



The International Society of Hypnosis

NEWSLETTER

Building Bridges of Understanding

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Letter from the President



June 2015
Julie H. Linden,
PhD

President's Letter

Here I sit at the computer, on a sunny, almost summer, day reading the request to submit my last president notes to you, the ISH membership. The word *last* suddenly took on new tones, as my oft-repeated lament

“what will I have to say” was replaced by a sense of finality that comes with reaching a destination. I look outside at the newly planted garden and then back at the computer. These three years have gone quickly. It has often been said that stepping down or aside is a bittersweet moment. There is the relief of letting go of responsibility and looking forward to new endeavors and there is the sadness of leaving what has been a good experience.

Serving the ISH as your president has been a very good experience. I have had the privilege to work with an extraordinary group of individuals on the board and in the hypnosis community at large. The commitment, passion and clinical skills of people in our hypnosis community is like no other.

It is customary in the last letter from the outgoing president to list the accomplishments of the administration and to thank the many individuals who made those possible. It is also a pleasure to do so. The Board of Directors during this past three years has exhibited all of the qualities of a good hypnotic encounter: relational, creative, col-

laborative and facilitative. They each embodied the principles they espoused.

The Board of Directors has worked as a team to revise the bylaws so that the society can take advantage of the Internet for rapid communication and online voting. It has created a virtual office, an accessible and informative website, easier membership renewal, a membership directory, and an events calendar to keep you up to date on what is happening in the hypnosis world. It has expanded the newsletter to 4 times a year, and its editor has formed a science corner and other fun additions. It has accepted two new constituent societies, Iceland and Portugal. And the ISH has done all of this while maintaining stable finances. It will inaugurate a pre-congress day of science, which it hopes will be an enduring tradition for the science of hypnosis. It has just begun a new initiative to explore its educational mission, and to position itself as a more far-reaching world leader in hypnosis. ISH wants to be a presence on all of the continents and the “go to” organization for the science of hypnosis.

Of top priority has been the Paris Congress 2015, and assisting the CFHTB, which will host another very large congress- at the moment over 1800, have registered.

At the same time, the Board accepted bids and chose the host for the next congress, which will be Montreal 2018. The Quebec Hypnosis Society, whose very own Germain Lavoie was a past ISH president, has gathered another exceptional team to organize the 21st ISH congress.

Each board member has unselfishly shared her or his time, knowledge and strengths with the ISH. But there are many others who have contributed as well. I wish to thank the newsletter translators and layout editors, the webmaster, the editor of the IJCEH and the Taylor and Francis team who worked hard to see that the journals reached you, our administrator Gail Cunningham, our sister society ESH, and each of our constituent societies

whose reps and presidents have provided feedback and support during these past three years. And I especially want to thank the many members who have contacted us with suggestions and comments.

In Paris, the elected officers will remain on the new incoming board, and the Council of Representatives will elect the rest of the members (7) to the Board. Soon you will receive your new president, Dr. Claude Virot, who has been chairing the Paris congress 2015. You will also receive the next president-elect, Bernhard Trenkle, who with his incredible outreach energy is sure to bring even more constituent societies and new faces to the ISH.

During my presidency I have done my best to stay focused on the mission of ISH, to honor the diversity of perspectives and to utilize the strengths and resources available to ISH. I hope I have been successful. I suppose that being a leader is a lot like gardening. You provide a nourishing environment, root out the weeds, and the seeds do the rest. Now I can go tend to my vegetable and flower garden with reassurance that the ISH garden is healthy and in full bloom.

Thank you all for the opportunity to have both served and represented the ISH and its membership.

Lettre de la présidente

Translator: Nicole Ruyschaert
French

Lettre de la Présidente

Une journée ensoleillée, presque l'été, me voilà assise, face à mon ordinateur, lisant l'invitation d'écrire ma dernière lettre à vous, les membres de l'ISH, dans ma fonction de présidente. Le mot « dernier » d'un coup à adopté de nouveaux sons, lorsque mon complaint, répété bien souvent « que dire??? » fut remplacé par l'expérience d'accomplissement, quand on atteint une destination. Je regarde le jardin planté récemment et me réoriente vers mon ordinateur. Ces trois années se sont passées très vite. On dit souvent que se retirer ou céder sa place est un moment amer-doux. Il y a le soulagement de se libérer de la responsabilité et de s'orienter vers de nouveaux projets et il y a la tristesse de quitter une expérience qui était bien.

Servir l'ISH en tant que président a été une bonne expérience. J'ai eu le privilège de travailler avec une équipe de personnes extraordinaire dans le conseil d'administration et dans toute la communauté d'hypnose. L'engagement, la passion et les compétences clinique dans notre communauté d'hypnose est sans pareil.

Le président quittant sa fonction a l'habitude de faire une liste des réalisations et de remercier les personnes qui ont aidé à faire réussir tout cela. J'ai le plaisir de faire ça, dans la dernière lettre de présidente. Le Conseil d'Administration a montré toutes les qualités d'un rencontre hypnotique : au point de vue relationnel, créative, collaborative et facilitante. Ils ont tous incarné les principes qu'ils soutiennent.

Le Conseil d'Administration a travaillé comme une équipe pour réviser le règlement administratif avec le résultat que la société profite des avantages de l'internet pour une communication rapide et des votes par internet. Il a créé un bureau virtuel, un site internet accessible et informatif, renouvellement d'adhérence plus facile, une liste de membres, un calendrier des événements pour vous mettre à jour sur ce qui se passe dans le monde d'hypnose. Il y a eu plus de numéros de la newsletter - quatre par année, et l'éditeur a établi une section scientifique et d'autres additions amusantes. Deux nouvelles sociétés membres ont été acceptées, l'Islande et le Portugal. L'ISH a réalisé tout cela en maintenant des finances stables. Il va inaugurer une journée de précongrès de science, en espérant que cela sera

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Gedanken der Präsidentin

Translator: Reinhild Draeger-Muenke
German

une tradition durable. Il vient de commencer une nouvelle initiative pour explorer sa mission de formation et pour se positionner comme leader mondial en hypnose. L'ISH veut être présente dans tous les continents et se profiler comme l'organisation vers laquelle la science de l'hypnose va se diriger.

Le Congrès 2015 à Paris a eu la priorité primordiale avec l'assistance de la CFHTB qui va accueillir un congrès avec déjà plus de 1800 inscrits.

Simultanément le Conseil a reçu les candidats pour organiser le prochain congrès et a choisi pour Montréal 2018. La Société d'hypnose de Québec, avec leur 'Germain Lavoie' comme président antérieur de l'ISH, a réuni une équipe exceptionnelle pour organiser le 21^{ème} congrès de l'ISH.

Chaque membre du conseil a dévoué son temps, sa connaissance et ses ressources à l'ISH. Il y en a aussi d'autres qui ont contribué. Je voudrais remercier les traducteurs de la newsletter, les éditeurs, le webmaster, l'éditeur de l'IJCEH et l'équipe de Taylor and Francis qui ont fait de grands efforts pour que les revues vous atteignent et notre secrétaire Gail Cunningham, notre société-sœur ESH, et chacun de nos sociétés membres dont les représentants et présidents nous ont donné du feedback et du support pendant ces trois années. Je voudrais remercier spécialement les nombreux membres qui nous ont contactés avec des suggestions et des commentaires.

A Paris les officiers élus resteront dans le nouveau Bureau d'administration et le « Council of Representatives » va voter pour les autres (7) membres du Bureau. Prochainement vous allez accueillir notre nouveau président, le Dr. Claude Virot, qui va présider le 2015 Congrès à Paris. Vous allez aussi accueillir le nouveau président-élu, Bernhard Trenkle, qui va certainement amener d'autres sociétés membres et de nouveaux visages à l'ISH, avec sa portée illimitée.

Pendant ma présidence j'ai fait de mon mieux pour rester focalisé sur la mission de l'ISH, pour respecter la diversité de perspectives et pour utiliser les forces et les ressources disponibles à l'ISH. J'espère que j'ai réussi. Je suppose qu'être un leader est comme jardiner. On crée un environnement nourrissant, on arrache la mauvaise herbe, et les graines font le reste. Maintenant je peux m'occuper de mon potager et jardin de fleurs avec l'assurance que le jardin ISH est en bonne santé et florissant. Merci à vous tous d'avoir eu l'occasion de servir et de représenter l'ISH et son adhésion.

Brief der Präsidentin, Juni 2015

Ich sitze am Computer, es ist ein sonniger, beinahe sommerlicher Tag, und ich lese die Aufforderung, mein letztes Schreiben als Präsidentin an Sie, die ISH Mitgliedschaft, einzureichen. Das Wort „letztes“ bekam plötzlich einen neuen Beiklang, als meine oft -wiederholte Klage „Was soll ich sagen?“ durch ein Gefühl der Endgültigkeit ersetzt wurde, das wohl mit dem Erreichen eines Zieles einherkommt. Ich sehe nach draussen auf den neugepflanzten Garten, und dann wieder auf den Computer. Diese drei letzten Jahre sind schnell verfliegen. Man sagt ja, dass ein Amt abzutreten ein bittersüßer Moment sei. Da ist die Erleichterung, Verantwortung abzugeben und sich auf neue Aufgaben freuen zu können, und da ist die Traurigkeit, etwas loszulassen, das eine gute Erfahrung war.

Es war eine sehr gute Erfahrung, der ISH als Präsidentin zu dienen. Es war ein Privileg, mit einer so ausserordentlichen Gruppe von Menschen im Vorstand und in der weiteren Hypnosegemeinschaft zusammenzu arbeiten. Einsatzbereitschaft, Engagement, und klinisches Acumen der Mitglieder unserer Hypnosegemeinschaft sind tatsächlich beispiellos.

Es ist Brauch, in der letzten Botschaft des sich verabschiedenden Präsidenten die Errungenschaften der Verwaltung zu benennen, und den vielen Einzelnen zu danken, die diese Errungenschaften möglich gemacht haben. Es ist mir auch eine Freude, dieses zu tun. Über die letzten drei Jahre hat das Vorstandsgremium alle Eigenschaften einer guten hypnotischen Encounters gezeigt: wir haben uns gut aufeinander bezogen, wir waren kreativ, haben gut und produktiv zusammengearbeitet, und alle Vorstandsmitglieder haben die Prinzipien verkörpert, zu denen sie sich bekannt haben.

