentary medicine. It is the regulation that is lacking and something needs to be done to give the patient therapy with ethical standards. Accountability and responsibility needs to be the operating force in alternative medicine to bring it to its rightful place. Physicians are using hypnotism and self hypnosis in the nation's major medical centers. Although a long way from total acceptance of the therapeutic value, great strides have been established in the use of the therapy.

The National Guild of Hypnotists is concerned about legislative and governmental issues preventing it from exposing those members who do not perform within the standards of the agency. These standards are clearly defined to the members and it is expected they adhere to them. The problem for the Guild is that they are not recognized professionally outside of the Guild, and have no overseer of their actions. If they find someone is operating or performing outside of the code, they can internally discipline them but have no means to prevent the offender from continuing their inappropriate or unethical behavior or practice. To totally avoid sanctions, the offending member needs only resign from the Nation Guild and go to a different organization. They may be as reputable but would have no way of knowing this person had been removed or

resigned from the National Guild. The Guild's objective is to establish a manner of reporting those who abuse the practice of hypnotism and have them placed on a list that would prevent them from continuing practice. This would be similar to the State Medical Boards policy of regulating the practice of its physicians or practitioners. Medical Boards have a strict set of consequences and act accordingly with consistency to those in violation. In the event action is taken by the medical board it is subject to publication and available to all.

The National Guild of Hypnotists, which has a large population of members, does not have the same privileges, yet its members work with and counsel patients. A recent article published in the Journal of Hypnotism addresses this issue. The Guild is an independent agency and is not exempt from litigation and the medical boards are considered part of the state government and are exempt. With the onset of acceptance and recognition of complimentary and/or alternative medicine, there is a need for the Guild to be held to the same standard of ethics. It is not a perfect world as Rev. C. Scot Giles, member of the National Guild of Hypnotists, and author of Rationale for the NGH Ethics Process, published in the Journal of Hypnotism in December 2009, points out and action is needed to change this restriction.

Medicine has undergone some exciting changes over the past decade. Arguably the most significant is the introduction of alternative or complimentary therapies in the treatment of patients. Although it still has not found complete integration into mainstream medicine, through therapeutic hypnosis, guided imagery, and neurolinguistic programming, it has gained significant respect for its effectiveness as part of a treatment plan. The National Cancer Institute and National Institutes of Health have incorporated a department of alternative and complimentary therapy giving it the recognition it deserves and has long awaited. Hypnosis is an alternative therapy proven time and time again to have a very high success rate in treating patients.

It is essential that alternative or complimentary therapies have the same types of ethical standards as conventional therapy and are able to stand behind the therapy. They need to have the capability of dealing with ethical issues with a standard committee who will examine conflicts and effectively reach conclusions and act on them. It is essential that alternative or complimentary therapies have the same types of ethical standards as conventional therapy and are able to stand behind the therapy. They need to have the capability of dealing with ethical issues with a standard committee who will. In medicine, an ethical tone is set within the organization making all those practicing aware of the code and the consequences for deviating from the rules. Their hands are tied when it comes to enforcement keep them from gaining their prestigious place in society. The Guild has set forth the appropriate organization and training to certify individuals in the practice of hypnosis. The checks and balances system that is used by the medical board is unfairly limited in the field of alternative medicine. Although they foster ethical practices and decision making and provide regulation they do not

have the means of follow up that the medical world enjoys. They provide continuing education, a good sense of moral and ethical standards to practice under, examine various perspectives of new ideas, they place themselves under continuous review but only by themselves. The issue of equal recognition and certification is presented and has been long over due. The medical board can review each case individually thus maintaining a high standard of care for the patient. They must also examine the issue of fairness to the patient in being offered alternative therapies reaching a balance of medical standards and what is good for the patient. There must be code of ethics to operate under. The National Guild of Hypnotists has established a strong code of ethical behavior but without state recognition and support it cannot enforce any ethical or standard deviation on the part of a person beyond the internal removal. What is essential to move forward in the use of these therapies and responsibly is to create, like the medical association, a code of ethics, recognized by the State. This recognition will not only provide their code of ethics and standards but have an organization with the support of the medical association. As a collaborate means of working with them, it would create the best of both worlds for conventional and alternative or complimentary therapy. It would have a separate board with a medical representative and perhaps a member of this guild could sit on the medical board. The red tape must be eliminated; physicians are allowing these practices and in doing so are admitting to their usefulness. Working side by side with a declaration of professional responsibility would bring optimum care to every patient.

