

# The Freudian Slip

The Halloween Issue...

October 2006

## • Meet the Newsletter Staff:

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## Hypnotism

Most of us have either experienced being hypnotized or have seen others hypnotized, whether at a senior party in high school or at St. John's at the beginning of the school year. Or, if nothing else, you remember the great scene in Office Space in which the main character Peter Gibbons is hypnotized and then his hypnotizer has a heart attack, leaving Gibbons in a trance. But this brings us to an interesting question: is hypnotism real and if so how does it work and what is it used for?

In general terms hypnotism is the state of being in a trance, which is a circumstance in which a person is ultra focused on something or free of distractions. In this condition a person is focused on either their internal self such as thoughts or self talk, or the external self such as a task or a movie. During hypnosis a person is so focused on one particular thing that all other stimuli in the environment are blocked from conscious awareness. Both day-dreaming and meditation are some every day examples of being in a trance-like state.

In the world of psychology hypnosis is used in clinical hypnotherapy as treatment for relieving pain or other situations that are related to a person's mindset. Though hypnotherapy has been known most commonly to treat habits such as smoking and weight issues, it is also used to address many other conditions.

Hypnotherapy is often used to treat anxiety, stress, amnesia, phobias, post trauma relief, and improve performance in both the academic and athletic fields. Today hypnotherapy has even expanded to the medical world in treating functional disorders such as irritable bowel syndrome.

Hypnotism can trace its roots back to Franz Anton Mesmer in the 19<sup>th</sup> century. He concentrated on extreme cases of hysteria, which today may be cate-



gorized as Post Traumatic Stress Disorder. From Mesmer the term 'mesmerize' originated. About one-hundred years later an English doctor by the name of James Braid changed the term from "mesmerism" to "hypnotism" derived from the Greek word "hypnos," meaning sleep. After further study Braid found that in fact hypnotism was not a state of sleep, but rather was a deep concentration of the mind. Freud also put his female Viennese patients into a state of hypnosis using the svegali-esque technique, which is swinging a watch in front of the patient to defocus their eyes, before he became an active believer

By, Emily Trapp

in psychoanalysis.

Milton H. Erickson, M.D. is considered the father of modern hypnotherapy, which is frequently called Ericksonian hypnotherapy. He gradually developed this form of hypnosis from the 1930's to the 1980's. Slowly, with Dr. Erickson's influence, hypnosis began to be used in both the medical and psychotherapy fields. One of the greatest distinctions in this form of hypnosis is that the patient is put into a trance using covert suggestion in normal conversation rather than the use of "you are feeling very sleepy" that tends to be characterized with hypnosis. Additionally, Ericksonian hypnotherapy was known for its gentleness, permissiveness, and respectfulness of the client. With Erickson's influence, the British Medical Association gave approval of the use of hypnosis in 1955 and in 1958 the American Medical Association also approved clinical hypnotherapy.

While in the trance-like state of hypnosis a client is relaxed and more open to suggestion. In this situation a hypnotherapist can make suggestions with the intention of helping the client to produce certain feelings, memories, images, or internal self-talk that will lead to a specific outcome which the client and therapist have agreed upon prior to hypnosis. These suggestions made while under

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## The Freudian Slip



“People who are socially anxious usually engage in post-event rumination after an anxiety provoking event.”



## Glossophobia... Public Speaking is Scary

By, Natalie Thompson

Many people know that the fear of making themselves look ridiculous in front of their peers is very common. As with almost everything else, there is a phobia that concerns this fear. It is termed social phobia. College is an excellent place to experience this phobia first hand. Many classes require social presentations that need to be given by students. There have not been many psychological studies concerning social phobia, but there are a few.

In an interesting study published in 2004 in the *Journal of Abnormal Psychology*, Maree J. Abbot and Ronald M. Rapee, both from Macquarie University, look at post-event rumination and negative self-appraisal both before and after treatment was given. They describe post-event rumination as “the tendency for socially phobic individuals to engage in negative rumination following a social or performance event” (136). Previous research has shown that people

who are socially anxious usually engage in post-event rumination after an anxiety provoking event (136). Fortunately, there have been several studies done to show that cognitive-behavioral treatments for these individuals greatly reduces their symptoms so all hope is not lost for those who have serious problems giving presentations in front of a large group.