Das Vorstandsgremium hat als Team zusammen gearbeitet und die Satzung so revidiert, dass die Gesellschaft nun das Internet für schnelle Kommunikation und online Wählen nutzen kann. Wir haben ein virtuelles Büro geschaffen, eine verbraucherfreundliche und informative Webseite eingerichtet mit einfacherer Mitgliedschafterneuerung, einem Mitgliedsverzeichnis und einem Tagungskalender, der Sie über aktuelle Ereignisse in der Hypnosewelt auf dem Laufenden hält. Der Rundbrief ist auf viermal jährlich erweitert worden, und, dank des Herausgebers, enthält nun eine Rubrik für wissenschaftliche Mitteilungen und weitere interessante Ergänzungen. Weiterhin hat der Vorstand zwei

neue Mitgliedsgesellschaften akzeptiert: Island und Portugal. Das alles hat ISH geschafft unter Beibehaltung stabiler Finanzen. ISH ist dabei, einen wissenschaftlichen Vor-Kongressstag zu inaugurieren und hofft, damit eine Tradition für die Wissenschaft der Hypnose zu beginnen. ISH hat gerade eine neue Initiative begonnen, ihre pädagogische Mission auszuloten, und sich in der Welt als ein weiterer reichender Führer in Sachen Hypnosis zu etablieren. ISH hat das Ziel, auf allen Kontinenten präsent zu sein und als die „go to“ Organisation für die Wissenschaft der Hypnose angesehen zu werden.

Im Vordergrund steht natürlich der 2015 Kongress in Paris und Unterstützung der CFHTB, die einen weiteren sehr grossen Kongress ausrichten wird – bis jetzt sind 1800 Anmeldungen eingegangen!

Zur selben Zeit hat der Vorstand Angebote für den nächsten Kongress akzeptiert, und hat den Ausrichter des nächsten Kongresses bestimmt, der 2018 in Montreal stattfinden wird. Die Quebec Hypnose Gesellschaft, deren Mitglied Germain Lavoie ein ehemaliger ISH Präsident ist, hat schon ein ausserordentliches Team zusammengestellt, um den 21. ISH Kongress zu organisieren.

Jedes Vorstandsmitglied hat uneigennützig seine Zeit, sein Wissen, und seine Stärken mit der ISH geteilt. Und viele andere haben auch mitgeholfen. Ich möchte den Übersetzern des Newsletters danken, sowie den Layout Editoren, dem Webmaster, dem Editor des IJCEH und dem Taylor and Francis Team, die harte Arbeit leisten um Ihnen das Journal zuzustellen, unserer Verwaltungsfrau Gail Cunningham, unser Schwesterorganisation ESH, und allen unseren Mitgliedsgesellschaften, deren Repräsentanten und Präsidenten uns Feedback und Unterstützung während der letzten drei Jahre gegeben haben. Ganz besonders möchte ich den vielen Mitgliedern danken, die uns mit Vorschlägen und Kommentaren kontaktiert haben.

In Paris werden die bereits gewählten Vorstandsmitglieder weiterhin dem neuen Vorstand beiwohnen, und der Rat der Repräsentanten wird die restlichen 7 (neuen) Vorstandsmitglieder wählen. Sie werden auch bald Ihren neuen Präsidenten, Claude Virot, begrüßen dürfen, der den Vorsitz für den Paris Kongress 2015 innehat. Sie werden ebenfalls den bereits gewählten darauffolgenden Präsidenten, Bernhard Trenkle, antreffen, der dank seiner unglaublichen Energie für Kontaktaufnahme sicherlich noch mehr neue Mitgliedsgesellschaften und neue Mitglieder zu ISH bringen wird.

Während meiner Amtszeit als Präsidentin habe ich mein Bestes getan, meine Aufmerksamkeit auf die

Mission von ISH zu richten, unterschiedliche Perspektiven anzuerkennen und die Stärken und Ressourcen gut zu nutzen, die ISH zur Verfügung standen. Ich hoffe, das ist mir gelungen. Ich vermute, eine Organisation zu führen hat viel Ähnlichkeit mit Gartenarbeit. Man schafft eine nährreiche Umgebung, zupft das Unkraut, und die Saatkörner erledigen dann den Rest. Jetzt kann ich mich um meinen Gemüsegarten und meinen Blumengarten kümmern, mit der Gewissheit, dass der ISH Garten gesund ist und in voller Blüte steht.

Vielen Dank Ihnen allen für die Gelegenheit, ISH und ihrer Mitgliedschaft zu dienen und auch beide zu repräsentieren.

Lettera del presidente

Translator: Consuelo Casula
Italian

Lettera della Presidente, giugno 2015

Sono qui seduta davanti al computer, in una giornata soleggiata, quasi estiva, mentre leggo la richiesta di presentare le mie ultime note da presidente a voi membri della ISH. La parola “ultime” improvvisamente assume nuove tonalità, come se il mio lamento spesso ripetuto “che cosa devo dire” fosse sostituito da un senso di finalità che viene fornito dal raggiungimento di una destinazione. Guardo fuori verso il giardino appena seminato e poi di nuovo il computer. Questi tre anni sono trascorsi in fretta. Si è spesso detto che fare un passo indietro o di lato ha un sapore agrodolce. Vi è il sollievo da responsabilità e dall’attesa di nuovi impegni, e c’è la tristezza di lasciare quella che è stata una buona esperienza.

Servire la ISH come vostra presidente è stata un’esperienza molto positiva. Ho avuto il privilegio di lavorare con uno straordinario gruppo di individui nel board e nella vasta comunità di ipnosi. L’impegno, la passione e le abilità cliniche di persone nella nostra comunità di ipnosi sono uniche.

Nell’ultima lettera del presidente uscente è consuetudine elencare quanto abbiamo realizzato e ringraziare le molte persone che hanno contribuito. E’ anche un piacere farlo. Il board nel corso di questi ultimi tre anni ha manifestato tutte le qualità di un buon incontro ipnotico: relazionale, creativo, collaborativo e facilitante. Ognuno di essi incarnava i principi che li guidano.

Il Board of Directors ha lavorato come una squadra nel rivedere lo statuto per consentire alla società di sfruttare Internet per le comunicazioni veloci e per il

voto on-line. Ha creato un ufficio virtuale, un sito accessibile e informativo, ha facilitato il rinnovo dei membri, ha fornito una directory di appartenenza, e un calendario di eventi per tenervi aggiornati su ciò che accade nel mondo dell'ipnosi. Ha ampliato la newsletter a 4 volte all'anno, e il suo direttore ha creato un angolo della scienza e altre aggiunte divertenti. Due nuove società costituenti sono state accettate, Islanda e Portogallo. La ISH ha fatto tutto questo, mantenendo le finanze stabili. Per la prima volta si terrà un pre-congresso sulla scienza, che si spera diventi una tradizione duratura per la scienza dell'ipnosi. Abbiamo appena cominciato una nuova iniziativa per esplorare la nostra missione educativa, per posizionarci con una maggiore portata come leader mondiale di ipnosi. La ISH vuole essere una presenza in tutti i continenti e un'organizzazione di riferimento per la scienza dell'ipnosi.

Di massima priorità è stata l'organizzazione del Congresso di Parigi 2015 e assistere il CFHTB che ospiterà un altro grande Congresso: al momento sono registrati oltre 1800.

Nello stesso tempo, il Board ha vagliato le offerte ricevute per organizzare il successivo convegno che si terrà nel 2018 a Montreal. La Quebec Hypnosis Society, che tra i suoi fondatori ha Germain Lavoie che è stato presidente ISH, ha raccolto un eccezionale team per organizzare il 21 ° ISH Congresso.

Ogni membro del Board ha condiviso in modo disinteressato il suo tempo, conoscenze e forze con la ISH. Ma anche molti altri hanno contribuito. Desidero ringraziare i traduttori e il responsabile del layout della newsletter, il webmaster, il direttore del IJCEH e la squadra di Taylor and Francis che ha lavorato sodo per far sì che la rivista vi arrivasse, il nostro amministratore Gail Cunningham, la nostra società sorella ESH, e ciascuna delle nostre società costituenti i cui rappresentanti e presidenti hanno fornito feedback e supporto nel corso di questi ultimi tre anni. E soprattutto voglio ringraziare i tanti membri che ci hanno contattato con suggerimenti e commenti.

A Parigi, i membri del board eletti rimarranno nel nuovo board, e il consiglio dei rappresentanti eleggerà gli altri membri (7) del board. Presto accoglierete il vostro nuovo presidente, Claude Virost, che presiede il congresso di Parigi 2015. Accoglierete anche il prossimo presidente eletto, Bernhard Trenkle, che con la sua impareggiabile energia è sicuro di portare nuove società costituenti e nuovi volti alla ISH.

Durante la mia presidenza ho fatto del mio meglio per rimanere concentrata sulla missione della ISH, per onorare le diverse prospettive e per utilizzare le forze e le risorse disponibili per la ISH. Spero di esservi riuscita. Suppongo che essere un leader è un po' come fare giardinaggio. Si offre un ambiente nutriente, si sradicano le erbacce, e i semi fanno il resto. Ora posso lasciare fiori e frutti con la rassicurazione che il giardino della ISH è sano e in piena fioritura.

Grazie a tutti per l'opportunità di avere sia servito sia rappresentato la ISH e i suoi membri.

Columna de la Presidencia

Translator: Maria Escalante
Spanish

Notas de la Presidenta, junio 2015

Carta de La Presidencia.

Aquí estoy sentada frente a la computadora, durante un día soleado, casi en verano mientras estoy leyendo la solicitud para que escriba mis últimas notas como presidenta para vosotros los integrantes de la ISH. La palabra *última* repentinamente adquirió un nuevo significado mientras que mi lamento repetidamente expresado: "qué tendré que decir" fue reemplazado por una sensación de culminación que llega cuando alcanzamos nuestro destino. Yo miro hacia afuera y veo el jardín con las plantas que se plantaron ahí recientemente y después regreso a la computadora. Estos tres años han pasado rápidamente. Se ha dicho con frecuencia que descender y hacerse a un

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lado es un momento agridulce. Existe una sensación de alivio cuando se deja una responsabilidad y se mira hacia adelante, hacia los nuevos retos y existe la tristeza de dejar lo que ha sido una buena experiencia.

Servir a la ISH como vuestra presidenta ha sido una muy buena experiencia. He tenido el privilegio de trabajar con un extraordinario grupo de individuos en la mesa directiva y en la gran comunidad de hipnosis en general. El compromiso, pasión y habilidades clínicas de las personas de nuestra comunidad de hipnosis, no tienen igual.