I am a strong advocate of developing an ethical process in the field of hypnosis, and feel it is right that the standard by which ethical standards in the field of hypnosis are monitored be set by the largest and most prestigious organization of hypnotists. I base my belief not only on theory, but on personal experience. As a member of the Academy Staff at the Southern Arizona Public Safety Training Center, I taught Ethics and Professionalism in Law Enforcement courses to police recruits and veteran officers. I gained valuable insight into the many different views people have of ethical behavior, and truly learned the value of teaching these courses to everyone. I taught these courses because I believe in the ethical standards of professionalism and accountability that are essential to maintain the high level of public trust a Law Enforcement agency needs to function. I realize that that public trust is gained by exhibiting the highest level of integrity possible. In an organization such as a law enforcement agency, a strong Code of Ethics, backed and adhered to by all from the Administration down to the newest recruit and included in their General Orders or Policies and Procedures, is paramount. I also served an assignment as an Internal Affairs Investigator for the Tucson Police Department, and found that an alleged violation of these Orders or Code of Ethics is investigated as soon as the agency is aware of its existence, and if substantiated, sanctions ranging from remedial training to termination of employment were imposed without delay.

As a Certified Massage Therapist, I also had the opportunity to serve with the National Certification Board of

Massage Therapists and Bodyworkers. The NCBMTB is the only national organization for massage therapists and other bodyworkers in disciplines such as yoga, shiatsu, and reiki, and their Certification is highly sought after and respected. In some states, it is required for licensure. NCBMTB has a well written, clear and concise Code of Ethical Standards, which spells out what the organization expects, and demands, from its members, and also what sanctions would be imposed if an allegation of ethics violation was substantiated. NCBMTB understood early on how important it was for the organization to present their members as professionals, not only highly trained and skilled in their work, but of good moral character as well. It is no secret that the world of massage therapy has long been associated with inappropriate behavior and loose morals, and one of the top goals of NCBMTB is to overcome that stigma and showcase the therapeutic value of a properly trained massage therapist. I served for several years with NCBMTB, first as Chairman of the Investigative Panel for the Ethics and Standards Committee, investigating complaints against certified members, most of which were ethics and/or morals complaints. I later sat as a member of the Ethics and Standards Committee, which set the standards of the Code of Ethics, reviewed all complaints and subsequent investigations, decided on sanctions for certificants found in violation, and imposed the sanctions. The sanctions ranged from mandatory classes to suspension or revocation of certification. The sanctions were then published in the monthly newsletter of NCBMTB, which is widely read in the field of massage therapy, by members and non-members alike. Also, in states where NCBNTB certification was required, the state regulatory board would be notified of the sanction.

In summary, the field of hypnosis and guided imagery have made huge strides toward being an accepted complementary and alternative treatment in conjunction with conventional medicine, as well as generally accepted as a viable tool to improve the quality of life. While these new concepts still have a long way to go to enjoy the status in conventional western medicine that they have in eastern medicine, there is hope for the future. Many respected conventional medicine facilities, to include The Ohio State University, have established departments of Integrative Medicine, and are constantly exploring ways to incorporate a more holistic approach in treating and expediting recovery of illness and injury. Nutrition, meditation, guided imagery, and hypnosis are just a few of the complementary treatments that have met with success in a variety of situations such as pain management, self-anesthesia and accelerated recovery time.

As the medical field opens their minds to the positive results the addition of hypnosis or guided imagery provide, it is important for the hypnosis community to ensure that the practitioners they provide present the highest level of professionalism and integrity possible. As the field of hypnosis moves forward in their efforts to bring all members into a respected and productive position in all scopes of practice, an effective, enforceable Code of Ethics complete with meaningful sanctions whose function is regulatory and educational in nature rather than merely punitive is essential. Collaborative efforts could be made between the

National Guild of Hypnotists and the professional organizations representing fields that utilize the skills and contributions hypnosis can provide, such as the American Medical Association, the American Dental Association, Psychologists dealing with Pain Managements, Sports Performance Enhancement, and Forensics, to name but a few, that would enable the consulting hypnotists to enjoy the same level of respect and credibility that their members enjoy.

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