The researchers, Abbot and Rapee, predicted that socially phobic individuals rate their performance levels more negatively over time. They thought that self-appraisals of performance may worsen for people with social phobia as a result of negative post-event rumination and any accompanying recall of past-perceived social failures (137). Their study supported this idea. There were two groups in the experiment, the control and the experimental group (socially phobic individuals). It was found that the socially phobic group appraised its social performance more poorly than the control

group. Also, it was found that an independent rater appraised the social performance more positively than the self-ratings made by participants (139). This should make some people feel better about giving speeches. If you felt you did not do well on a presentation, the chances are the teacher and your peers will give you a better evaluation than what you expected. It was also shown that cognitive-behavioral treatment made a great improvement in the socially phobic individuals (141).

For those of you who want to improve your social phobia, seeing a professional could improve your confidence in yourself to do well. Giving presentations is a big part of most people's lives, and it would be an excellent idea to get a head start on conquering those fears. Being comfortable in front of others could help a lot in the job market, and we all know that's very important!

Source: Abbot, M. J. and Rapee, R. M. (2004). Post-Event Rumination and Negative Self-Appraisal in Social Phobia Before and After Treatment. *Journal of Abnormal Psychology*. 113(1), 136-144

## Seasonal Affective Disorder

By, Julia Mechler

All the leaves are changing color, and the sun is setting earlier. Yes, winter is coming soon. Are you prepared for the long, cold winter in Minnesota? The following information might help you prepare psychologically for the changes that winter brings.

### Seasonal Affective Disorder

Do you find yourself feeling down during winter? That might be a sign of S.A.D., or Seasonal Affective Disorder. This is a term for winter depression or the winter blues. Animals react to the changing seasons with changes in mood, metabolism and behavior, and human beings are no different. For some, symptoms are severe enough to disrupt their lives.

Typical symptoms include an increase in the amount of

time spent sleeping, lethargy, a depressed demeanor, and an increase in appetite, particularly for starchy or sweet foods. Due to this increase in appetite, many S.A.D. sufferers experience weight gain, up to as much as 30 pounds! Other symptoms include irritability, anxiety, lowered sexual drive and a tendency to introvert and stay away from others. These symptoms tend to present around September each year and last until about April.

### Q. What causes Seasonal Affective Disorder?

**A.** The cause of S.A.D is the lack of bright light in winter. Researchers have proved that bright light makes a difference to the brain chemistry, and it is not a psychosomatic or imaginary illness. Studies have found that serotonin and melatonin play a large part in this disorder. The ab-

normal balance of these hormones in the body has been linked to Seasonal Affective Disorder. Dopamine has also been implicated in S.A.D.

### Q. How can we treat that?

**A.** As the cause is lack of bright light, the treatment is to be in bright light everyday by using a light box or a similar light therapy device. Another option is to go to a brightly-lit climate, whether it is a mountain ski resort or somewhere hot, is indeed a treatment.

Now that you know about Seasonal Affective Disorder, you know what to do when you feel sad during this season... you can go outside in the cold and get sun as much as you can, or you can escape away on a dream beach vacation!

Source: Simply Cyan Ltd. (2006). *All About SAD*. Retrieved October 12, 2006, from All About SAD. Website: <http://www.allaboutsad.com>

## Nights of Horror...films that make you scream!

Looking for a good Halloween movie? Instead of scaring us with monsters, psychological thrillers play tricks with our minds and manipulate our perceptions of reality. These entertaining movies are full of mystery, suspense, psychological themes, and thought provoking ideas. The following films are favorites of the CSB/SJU Psychology faculty. Enjoy!

### Psycho (1960)

**Psycho** is recommended by Dr. Aubrey Immelman. **Psycho** is an Alfred Hitchcock masterpiece that revolutionized how Hollywood made suspense films. This movie has a classic and chilling soundtrack. Look for the famous shower scene where chocolate syrup was supposedly used as blood.

### Rear Window (1954)

Dr. Steven Stelzner is also a fan of Alfred Hitchcock thrillers. His favorite is **Rear Window**. This film documents an apartment tenant who thinks he has witnessed a murder. As he investigates

this supposed murder from his window, the main character observes the lifestyles and relationships of others in the apartment building.

### The Birds (1963)

**The Birds** is another one of Dr. Stelzner's Alfred Hitchcock favorites. In this movie, Hitchcock shows a swarm of birds viciously attacking humans. This movie reveals many psychological themes including the nature of violence, terror, and fear.

### Gaslight (1944)

**Gaslight** is recommended by Dr. Pam Bacon. It is about a man who tries to falsely convince his wife that she is going mad. The plot highlights how our perception of reality can be manipulated and shaped by others.

### The Silence of the Lambs (1991)

Evan Creed recommends **The Silence of the Lambs**. In this classic psychological

Submitted by Collette Fischer

thriller, a psychotic cannibalistic ex-psychiatrist helps unravel the identity of a serial killer through psychological profiling.