Es costumbre que en la última carta del presidente saliente se haga una lista de los logros de la administración y agradecer a la gran cantidad de individuos quienes hicieron posible que éstos se alcanzaran. Es también un placer hacerlo. La Mesa Directiva durante estos últimos tres años ha demostrado todas las cualidades de un buen encuentro hipnótico: relacional, creativo, colaborativo y facilitador. Cada uno de ellos vivió en carne propia los principios que se propugnan.

La Mesa Directiva ha trabajado como equipo para revisar los estatutos para que la sociedad pueda sacar ventaja del Internet para lograr comunicaciones rápidas y votaciones en línea. Ha creado una oficina virtual, una página web de fácil acceso y llena de información, con renovación fácil de membresía, directorio de miembros, y un calendario de eventos para mantenernos informados sobre lo que está sucediendo en el mundo de la hipnosis. Ha expandido el alcance del newsletter a 4 veces al año, y su editor ha formado un rincón de la ciencia así como otras secciones divertidas. Se han aceptado dos nuevas sociedades constitutivas, Islandia y Portugal. Y la ISH ha hecho todo esto mientras mantiene sus finanzas estables.

Inaugurará un día con un pre-congreso sobre ciencia, con la esperanza de que esto se convierta en una tradición duradera para la ciencia de la hipnosis. Acaba de empezar una nueva iniciativa para explorar su misión educativa, y para posicionarse como un líder de más alcance mundial en hipnosis. La ISH quiere tener presencia en todos los continentes y ser líder en la ciencia de la hipnosis.

El Congreso de París del año 2015 ha sido gran prioridad, así como ayudar a la Confederación Francesa de Hipnosis y Terapias Breves, (CFHTB) la cual será la anfitriona de otro congreso muy grande-hasta el momento ya se han registrado más de 1800 personas.

Al mismo tiempo, La Mesa Directiva aceptó propuestas y eligió al anfitrión para el próximo congreso que tendrá lugar en Montreal en el año 2018. La Sociedad de Hipnosis de Quebec, cuyo Germain Lavoie fue presidente de la ISH, ha reunido otro equipo excepcional para organizar el vigésimo primero congreso de la ISH.

Cada integrante de la Mesa Directiva, ha compartido desinteresadamente su tiempo, conocimiento y fortalezas con la ISH. Sin embargo hay muchos otros que también han contribuido. Quiero agradecer a los traductores, editores, encargados de diseño, al webmaster, al editor del IJCEH y al equipo de Taylor and Francis que ha trabajado arduamente para asegurarse de que las revistas lleguen a ustedes, a nuestra administradora Gail Cunningham, a nuestra sociedad hermana la ESH (Sociedad Europea de Hipnosis), y a cada una de nuestras sociedades constituyentes cuyos representantes y presidentes han dado retroalimentación y apoyo y soporte durante estos últimos tres años. Y quiero dar las gracias especialmente a la gran cantidad de integrantes que nos han contactado para darnos sugerencias y hacer comentarios.

En París, los oficiales que han sido ya elegidos permanecerán dentro de la nueva mesa directiva, y el Consejo de Representantes elegirá al resto de los integrantes (7) para la nueva Mesa Directiva. Pronto vosotros recibiréis a vuestro nuevo presidente el Dr. Claude Virot, quien ha estado encabezando el congreso de París del año 2015. Vosotros recibiréis al próximo presidente electo Bernhard Trenkle, quien con su increíble energía y conexiones seguramente traerá aún más sociedades constituyentes y nuevos rostros a la ISH.

Durante mi presidencia he hecho lo mejor para permanecer enfocada en la misión de la ISH, para honrar la diversidad de las perspectivas y para utilizar las fortalezas y recursos disponibles para la ISH. Espero haber tenido éxito. Supongo que ser líder se parece mucho a la jardinería. Tú proporcionas un ambiente nutritivo, sacas las hierbas malas, y las semillas hacen el resto. Ahora yo puedo ir a prestar atención a mi jardín de vegetales y flores con la seguridad de que el jardín de la ISH está saludable y floreciendo plenamente.

Gracias a todos ustedes por la oportunidad de haber servido y representado tanto a la ISH como a sus miembros.

Letter from the Editor



*Katalin Varga
Dipl. Psych. Ph.D.*

I have had the honor to be the newsletter editor beginning with the fall 2014 issue and going forward. In Paris we will have the election of the new Board of Directors, maybe this is my last issue – as an editor.

In case I receive trust from the COR members, and become BoD member again, and the new president, Claude Virot (and his

Board) will give me this task again, I will be most happy to continue (actually we already have some interesting material for the 2015. fall issue...)

In this issue we have the last **Letter of the President** from **Julie Linden**. It is a moving moment, as she will end up her “active” presidency period. Fortunately we will enjoy her nice, calm and supportive style – as past president for another 3 years.

The current issue was a really international work:

In the **Main Interview** Zoltán Kekecs introduces **Gary Elkins** who is a surprisingly active person, running a research laboratory, doing excellent clinical work, and taking part in the theoretical field as well. He – among other things – reports on the work of defining “hypnosis”... seems to be an easy task, but it is actually far from that.

In the “re-named” column of “**Meeting our Mentors**” Jana Strelzig helps us to meet **Gunther Schmidt** who is a key person in psychotherapy and psychosomatic medicine in Germany and an important figure worldwide in the use of Ericksonian hypnosis and the hypnosystemic concept for therapy and counseling.

We keep on “building bridges” between the clinical and research fields of hypnosis. In this issue a very clear summary by Zoltán Kondé and Gergely Szabó explains the “executive control system” and its connection to hypnosis in the column of **Clinical Rele-**

vance of Research Findings.

András Költő summarizes some exciting papers in his column of “**Findings of Note**”.

Dabney Ewin **reviews** the E-book by Dr. Dan Handel and Dr. Sylvan Neron, “Hypnotic Approaches in Cancer and Palliative Care”. This book was already reviewed by Leora Kuttner (see Fall 2014 issue), now we have a new opinion on the revised e-book.

The “network” between our members becomes bigger and bigger by the help of **10 questions**. In this section the person who answers our standardized 10 questions can name a new member to be asked and put a specific question to him / her. The chain started with David Wark, and continued by Daniel Kohen and then Bernhard Trenkle. This time we “go” to China, asking **Xin Fang** about the state of art of hypnosis in her country.

Introducing colleagues who are working for ISH “**behind the scenes**” **Judit Osvát**, the layout editor of the Newsletter will be answering some questions so you may get to know a bit more about her.

In the Humor and hypnosis column we will enjoy the excellent translation of Anna C. Gösi-Greguss of the “masterpiece” of **Zoltán Ambrus Kovács** about a fly.

As this issue might be my last one to edit, I repeatedly would like to express my sincere appreciation to everyone who helped realize the 2015 summer NL. The colleagues who volunteered for interviewing other colleagues, who reviewed articles and books, who answered our questions, and those who translated the letter from the president, who did the language checking, and many more tasks “behind the scenes”.

It was a really international work, bridging continents, people, brains and hearts...

Dr. Gary R. Elkins - Bio

Dr. Gary Elkins a Professor and *Director of the Mind-Body Medicine Research Laboratory* at Baylor University where he leads a team of post-doctoral fellows, graduate and undergraduate students and clinical research staff. His research program has been continually funded by the National Institutes of Health for more than the past ten years to the present. Gary has over 70 publications and has presented over 100 workshops nationally and internationally on topics related to clinical psychology, health psychology, and hypnotherapy. He is an internationally recognized expert in hypnotherapy and mind-body interventions in health care.

He is the 2014-2015 President of Division 30 of the American Psychological Association (Society for Psychological Hypnosis), President-Elect of the Society of Clinical and Experimental Hypnosis and Past-President of the American Society of Clinical Hypnosis. Gary is a Fellow of the Society of Clinical Psychology (Division 12), Society of Psychological Hypnosis (Division 30), and Society for the Advancement of Psychotherapy (Division 29). He is a licensed psychologist and has certification in Clinical Health Psychology from the American Board of Professional Psychology (ABPP) and the American Board of Psychological Hypnosis (ABPH).

Gary is the author of ***Hypnotic Relaxation Therapy: Principles and Applications***; which is a new book for training in clinical hypnosis. He is the co-author (with Jeffrey Barnett, Allison Shale, and William Fisher) of the ground breaking book, ***Complementary and Alternative Medicine for Psychologists: An Essential Resource*** that provides a valuable guide for clinicians as they consider the expanding use of complementary and integrative care in professional practice. His research into hypnotic relaxation therapy in women's health led to his recent book: ***Relief From Hot Flashes: The Natural, Drug-Free Program to Reduce Hot Flashes, Improve Sleep, and Ease Stress***.

Gary has received numerous honors including the Morton Prince Award from the American Board of Psychological Hypnosis and the 2012 Complementary and Alternative Medicine Research Investigator Award from the Society of Behavioral Medicine.

For more information about Gary's clinical trainings and research, please visit his website www.garyelkins.org or email him at: Gary_Elkins@baylor.edu

Interview

*Interviewer: Dr. Zoltan Kekecs
Replies to ISH Interview Questions
With Dr. Gary Elkins*

As the president of the Society of Psychological Hypnosis (Division 30 of APA) and the Society of Clinical and Experimental Hypnosis (SCEH), you have a good view of current trends in hypnosis. Where do you think we are headed?

Hypnotherapy can be an exceptionally effective intervention in psychotherapy and in health care in general. We are learning more and more about how hypnosis can be used in the treatment of a wide range of problems such as acute and chronic pain, anxiety, depression, and psychophysiological disorders. I believe one future direction will be greatly expanding the body of knowledge on new and innovative applications of hypnotherapy.

For example, in my clinical research we have been examining the use of hypnosis treatment of hot flashes among breast cancer survivors and women during the menopause transition. A few years ago very few people would have thought of hypnosis for treatment of hot flashes. However, clinical studies have now very consistently shown that hypnotic relaxation therapy reduces hot flashes by about 70% or more. This is very important because safe and effective treatments for menopausal symptoms are essential in women's health care. Additional benefits include improved sleep and overall quality of life. More training is needed to make such hypnotherapy interventions more widely available to patients and

clients. The professional societies play an extremely important role in supporting research and providing such training.

Also, I think there is a great deal of potential for more integration of hypnotherapy with other psychotherapy approaches. Mind-



fulness is one area that is becoming integrated into contemporary cognitive-behavioral approaches as well as hypnotherapy. Several leaders in the field such as Michael Yapko, Steven Lynn, and Assen Al-ladin have written extensively about the integration of mindfulness and hypnosis. I've found that mindfulness based interventions fit very well with hypnotherapy and can be easily integrated into stress reduction and other applications. This is encouraging because as clinicians we are most interested in helping our patients with whatever is most effective. I believe the integration of hypnotherapy with other approaches has great promise for the future. In the area of complementary and alternative medicine, hypnotherapy may be integrated with music, bio-feedback, or other forms of healing.

In terms of research, I believe the future will bring more understanding of the neurophysiology of hypnosis. I anticipate we will also gain a greater understanding of the social and psychological factors that may contribute to the effectiveness of hypnosis. For example, it is generally recognized that a positive therapeutic relationship is one of the most important factors in psychotherapy. That is also likely to be the case in regard to hypnotherapy. The interpersonal aspect of hypnosis may have important implications for how hypnotic suggestions are processed and ways to make hypnotherapy most effective. I think these individualized personal factors may play an important role in how hypnosis can best be applied and for understanding the phenomenology of hypnosis. The societies do a good job in providing training and workshops in hypnotherapy and I believe that in the future we will see more acceptance and integration of hypnosis in therapy.

What do you think are the most pressing issues of our community right now?

Evidence-based practice has become a very relevant topic for psychotherapists and other health care providers. I have been involved in training clinical psychologists and psychotherapists for many years and now more than ever there is an emphasis on evidence for specific psychotherapy interventions. Hypnotherapy has some good empirical support, however in a lot of areas the evidence for hypnotherapy mostly comes from clinical vignettes, personal experiences, and case studies. While clinical cases can provide a rich resource for creative language and interventions, we cannot rely on case studies to provide the evidence that is needed for wide acceptance of hypnotherapy. In most areas of health care there is an increased emphasis on evidence-based interventions and best practice guidelines based upon research. We need to be able to provide solid evidence regarding hypnotherapy. Also, it

seems likely that in the future reimbursement for hypnotherapy may depend upon evidence of its effectiveness. There is a pressing need for well-designed clinical research.

Also, at the present time, most training in hypnotherapy occurs in workshops or on an individual basis. It's rarely integrated into medical school curriculum or doctoral or masters level training. I believe it is important for professionals to learn about hypnotherapy early on in their training and for hypnotherapy to become a more standard topic in university psychotherapy or medical education. We need to provide opportunities for education in hypnotherapy at all levels of professional education.

Many feel that the hypnosis community is currently divided along theoretical considerations about the nature of hypnosis. What do you think about this dividedness? How does it affect research and clinical practice?

There are many different theories of hypnotherapy. It has been considered from psychoanalytic, social-cognitive, behavioral, physiological, dissociation, and transpersonal perspectives, just to name a few. To a large degree these differing theories seek to explain the mechanisms by which hypnotherapy works. In my view there is much yet to be learned about the mechanisms of hypnotherapy for treatment of different problems. For example, the mechanisms by which hypnotherapy works to reduce depression may be different from the mechanisms that underlie how hypnotic suggestions can remove warts or reduce hot flashes. In my opinion the differing theories provide stimulus to the field and each can deepen our understanding. I believe this diversity is healthy for our profession, because it allows hypnotherapy and hypnosis to be examined from different perspectives, all of which can contribute to advancing the field.

One of the resolutions can be to formalize the definitions. Your paper recently published in the International Journal of Clinical and Experimental Hypnosis does exactly that. Could you talk a little bit about the process of formulating the new definitions? What was the goal when you set out, and how did you achieve these goals?

The word 'hypnosis', has a long history and over time has come to mean different things to different people. For example, Mike Nash has noted that some used the word 'hypnosis' to refer to a procedure and other times it is used to refer to the product of a procedure. While we can, and should have different ideas about the mechanisms, there is benefit to having some mutual understanding of the definition of

hypnosis as well as related terms such as hypnotic induction, hypnotizability, and hypnotherapy. In 2013 Dr. Arreed Barabasz, as President of APA Division 30, the Society for Psychological Hypnosis, appointed a committee to revise the 2003 definition of hypnosis. The members of the committee included David Spiegel, Jim Council, and Arreed Barabasz. While members of the committee had differing theoretical orientations we purposely limited ourselves to defining hypnosis as well as related terms. We set out by first looking at guidelines for definitions.

Then, we reviewed some of the previous definitions of hypnosis. As you may know, there are quite few of them. There appeared to be a need for a definition that is clear and concise, so our first guideline was that the definition should be a concise description that identifies hypnosis and its related concepts.

We were also aiming for definitions that would be heuristic that would allow for alternative theories and mechanisms. So we were seeking to be as theoretically neutral as we could to allow for differing perspectives, but at the same time to take a stand and formulate a definitions that would be operational, that wouldn't be too broad and also not too narrow. We were looking for definitions to identify terms such as 'hypnosis', 'hypnotic induction' and 'hypnotherapy'. Even those terms, in the past, have been used interchangeably to mean the same thing. So we felt that we needed to begin to identify specific definitions for these related terms recognizing that they don't all mean exactly the same thing.

Therefore, we used the following guidelines: (1) The definition should be a concise description that identifies the object of interest and its characteristics and (2) the definition should be heuristic and allow for alternative theories of the mechanisms. Following these guidelines led to - Hypnosis: "A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion."

I believe the definition allows for differing theories of the mechanisms as well as inquiry as to whether the "state of consciousness" is in fact altered from waking consciousness or similar to other states such as meditation. These are questions to be addressed in further scientific study. I think that it is important for us to have some idea about the meanings of the words that we use, but at the same time it's very important that we have room for differing perspectives of the mechanisms and underlying factors that may contribute to hypnotherapy. I think that this will have a positive effect on the field in both clinical practice and research.

I am curious about your own, personal viewpoint on hypnosis and hypnotherapy. Could you talk about the type of hypnotherapy you use?

Hypnotic relaxation therapy refers to the particular type of hypnotherapy that I primarily use in my clinical work. I developed the ten foundational principles of HRT or hypnotic relaxation therapy based upon over 30 years of clinical practice and in my research into effective approaches to hypnotherapy in treatment of a wide range of problems. HRT uses a biopsychosocial formulation in treatment planning and may be directed toward developing coping skills, relieving symptoms, facilitating insight, or preventing relapse. Each session is goal directed and the overall treatment at some stage usually involves teaching patients how to use self-hypnosis. In my view hypnotherapy is directed toward empowering patients and helping them to achieve their goals.

In my clinical work I typically use relaxation based hypnotic inductions for hypnosis. I believe that while hypnosis does not necessarily involve relaxation, it is often the case that relaxation based inductions can be very therapeutic for many patients. In my clinical work, the suggestions and the approach to hypnotherapy varies based on the individual preferences of the patient as well as the goals that the patient wants to achieve. I utilize hypnotherapy in a way that may reduce anxiety, and creates a relaxed, calm state. If the individual is dealing with issues related to pain management, then, other hypnotherapy methods, such as hypnoanalgesia, dissociation from the pain experience, and suggestions for numbness may be appropriate. In other cases, such as in treatment of hot flashes or improving sleep, hypnotic suggestions are formulated toward those specific problems and goals.

Another "hot topic" in the literature is that of measurement of hypnotizability. Most researchers advocate the usefulness of hypnotizability measurement in both laboratory and clinical settings, although, the timeliness and clinical relevance of the current hypnotizability scales have been questioned by recent studies. In any case, clinicians themselves rarely use these scales. What are your thoughts on this issue?

I believe you are right. There is a very good body of research on the measurement of hypnotizability and as you have said, in the laboratory, hypnotizability has been shown to be a relevant factor in how well individuals can respond to hypnotic suggestions. At the same time, there has not been a wide use of these scales in clinical practice. I think there have been primarily two barriers to the assessment of hypnotizability in clinical practice. The first is that some of the scales to measure hypnotizability take

too much time to be easily integrated into clinical work. Some of the most widely recognized scales, such as the Stanford Hypnotic Susceptibility Scale-Form C were developed primarily with college student populations and are lengthier than would be ideal for clinical use.

Another reason for limited use of hypnotizability scales in clinical work is based upon one's understanding of the relevance of such measures. For a clinician, one question that is important in the practice of hypnotherapy is: 'does hypnotizability matter'? 'Are there individual differences in individuals' abilities to utilize hypnosis in a therapeutic context?' I believe that the answer to these questions is 'yes'. There are individual differences in hypnotizability having knowledge of whether an individual is in the high, low, or mid-range of hypnotic ability can be helpful. We don't have to measure hypnotizability to engage a person in hypnotherapy, but it can be useful.

In my research in the Mind-Body Medicine Research Lab at Baylor University, for the past several years we worked to develop a new scale to measure hypnotizability. The Elkins Hypnotizability Scale or EHS, was developed to provide a brief, reliable, and valid measure of hypnotizability that could be easily used in clinical work as well as research. It is now available as an alternative measure and it is the scale that I teach in my workshops and use in clinical research. It is reasonably brief and easy to integrate into a clinical session. Most patients find the EHS to be pleasant and interesting. Research has shown the EHS to be reliable and it correlates very well with the SHSS-Form C. I believe this can be a very useful clinical tool and was designed to overcome some of the barriers to clinical use. Knowing a patient's hypnotizability can be very useful in treatment planning and knowing how to best individualize hypnotic interventions.

Finally, to finish with our traditional question: what is your advice for younger colleagues who are just starting their careers?

If you are just starting your career and learning to use hypnosis, your work is about to become much more interesting! Hypnotherapy is powerful, dynamic and fascinating! My first advice is to attend workshops, read and learn as much as possible about the many techniques and uses of hypnotherapy. At workshops at meetings such as ISH you will have the opportunity to observe the most highly skilled and creative hypnotherapists. As soon as you return home utilize what you have learned and, practice, practice, practice. In organizations such as ISH you can find excellent mentors and some of the best

teachers in the world. However, learning the many skills involved in hypnotherapy takes lots of practice.

Second, I encourage students and new professionals to attend scientific meetings and read journals such as the International Journal of Clinical and Experimental Hypnosis to become knowledgeable about hypnosis research. Clinical research can be vastly helpful in guiding clinical practice and identifying interventions that have been shown to be effective. Learn about hypnosis research, assessment of hypnotizability, and the ways that hypnotherapy can enrich your clinical practice.

Also, please take every opportunity to deepen your understanding of the processes involved in the hypnotherapy. You can learn a great deal about hypnosis from your patients. Hypnotherapy is most effective when the therapist and patient work together in a collaborative manner. Developing a positive and hypnotherapeutic relationship with patients is as important, or even more important than learning specific transcripts for hypnotic inductions. Thank you for asking these excellent questions!

*Thank you,
Zoltan*



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Meeting Our Mentors

Each issue will introduce one of our distinguished teachers in this column. We learn a lot from these scholars, read their books, follow their approaches, use their techniques – but perhaps we do not know them well enough.