### The Bone Collector (1999)

Dr. Laura Helfritz recommends **The Bone Collector**. This movie follows two homicide detectives as they track down a serial killer. Denzel Washington plays a quadriplegic detective who is planning his own assisted suicide until he finds motivation and inspiration in the serial killer case.

### The Shining (1980)

Dr. Laura Helfritz also recommends **The Shining** (although she believes that the Stephen King book is much scarier than the movie). In this movie, a hotel caretaker (played by Jack Nicholson) goes insane while living in the haunted hotel.

~ Watch for the Psychology Club to sponsor these or other movies throughout the year!

October 2006



*“Psychological  
thrillers play tricks  
with our minds and  
manipulate our  
perceptions of  
reality.”*

## Hypnotism...

hypnosis will be effective only if the client is relaxed and receptive to suggestions, experiences some sort of representation of the suggestions and can anticipate and envision the suggestions will lead to future outcomes.

In general there are very few risks involved in hypnosis; at times following hypnosis a client may feel disoriented, but with the therapist's help a client can become fully alert

and energized. People under hypnosis will not do something against their will or values because they are not receptive to suggestions against their morals. Additionally, hypnotherapists are required to make only suggestions to the client have been agreed upon prior to going under hypnosis. Though hypnosis cannot fix every problem a person may have, it is an effective therapy to address certain ailments. It is however important to keep in mind that

it will not fix a problem unless a person follows through and takes the proper actions to get the results that they want.

Sources:

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<http://www.athealth.com/Consumer/farticles/Pearson.html>

<http://www.geocities.com/drmouton@sbcglobal.net/hypnotherapy.html>

<http://en.wikipedia.org/wiki/Hypnotherapy>



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## For Those Freaking Out About Graduate School...

By, Lisa Egan

Are you a senior psychology major who is planning to attend graduate school sometime after graduation? Are you unsure of what steps you should be taking now? If so, this is the article for you! The following is a list of helpful tips to get you on the right track.

1. Find out if the schools you are interested in require that you take the Graduate Record Exam (GRE). If they do and you have not taken it already, register and take it by December at the latest. For more information about the GRE go to <http://www.ets.org/gre>.
2. Prepare a resume.
3. Come to the Psychology Departments on either campus to look at the graduate school information they have (PENGL 123 at SJU or Richarda P33½ at

CSB).

4. Visit schools you are interested in attending.
5. Talk to your advisor or other faculty members (particularly faculty members that specialize in the areas you are interested in studying).
6. Pick up application forms from the schools you decide to apply to and begin filling them out. Check all of the application due dates immediately to make sure you complete them on time.
7. Begin working on your personal statements.
8. Check with the schools you plan to apply at to see how many letters of recommendation they require. 8. Contact the individuals you plan to ask to write these letters for you.

9. Make sure you can afford application costs.
10. Check all of your transcripts from every college you have attended to make sure that you have or will complete all of your required classes before graduation and that all of the information listed is correct. If you find any errors, contact the Registrar at the corresponding school immediately.
11. Consult the "Handbook for Psychology Students" found at both Psychology Departments. This handbook includes extremely helpful information such as sample resumes, information about letters of recommendation, what to do/not to do at an interview, etc.

Good luck!

## Coordinator's Corner... Evan Creed

I hope that everybody's semester is going smoothly as you transition into another academic year. Some of you may be starting your first semester of college, while some of you may plan to graduate in December. No matter where you are at, as the Coordinator, I would be glad to sit down and answer any questions you may have. I was one of you just a year ago so I can relate to some of the worries, excitements and uncertainties you may be experiencing! I am almost always in my office and I love the advising component of my job (any chance to have actual human interaction is a plus!).

I would also like to highlight the resources the Psych Department has that are just waiting for you to access. Some of these opportunities include: research experiences that professors are currently involved with; internship opportunities for you during your Junior and Senior years; a teaching internship experience where you get to actually teach Introduction to Psychology labs; teaching assistant opportunities and many, many more. There are also resources regarding Graduate School and the steps you should be taking to make sure you are prepared as possible for that transition,

if you chose to use your psychology major that way! These are all here for YOU, so be sure to use them! They helped me incredibly during my undergraduate career and I know they would do the same for you.

If you have questions feel free to contact me. I'm at my CSB office – Richarda P34 – on even mornings and odd afternoons, and you can find me at my SJU office – Pengl 133 – on odd mornings and even afternoons. Also be sure to check out our webpage, [www.csbsju.edu/psychology](http://www.csbsju.edu/psychology), and continue to read the *Freudian Slip*.