*Interview with Gunther Schmidt
by Dipl.-Med. Jana Strelzig Anesthesiologist
strelzig@gmail.com*

Dear Gunther,

Please describe your first contact with hypnosis.

My first direct contact with hypnosis (after several reports by other people about M.H. Erickson and after some experience with autogenic training) took place in 1978 at the first seminar that Jeffrey Zeig conducted in Europe. He demonstrated his way of applying hypnosis and especially showed and explained the work of M.H. Erickson to us. That impressed me deeply and influenced my work since that time intensively.

Very much motivated by this experience I immediately wrote a letter to M.H. Erickson and asked him if I could get the chance to learn directly from him. In a very friendly way he invited me and I got the opportunity to take part in his teaching weeks in 1979.

Please characterize briefly your career, and your current work.

University diploma in economics 1971. Study of medicine since 1973 (finished in 1979). Since 1974 intensive cooperation with Helm Stierlin (one of the most important pioneers of European family therapy) in Heidelberg. Since 1977 cooperation with M.Selvini, L.Boscolo and G.Cecchin (our "Heidelberg group" brought the Milan systemic approach into the German language area). In 1982 co-founder of the International Society of Systemic Therapy (together with the Milan group), there teaching systemic therapy, supervision, coaching, team- and organizational development since then. Together with B. Trenkle teaching since 1980 Ericksonian hypnotherapy in many seminars. Since 1984 vice-president of the Milton-Erickson-Society of Germany (until 2004).

Since 1986 director of the Milton-Erickson-Institute of Heidelberg. From 1996-2004 additionally director of an inpatient psychosomatic clinic (based on hyp-

nosystemic approaches). 2007 co-founder of the sysTelios-clinic for psychosomatic health development and psychotherapy (90 inpatient places), working with hypnotherapeutic and hypnosystemic concepts, since that time there I am also medical director and CEO.

In 2005 I co-founded the German Federal Association of coaching (DBVC).

In 2011 I was honored with the life achievement award by the German professional training network and in 2014 with the MEG-award by the MEG.

You learned in person from the great M.H. Erickson and you have been pioneering work which has developed a unique approach, called "hypnosystemic therapy"- Can you briefly describe, what it is about and what are the differences from a more classical approach to hypnosis/hypnotherapy?

I learned from M.H. Erickson to think systematically in patterns, to understand how unconscious patterns of experience and behavior are built up on an unconscious level and can be influenced. I also learned to derive interventions both on a conscious and unconscious level from this observation of pat-

Dr. med. Dipl. rer. pol Gunther Schmidt

Medical doctor specialized in psychosomatic medicine and psychotherapy, is director of the Milton-Erickson-Institut Heidelberg and medical director and CEO of the sysTelios-clinic for psychosomatic health development and psychotherapy in Siedelsbrunn/Germany. He is co-founder of the International Society of systemic therapy, the Helm Stierlin Institute Heidelberg, the German association for coaching (DBVC), and teaching trainer of the MEG, the Systemic Society of Germany (SG), the German Society of systemic family therapy (DGSF) and trainer and Senior Coach of the DBVC.

He was vice-president of the Milton-Erickson-Gesellschaft Germany (MEG) from 1984-2004. He is author of several books and more than 50 professional articles and more than 150 video-and audio-publications. He developed the hypnosystemic concept for therapy and counseling.



tern. I also learned from him that hypnotic interventions can also be very effective without formal trance induction of the classical type and that all hypnotic interventions are a means of focusing attention in a voluntary and involuntary way. So also in every day life and communication you can find a lot of quasi-hypnotic processes which can be utilized in every therapy process. I also realized that the Ericksonian and the systemic approach are very much compatible because systemic concepts relate to the thinking in patterns. The Ericksonian approach offers a wide variety of interventions into the intrapsychic system and into the communication and behavior of people. The systemic approach offers many important possibilities to understand and to work with interactional patterns between people and with their surrounding contexts, more than e.g. hypnotherapeutic concepts can offer it. It also takes very much into account transgenerational loyalty bonds in relationships, interactional feedback loops which influence experience etc.

So it was logical for me to integrate both concepts. So we can intervene as well on an intrapsychic and also on an interactional and context-related level, both at the same time. The effectiveness of hypnotherapeutic interventions is much better when we include the influences of interactions and relationship factors in which an individual is embedded. The effectiveness of systemic- more interactionally oriented- interventions is also much more intensive when including the intrapsychic unconscious patterns. And: always observing second order cybernetics (H.v.Foerster) we get a much better understanding and a chance to utilize the dynamics of the systemic processes which influence the therapy system (in which the therapy for the clients take place- including the system of the therapist, e.g. institutional factors).

How is this approach applicable in the daily hypnotherapy practice?

Hypnosystemic concepts offer specific (pattern oriented) models with which one describes the unconsciously built up sensory networks that create experience not only by imagination, behavior, cognitions, communication etc., but also by the way we use our body (embodiment). With these models one also can reconstruct the patterns which create problems on an unconscious level. So one can plan (transparently together with the client) specific interventions which create helpful, solution experiences supporting differences.

And with them one can understand the interdependencies between individual and interactional patterns, also that the implicit rules and communica-

tion patterns of a relationship system function as quasi-hypnotic inductions.

With them one can create specifically planned imagery, trance inductions and utilizations which pay attention to the interactional contexts in which the clients want to activate the solution patterns/ competence patterns. These models also help in systematically planning appropriate pacing strategies and utilization of the interaction between client and therapist and especially in planning transfer interventions (generalizations) for long lasting success in using all possible contextual factors in the relationship system of the clients. This process can be made also with much transparency- including the client as active co-author of the process. So clients can experience that they are the competent and independent creators of their experience.

Hypnosystemic concepts are also based on the actual research results of priming and neurobiology research and so help to understand how in every day communication people influence each other by many priming processes. Clients can thus be supported in therapy to successfully develop optimal communication patterns and can react better to any influence from the outside in utilizing it to trigger unconsciously helpful solution patterns and so reacting more independently.

Who was (is?) your personal mentor(s)? What did you learn from these professionals?

My most important personal mentor has been Helm Stierlin and Milton H. Erickson. I also have learned a lot personally from M. Selvini, L. Boscolo, G. Cecchin, P. Watzlawick, J. Weakland, J. Haley, H. Maturana, F. Varela, G. Bateson and H. von Foerster. With Steve de Shazer I cooperated for more than 22 years intensively in many therapies and seminars we held together, and G. Bateson, E.von Glasersfeld, N. Luhmann, H. Goolishian, L. Hofmann, I. Boszormenyi-Nagy and S. Minuchin also taught me a lot. From the students of Milton Erickson I guess it would take too much space to describe what all I have learned from them. It was great fun for me to learn from Jeffrey Zeig, Ernest Rossi, Stephen Lankton and especially from Steve Gilligan (with whom I do seminars together for many years).

But especially from Milton Erickson and Helm Stierlin I learned not only an incredible wide range of helpful intervention techniques but even much more an attitude of consequent and congruent respect and appreciation for the wonderful and competent uniqueness of every human being and a way of deeply dignifying this richness of people; also to see the competencies in symptomatic processes of peo-

ple and how to utilize them for a healthy integration and for solutions which fit into the relevant contexts of people.

What was and what is your main area of practice with hypnosis?

Psychosomatic problems, pain therapy, problems of anxiety, depression, burnout, obsessions/compulsions, addictions, allergies, skin problems, trauma, also psychosis (I have developed special hypnotherapeutic concepts for those clients), couple therapy, family therapy, but also professional coaching, team- and organizational development.

During your career what kind of changes did you observe in the application of hypnosis (in general and/or in your own practice)?

In my own practice, as well as in the professional field, more and more hypnotic work has developed from a more authoritarian to a more “democratic” way of cooperating. Also in the Ericksonian approach which was always much more permissive than traditional hypnosis still the understanding was that the therapist has to be the one in charge who works and guides the client indirectly. Especially with hypnosystemic concepts clients become equally guiding experts which in a very transparent way are included in developing fitting interventions.

What do you think, why hypnosis/hypnotherapy/the hypnosystemic approach does not always get the wished for results in the client's daily life despite a creative session/work done by the client?

Typical main reasons can be:

- The context of therapy is experienced as being forced e.g. by other people, institutions etc. and so is experienced by clients as discounting;
- The goals for therapy are not fitting for the unconscious position of the clients;
- The therapists are too one-sided and partial for change and are not appreciating enough the unconscious value (e.g. loyalty issues) of the symptoms and don't utilize them enough;
- The therapists behave too much as the experts and dignify not enough the expertise and knowledge of the clients for their autonomous development;
- The therapists are too quick with their interventions and bring clients under pressure;
- The relationship system of the client experiences changes in the client as too dangerous for the system and reacts with resistance and for the client this becomes difficult double binds;

- The context of therapy and/or the goals don't make dignifying sense enough to the clients.

What do you personally see is your most important contribution to the field (perhaps this is not exactly the same as what is „officially“ associated with your name)?

If there is such an important contribution at all by me:

Showing that it is not only possible but very effective to make all processes in hypnotherapy transparent to the client, to build up open feedback loops with which the client guides the process (and not the therapist); the importance of interactional contexts for individual experiences and how to utilize it; to build up group processes and an organization (e.g. the sysTelios-clinic) in which all organizational processes (including reduced hierarchy etc.) are created to function as quasi-hypnotic support processes of focusing of attention to activate the competencies of the team members as well as of the clients (the clinic as “hypnotic space of reactivating unconscious resources of all participants”) and to prove that this works very successfully.

What is your favorite professional book?

Collected papers of M.H. Erickson; The Master and his Emissary (Ian Mc Gilchrist); Der Ego-Tunnel (Th. Metzinger); Neuropsychotherapie (Kl. Grawe)

What is your one word expression for summarizing the essence of “hypnosis/hypnotherapy”?

Key to the wonderful realm of intuitive unconscious wisdom.

Any recommendations, hints, or advice to the young colleagues?

Get any chance to make many, many self-experiences in getting into contact with your intuitive wisdom by means of trance with all senses- and by that become humble with your conscious mind not to manipulate these processes. This helps very much to be also humble with and admiring the autonomous wise processes of clients and accompanying them in their autonomous development instead of “leading” them in the way as if the therapist would be the expert knowing what is good for the client.

Finally, you have realized your ideas in a private hospital because it was too complicated to get the public health system in Germany to support your successful work. Can you give some key-points about what the unique approach is?

People have a very rich repertoire of unconscious competencies in their autobiographic memory-networks. But to activate them it needs a fostering context. The way a clinic is organized is a very important and influential context (both for the therapy team and for the clients) either to hinder or to foster the activation of competencies. Therefore the whole clinic has to be organized in a way that encourages processes of self-organization, of focusing on patterns of successful cooperation and of reframing and utilizing every contribution- also the symptom processes. The teams have to be supported in making many decisions on their own, the hierarchy has to be flattened intensively and decisions of the management have to be as transparent as possible. The clients have to be included in continuous feedback processes and also have to be informed transparently about every step of the cooperation with them. The whole sysTelios-clinic is organized in this way.

You are not only an M.D, you are a full trained economist, too. Was this the inspiration for you to integrate the hypnosystemic theory in coaching processes as well? Can you tell us briefly about this aspect of your work?

My economic knowledge and also my experiences as chief executive manager are very helpful in understanding the mostly very complex and often contradictory role situations of business managers, teams and organizations. Therefore I can make understandable to these clients how, for example, they have developed burnout-processes as a result of unconscious inner struggles between contradictory goals and value systems and with hypnosystemic strategies they can resolve their complicated double binds in their work and private life and develop successful processes of goal achievement. And with teams I can systematically find out effective processes of cooperation and transform conflict processes in a useful way.

Thank You very much for your time.

Building Bridges of Understanding

In this section of the NL we introduce you to a summary of recent research with short and easy explanations of some research concepts. Scientific reports are more and more complex and complicated, only a small portion of hypnosis experts enjoy them. For the majority of professionals it can even be frightening or boring. The aim of these letters is to bring researchers and clinicians closer together, to highlight the clinical relevance of research findings of hypnosis in a very simple user-friendly way. Clinicians are also encouraged to propose questions to be studied, clinically relevant phenomena to analyze, and hypnotic processes to be understood. Let's build the bridges of understanding together...

DEPT. OF GENERAL PSYCHOLOGY; DEPT. OF PERSONALITY AND CLINICAL PSYCHOLOGY
ZOLTÁN KONDÉ, GERGELY SZABÓ
UNIVERSITY OF DEBRECEN



Zoltán Kondé

Hypnosis and executive control

In layman's view, hypnosis/hypnotic trance is regarded as a special kind of mysterious mental/psychological/behavioural state. From a non-professional perspective, the key characteristics of hypnosis/hypnotic phenomena

is that the hypnotized person appears to be unconscious with partial loss of voluntary control over his or her own behaviour. The aim of the present article is to shed some light on the scientific characterisation of hypnosis that attempts to interpret hypnosis as an altered state of consciousness due to modification in executive/cognitive control.



Gergely Szabó

Hypnosis, sleep and altered states of consciousness

Among laypersons, the temporal unconsciousness in hypnosis seems to be remarkably similar to the state of sleeping. In hypnosis and when sleeping the waking consciousness (controllability, receptivity, responsiveness) dramatically changes. The term *hypnosis* also reflects a perceived analogy between hypnosis and sleep. James Braid, was the first to use the term *hypnosis* in this modern sense to denominate the phenomenon of artificially induced sleep; i.e. nervous sleeping. The term conjures up a character of Greek mythology. Hypnos and his 'family' were the symbolic personifications of sleep and dream-like phenomena. Hypnos, as a deity of *sleep*, and his wife Pasithea (the personification of *meditation*, *hallucinations*, *relaxation*) were the parents of Oneiroi, the deities or spirits of *dreams*: Morpheus (*meaningful dreams*), Phantasos (*illusion and fake dreams*), and Phobetor (*nightmares*). They were all descendants of Nyx and Erebus, the deities of *night* and *darkness*, and they were also related to the god of non-violent, gentle *death* (Thanatos, as twin brother of Hypnos). Similar to the term *hypnosis*, several concepts of the modern medical or psychological terminology like morphine, phobia or phantasy preserve the names of these mythical characters. However, from the perspective of modern scientific reasoning it seems to be mere rhetorical, meaningless eponymy without any scientific relevance.

Nevertheless, hypnosis, trance, meditation and relaxation etc., are also treated as related phenomena which can be subsumed under the umbrella term of *altered state of consciousness (ASC)*. The common denominator of ASC phenomena is the alteration from the normal, waking consciousness. Although it is not always easy to sort out the characteristics of normal, „baseline level“ consciousness, heuristically it can be conceived as a kind of correspondence between the mental representation and the external stimulation. The lack of correspondence, i.e. altered state of consciousness, is usually defined as a modification in cognitive functioning (perception, attention, emotions) that leads to an alteration in the subjective conscious experience (and its neurocognitive background) and in the representational relationship between the consciousness and the outer world (e.g. Ravensuo et al., 2009).

Hypnotic alteration of consciousness can be achieved – at least in the case of subjects sensitive or susceptible to hypnosis – through a specific hypnotic induction procedure. It is a formal, but non-standardized process involving the aim of controlling attention. For some researchers the investiga-

tion of attentional/executive functioning is of crucial importance to interpret the individual differences in hypnotic responsiveness (susceptibility). It is also widely believed that the hypnotic trance can be best understood and conceptualised as being strongly related to modification of executive control.

Attentional/executive control

The research on executive control goes back to the seminal distinction between *automatic* and *controlled* processing, discussed mainly in attention and short-term memory literature (Shiffrin & Schneider, 1977). Higher order cognition has been proposed to be involved in the functioning of a limited capacity system (working memory). Automatic processing (e.g. reflexive behaviour or behaviour based on over-learned skills) assures quick and effective reactions in familiar circumstances and it provides a good “cost-benefit” ratio, since

- it is quick and efficient,
- it suffers no capacity limitation,
- it is minimally resource demanding,
- it does not require attention,
- it is hard to prevent and modify once it has been triggered,
- it is unavailable to consciousness.

However, behaviour based largely on automatic processing may be ineffective, in some cases, for example

- in complex, novel, risky, or dangerous situations,
- when planning and decision making is required,
- when error correction is required.

In such cases controlled processing mode is required. Controlled processing is supposed to be

- slow,
- sequential,
- something that requires attention and deliberate effort,
- something that is resource demanding.

In an influential framework proposed by Norman & Shallice (1986), the *supervisory attentional system (SAS)* is hypothesized to be involved in the control of information processing when behaviour based on predefined reaction patterns or action schemas is expected to be insufficient for adaptive purposes. The SAS monitors the task requirements and the performance and optimizes behaviour by selecting and modifying action schemas. The mechanisms of SAS, the so called *executive functions (EF)* are thought to be implemented in different sub regions of prefrontal cortex (so called executive-attentional network, including dorsolateral prefrontal cortex

and anterior cingulate cortex). Some distinct aspects of executive functioning can be distinguished including *focusing* on relevant information, and *filtering out* irrelevant information, *inhibiting* unwanted response tendencies, *updating* the contents of working memory, and deliberate *switching* between the concurrent ways of processing (e.g. Miyake et al., 2000; Baddeley, 1996).

Although complex behaviour is the result of a mixture of executive and non-executive functioning, such that EFs are difficult to measure separately, still a variety of experimental paradigms, i.e. *executive tasks*, have been developed. In paradigms related to focusing and filtering function, subjects are required to perform a task quickly and accurately on task relevant stimulus while disregarding or eliminating distracting information. In paradigms that requires inhibition, a prepotent incorrect response needs to be inhibited. For example, in the well-known, widely used *Stroop task* (MacLeod, 1991) the coloured characters of colour words (e.g. the word red coloured in green) must be named or indicated by keypress while ignoring the meaning of the word. In the congruent and neutral condition, low interference is expected when focusing on task relevant attributes (colour of the ink) simply because the name of the colour word corresponds to the colour of the ink or the stimulus comprises meaningless characters. In the incongruent condition, task relevant and irrelevant information does not correspond and a response conflict emerges from automatically processed semantic information that can generate an incorrect response.

Response interference or conflict needs to be resolved by executive function (i.e. inhibition).

The reaction to incongruent stimuli are typically slow and error prone in comparison with the reactions to compatible stimuli (*Stroop effect*) indicating the cost of controlled processing. Investigating the Stroop effect in hypnotic and non-hypnotic context as a function of hypnotic susceptibility may explain the relationship between the hypnotic phenomena and executive control.

Hypnotic susceptibility and executive control

It is generally believed that the trait-like individual differences in hypnotic susceptibility can be predicted from the characteristics of executive attention system. The highly susceptible subjects should outperform subjects with low susceptibility in executive tasks even in baseline, non-hypnotic condition. In line with this, at the neural level Hoeft et al. (2012) recently found altered resting state functional connectivity in susceptible subjects in brain regions

associated with executive attention. However, behavioural level observations in the variety of executive tasks seem to be rather divergent. The expected group-difference in waking Stroop performance has been shown to be absent in reaction time (Egner et al., 2005; Kallio et al., 2001; Aikins & Ray, 2001); this difference was only evident in the accuracy data (Rubbichi et al., 2005). No systematic group differences have been found in variants of conflict paradigms that require inhibition of irrelevant / information/response tendencies (flanker task - Castellni et al., 2007; Iani et al. 2006; Simon task - Iani et al. 2009; Varga et al. 2011; local/global task - Varga et al. 2011) or in other paradigms that target inhibitory control (negative priming, latent inhibition task - Dienes et al, 2009).

Executive control under hypnosis

For some theorists, hypnotic states can be characterized involving a high degree of focused attention (Tellegen & Atkinson, 1974). In contrast, others have conceived hypnotic phenomena to be a result of impairment in the attentional-executive control system (Hilgard, 1991; Gruzelier, 1998). In line with this latter position, in the hypnotic condition an impaired executive performance has been demonstrated at the behavioural level.

Following a generic hypnotic induction, processing of incongruent Stoop-like stimuli, as compared to the congruent or neutral ones, has been shown to be accompanied by slower reaction times (Sheehan et al. 1988; Kallio et al. 2001) and increased error rates (Kaiser et al. 1997; Jamieson and Sheehan 2004; Nordby et al. 1999) especially in highly susceptible subjects. At the neural level, hypnotic induction has been shown to alter the functional interaction between the sub-components of cognitive control (i.e. conflict monitoring and executive control functions) and the corresponding brain areas of attentional-executive network (dorsal anterior cingulate cortex (ACC and dlPFC).

However, an increase in task performance has also been demonstrated in susceptible subjects as a source of task specific hypnotic instruction (Sheehan et al. 1988) or that of the posthypnotic suggestions (Raz et al. 2002, 2003, 2005). Suggesting strategies in order to prevent the automatic processing of task-irrelevant information in Stroop task (e.g. by focussing on a small part of the coloured words), the Stroop effect was found to be decreased for highly susceptible subjects but not for low susceptible ones.

This rather complex pattern of observations led Egner & Raz (2007, pp. 44.) to the proposition that "hypnosis constitutes a state of dissociated atten-

tional control that impairs the *internal* generation and implementation of strategic performance adjustments, but at the same time makes the hypnotized individual highly amenable to carrying out *externally* suggested task strategies.”

The role of cognitive control in theories of hypnosis

The explanations of the role of cognitive/attentional/executive control in hypnotic phenomena is strongly related to opposing theoretical views of hypnosis. Within the scientific examination of hypnosis in the twentieth century, two key domains of hypnosis theories have been proposed -- the ‘state’ versus the ‘non-state’ frameworks. The state theories propose that hypnotic inductions produce a state of consciousness which has been labeled a trance-like state with altered brain functions and attentional mechanisms.

According to non-state theories, social-psychological processes are the determining factors that produce hypnotic phenomena. These factors include attitudes, expectancies and motivation. Non-state theories view the subject of the hypnosis as an active participant in the hypnosis induction and propose that the changes seen in hypnosis are *not* due to an altered state of consciousness. More recent theories endeavour to integrate the different approaches, establishing the ‘third way’ in which the basic mechanisms of cognition, consciousness and social interactions also play a crucial role in the explanation of hypnotic phenomena (Kihlstrom, 2008). In this section we will delineate the key theories of hypnosis in the context of cognitive processes and executive control.

The most classic state theory is Hilgard’s *Neodissociation theory* (Hilgard, 1973, 1991) which emerged from the concept of the executive control system (Norman & Shallice, 1986) and proposes that the hypnoic induction produces dissociation(s) within the systems involved in cognitive control. In Hilgard’s theory, the hypnotist and the hypnotic induction take away the control of cognitive processes from the subject and change the hierarchy of executive control functions which could affect motor control, reality perception, memory and attention. This dissociation results in the subjective experience that the subject is aware of the results of the suggestions, but is not aware of the process by which they came about.

Gruzelier’s *neurophysiological theory* (Crawford & Gruzelier, 1992; Gruzelier, 1998) evolved from the neurophysiological evidences of altered brain functions in hypnosis; thus, the model can be viewed as

a type of state theory. Gruzelier proposes that hypnosis can be divided into three stages with different neurophysiological characteristics. The first stage is associated with the subject’s focused attention to the words of the hypnotist. In the second stage the hypnotist takes the control of cognitive processes of the subject and the third stage is characterized by the increase of the subject’s passive imagery. From this viewpoint, because hypnosis induction depends on the direction of attention, highly hypnotizable subjects would have more effective executive functions compared to low hypnotizable. According to *sociocognitive theorists* (e.g. Wagstaff, 2004) neurophysiological factors are not necessary to understand hypnosis. The *socio-cognitive theory* (Spanos, 1986; Spanos & Chaves, 1989) and the *response set theory* (Kirsch, 1985, 1997; Kirsch & Lynn, 1999) propose that neither a hypnotic nor an altered state of consciousness are necessary for the subjects to respond to suggestions. Instead, hypnotic behavior can be best explained by basic social-psychological processes. Although these theorists also acknowledge that changes in attentional focus can occur, they argue the subject’s experience of involuntary behavior is only the consequence of misattribution and compliance-induced reporting biases (Spanos & Coe, 1992) and social-psychological concepts such as attitudes, beliefs, imaginings, attributions and expectancies, rather than a consequence of those changes in attentional focus.

The *integrative theories* for instance the *cold control theory* (Dienes & Perner, 2007) and the *integrative cognitive theory* (Brown & Oakley, 2004) integrate both the key ideas of cognitive and social psychology. According to the cold control theory a successful response to the hypnotic suggestion include the intention of forming an action without higher order thoughts (and cognitive processes) or being self-reflective about the hypnotic setting. As stated by the integrative cognitive theory in hypnosis the higher level attentional processes are inhibited and the subjective experiences of involuntariness emerge from the attribution about the causes of the behavior.

The *dissociated control theory* (Bowers, 1992; Woody & Bowers, 1994) is mostly based on the neodissociation theory, but concedes the important role of contextual cues, hypnotist behavior and demand characteristics. This model also uses the concept of Norman & Shallice (1986) about cognitive control and proposes that due to the hypnotic induction, the supervisory attentional system is dissociated from the subordinate control systems and the subjects depend more on lower level executive control functions. In this framework highly hypno-

tizable persons have better attentional processes, but because of the dissociation of higher and lower level executive control functions, the hypnosis can be described by weakened attentional processes (Jamieson & Woody, 2007).

Conclusion

From a modern scientific perspective, hypnotic phenomena can be considered from a “disenchanted”, rationalized viewpoint without referring to supernatural forces. It is a modified, altered mental state which is the result of modifications in cognitive and neuro-cognitive processes during a specific induction (i.e. social-interpersonal) procedure. In this review, we discuss hypnosis as being mediated by cognitive/executive control processes. Empirical tests of this view are needed to determine if individual differences in executive efficiency or attentional capacity as mediate the effects of hypnosis.

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Findings of Note

Prominent Papers in Clinical and Research Hypnosis

A review by András Költő



The “Prominent Findings” section serves as a review of current hypnosis literature published not in the hypnosis journals but in the wider scientific—medical and psychological—area. It continues the tradition of the “Salient Findings” appearing in the International Journal of Clinical

and Experimental Hypnosis between 2000 and 2007.

It is a pleasure to report to you that I find a constantly increasing number of extramural publications on hypnosis, in many high quality journals of clinical areas and experimental sciences. In the last “Prominent Findings”, articles on hypnotizability published outside of hypnosis-focused journals were reviewed. For the current issue I selected studies addressing the positive effects of hypnotic interventions for those who belong to the elderly generations, who suffer from ALS, or who seek the help of the dentist. The latter topic, hypnodontics, indeed has a large corpus of scientific evidence. Besides a controlled trial for hypnotic reduction of dental anxiety, a specific paper addressing the issue of tension in the masseter muscle will be presented. I hope these will bring some new insights to seasoned hypnosis experts, and certainly you are encouraged to share them with novices or those colleagues who you think may benefit from getting familiar with hypnosis.

Cordi, M. J., Hirsiger, S., Mérillat, S., & Rasch, B. (2015). Improving sleep and cognition by hypnotic suggestion in the elderly. *Neuropsychologia*, 69, 176–182. DOI: 10.1016/j.neuropsychologia.2015.02.001

Elderly people tend to sleep less than younger individuals, and the quality of their sleep, in many cas-

es, also shows a worsening tendency as they age (Crowley, 2011). The slow-wave component of sleep is especially essential in restoring and optimizing our waking cognitive performance. Slow-wave sleep (SWS) seems to continuously decrease as we grow older, and its reduction is associated with aging-related problems such as the mild forms of cognitive dementia, thinning of the brain cortex, and cortical atrophy. Many elderly people take sleep-inducing medicines, but these seem to cause even more harm. Such medicines, although they may help them to have longer sleeping periods can cause addiction, lose their effectiveness if applied for a long time, and most importantly hinder the occurrence of SWS phases. Therefore, efficient and “user-friendly” methods are needed to improve the sleep quality—and retain SWS—of the elderly. Hypnosis seems to be an excellent method for this purpose, although it has to be noted that hypnotic susceptibility tends to be lower in the elderly than in young or middle-aged population (Page & Green, 2007). Nevertheless, we have many pieces of evidence that hypnosis can make a great improvement in sleep quality (e.g., Elkins et al., 2013). The authors, in an earlier study, demonstrated that a specific hypnotic suggestion before sleep essentially extended the proportion of SWS phases and slow-wave activity in hypnotizable young women (Cordi et al., 2014).

This experiment also justified that this effect could be attributed to specific suggestions and not to the demand characteristics or non-specific hypnotic effects such as relaxation. Therefore it seemed logical to check whether such an intervention would improve the sleep quality and the cognitive performance of elderly people. The authors recruited 39 healthy females (between 60 and 82). The head-count of the participants was determined by *a priori* calculation of statistical power. As measured by the Harvard Group Scale of Hypnotic Susceptibility (Shor & Orne, 1962), half of the participants were high hypnotizable, while the other half fell into the range of low susceptibility. Half of them listened to tape-recorded hypnotic suggestions for deep and restful sleep. The other participants received a neutral text, neither with activating or calming words, containing everyday information. ([The recordings can be found here.](#)) The participants were then allowed to fall asleep, and following 90 minutes, they were awakened. Their memory, learning and psychomotor vigilance was monitored before and after the nap. Their psychophysiological activity under sleep was studied with a polysomnograph. The design included an “adaptation” nap and two experimental naps 7 days apart. In high hypnotizable women, the hypnotic suggestions significantly increased the length of SWS; in low hypnotizables, no significant change was detected. High hypnotizable

women in the hypnotic condition also showed increased left prefrontal slow-wave electrophysiological activity compared to low hypnotizables or those who listened to the control text. They also showed better performance in the semantic verbal fluency test. Both SWS and slow-wave activity had a significant correlation with subjective sleep quality (the latter correlation was also significant in the control group), showing that “restful” sleep is associated with the feeling of being adequately rested. Given that this experimental design was identical to the authors’ earlier study, involving young women, the researchers could compare these two groups. Age, as a grouping factor, made no difference in the pattern of the results. Therefore the decrease of hypnotizability with age seems not to influence the “high susceptibility → suggestions for deeper sleep → better sleep quality” link.

The results of Dr. Cordi and her colleagues provide strong support that relatively simple and time-effective hypnotic intervention may help women, independent of their age, to have deeper and better sleep. This may be essential for the elderly, who generally have shorter and less restful sleep than the younger generations. The findings of their study can easily be extrapolated to help all patients or clients who have sleeping problems. Their results also support that such a hypnotic intervention, even without mentioning the issue of dementia, may enhance and restore cognitive performance of elderly women, or at least may help to slow down the development of dementia. Given that female and male sleep patterns are different (Carrier et al., 2001), it would be important to do a similar study in order to investigate the effect of hypnotic suggestion on the sleep of men. These results are in parallel with the general observation that hypnotizability may play a role in the hypnotherapy of problems which are not under volitional control (Williamson, 2012). Although Cordi and her colleagues made attempts to rule out the general relaxation effect of hypnosis, we have to note that in clinical settings, it is indeed possible to give relaxing suggestions to the low hypnotizable, and to teach them how to apply such suggestions in self-hypnosis.

Kleinbub, J. R., Palmieri, A., Broggio, A., Pagnini, F., Enrico, B., Sambin, M., & Sorarù, G. (2015). Hypnosis-based psychodynamic treatment in ALS: a longitudinal study on patients and their caregivers. *Frontiers in Psychology*, 6, 822. DOI: 10.3389/fpsyg.2015.00822

Amyotrophic Lateral Sclerosis (ALS) is one of the cruelest illnesses. Due to a gradual decrease of motor neurons, the patient slowly loses her or his ability of volitional motion. For now, no cure is known;

the best physicians can do is to slow down the progression of muscle degeneration and paralysis. Therefore ALS is somatically and emotionally charged for the patients as well as for their caregivers. The feelings of pain and the gradual increase of a “locked in” state—i.e., losing the ability to move, to speak and then to breathe without assistance—can result in anxiety and depression in the person suffering from ALS. The hopelessness and helplessness of the caregivers may also be devastating. The best way psychotherapy can help ALS patients and caregivers is to attempt to maintain the highest possible quality of life, reduce the stress, anxiety and depression of both patients and caregivers, and empower them to cope with the (for now) inevitable progression of the illness. Up until now, the psychotherapeutic approaches to ALS were largely missing in literature (Pagnini et al, 2012).

The study Kleinbub and his colleagues published does not just fill this void, but it represents a real novelty in the controlled efficacy studies of hypnotherapeutic interventions in at least four ways. (1) It did not just address the patients, but also the quality of life of their primary caregivers (in 12 cases, their spouses, and in 3 cases, their daughters). (2) It uses a psychodynamic and phenomenological approach, combining a 4-session heterohypnotic treatment to mobilize the patients’ and caregivers’ psychological resources, and daily practiced self-hypnosis. (3) To my knowledge, this article is standing alone in clinical literature, as not just the participants’ hypnotic susceptibility was monitored, but the depth of the trance they experienced, using the Phenomenology of Consciousness Inventory (Pekala, 1991), as well. (4) It attempted to investigate not just the “logical” outcomes of such an intervention — including depression, anxiety, quality of life and functional impairment — but the psychological defenses used by the subjects as well. The authors monitored their patients, the primary caregivers of the patients, and a control group of ALS patients for these variables at the baseline, and 3 and 6 months following the treatment. The intervention included a detailed clinical interview with all patients and caregivers, and then a 4-session individually tailored Ericksonian hypnosis sessions, with fixed topics. It is worthwhile to mention that the third session, entitled “Life chain”, included suggestions related to memories of the family, which may also have helped the patients to make a life review, a very important element of end-of-life psychotherapy (Chochinov et al., 2004).

The authors found a significant and constant decrease in the anxiety and the maladaptive defenses (including acting out, rejection of help, projection, projective identification, withdrawal, etc.) of both pa-

tients and caregivers. Levels of depression also showed a significant decrease (under the clinical cutoff value) at Month 3, but it returned to pre-treatment level at Month 6, indicating that a regular follow-up and psychological support should be provided with ALS patients and caregivers. The results, however, clearly demonstrate that even a 4-session psychodynamically oriented hypnotherapeutic intervention, combined with teaching self-hypnosis, may improve the quality of life of both ALS patients and their caregivers.

Glaesmer, H., Geupel, H., & Haak, R. (2015). A controlled trial on the effect of hypnosis on dental anxiety in tooth removal patients. *Patient Education and Counseling*, in press. DOI: 10.1016/j.pec.2015.05.007

If we ask seven people at random, at least one of them will report being anxious about any dental treatments (Armfield & Heaton, 2013). The extreme form of this anxiety, dental phobia, is the main reason that prevents people from visiting the dentist. One of the scariest things for many patients is the removal of a tooth. Although we know from case studies that hypnosis can be very beneficial in such cases (Gow, 2006), what is missing is an appropriate controlled clinical trial justifying that hypnotic intervention is an effective non-invasive way to reduce tooth extraction anxiety (Potter, Coulthard, Brown, & Walsh, 2013). Glaesmer and her colleagues attempted to fill in this void with a controlled study, comparing the anxiety of patients getting or not getting hypnotic intervention before, during and after tooth extraction. Fifty-one patients visiting a private dental practice belonged to both groups. Patients in “treatment as usual” *versus* “treatment as usual plus hypnosis” did not differ in their age, gender, health insurance status, number of annual visits to the dentist, approximal plaque index (as a measure of oral hygiene) and pulse. All of them were treated in a standard way (removal with tooth forceps and luxator) and received local anaesthesia before the tooth removal. The anxiety of the patients was measured before, during and after removal with a visual analogue scale.

The authors also probed into their expectations and attitudes towards hypnosis. The treatment group received standard relaxation hypnosis with suggestions for a pleasant place, analgesia and optimal blood supply to the treatment area. Before and after the removal, the level of anxiety did not differ in the two groups, but the hypnotized group experienced significantly less anxiety during the procedure. In total, more than 75% of the hypnotized patients reported that hypnosis was rather pleasant or pleasant. Only one of them had negative experiences un-

der hypnosis. Forty three percents of them reported that hypnosis intensely reduced their anxiety; another 40% considered hypnosis to slightly reduce anxiety. Eighteen percent of them did not associate any reduction in anxiety to hypnosis; none of the patients experienced aggravated anxiety. The study of Glaesmer and her colleagues is a simple but demonstrative example of how dental hypnosis may help reduce the patients’ anxiety. I would definitely suggest that you show this article to colleagues skeptical of/interested in hypnodontics and encourage them to get training.

Al-Enaizan, N., Davey, K. J., Lyons, M. F., & Cad-den, S. W. (2015). Effect of hypnosis on masseter EMG recorded during the ‘resting’ and a slightly open jaw posture. *Journal of Oral Rehabilitation*, in press. DOI: 10.1111/joor.12316

How easy it is to administer any dental intervention is influenced by the relaxation of the patient, partly due to the simple fact of how wide s/he can open her or his mouth. I hope not many of you have met such a grumpy dentist as I had to visit in my childhood! She required me to open my mouth as wide as I could put four of my fingers into it, and wanted me to keep it that wide all the time... Although it still seems too much, I acknowledge that it does really make the dentists’ work easier. Given that hypnosis is so relaxing, it seems logical to check whether it can also change muscle tension in the masseter muscle, located in the temporomandibular region. Al-Enaizan and her colleagues applied an electromyographic (EMG) investigation to check whether hypnosis also “relaxes” the masseter muscle. Surface EMG of 17 participants were assessed in three positions and three conditions: (a) with the mandible in “resting” position, (b) with the mandible voluntarily lowered, but lips kept closed, (c) during maximum voluntary clenching, before, under, and after being in hypnosis. Compared to the strength of the signal assessed in maximum voluntary clenching, EMG was less intense when the subjects kept their mandibles lowered, and when they were in hypnosis, but the difference was significant just for the before vs. under and under vs. after hypnosis conditions. This result clearly indicates that hypnotic relaxation may also help the patients to open their mouths wider, which makes the work of the dentist (a less grumpy one) easier.

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Book Review

By Dabney M. Ewin, M.D.

NÉRON, S., AND HANDEL, D. (2014). *HYPNOTIC APPROACHES IN CANCER AND PALLIATIVE CARE*. PRESSES DE L'UNIVERSITÉ DU QUÉBEC, 388 PP., \$89.99 (IOS E-BOOK), ISBN: 978-2-7605-3561-9.

“The term palliative is derived from the Latin word *pallium*: to cloak or cover. Palliative care’s core value is to maintain or restore the maximum quality of life to patients with life-threatening illness and their supportive care units.”

I have been exposed to the expertise of Drs. Neron and Handel by attending their workshops. This ebook is a remarkable combination not only of notes from the course, but with additional videos of actual therapeutic sessions illustrating the key issues in palliative care. These include “Clinical Hypnosis for Palliation of Symptoms and Its Role in the Spectrum of Patient Care” (Chapter 2), “Pain Relief and Palliation of Symptoms” (Chapter 3), “Symptom Relief, Emotional Containment, and Spiritual Enrichment” (Chapter 4), and “Self-Hypnosis: Dealing with Treatments, Medical Teams, and Procedures” (Chapter 5).

The series of videos of illustrative treatment sessions with patients who have consented to be shown cannot readily be duplicated in an on-site workshop, so this is a learning opportunity that is unique.

This ebook can truly serve as an entire advanced course on this particular use of hypnosis. It is very user-friendly, so the reader can easily choose between watching the entire eight hour in-depth hypnotic sessions, or a short video summary focused on key points, or verbatim written transcripts of the interaction.

The Table of Contents is comprehensive. There is an extensive Glossary that is linked to uses of the word in the text, and the Search function is helpful and easy to use. Many key words, themes, ideas, and constructs are hyperlinked.

With *Hypnotic Approaches in Cancer and Palliative Care*, Néron and Handel have opened a whole new world of learning using modern technology. After years of both attending and teaching in workshops, I feel that this type of teaching must be the wave of the future for those of us who teach hypnosis. My



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students frequently request the opportunity to be present during a treatment session, but most of my private patients choose privacy. We have always been able to show video clips of one or two specific techniques at a workshop, but with this ebook we take home a veritable encyclopedia on the titled theme that we can peruse in snippets or in depth, and easily review via the verbatim transcripts. I doubt this will replace workshops and the camaraderie they foster. But after the stimulation of a good workshop, what a blessing to take home

and keep an encyclopedic record and expansion of what was taught.

Cancer patients are surviving longer with advanced medical care, and the need for mental and spiritual (palliative) care is increasing.

I recommend this e-book without reservation to anyone in the field of hypnosis who wants to learn how to give quality care to this population of suffering humanity.

One Word

In the interview with Peter Bloom (see 2015 Spring issue of NL) he listed how some distinguished figures of hypnosis formulated the essence of hypnosis in **one word**.

Please add your version by contacting us at ishofficeusa@gmail.com

| | |
|-------------|-------------|
| Erickson, M | Observation |
| Hilgard, E | Curiosity |
| Watkins, J | Resonance |
| Bloom, P | Persistence |

Yours?

.....

Interactive Corner

News from the European Hypnosis Community

We hypnosis professionals are in the very favourable situation that there is a close alliance between the International and the European hypnosis societies. To make our collaboration even stronger, we have decided to make an “interactive corner” between the ISH and ESH Newsletters.

We will regularly have one article from each News Letter (NL) published in the other society’s bulletin. We believe both associations will benefit from such an exchange. It can raise the awareness of our readers to what is happening on the international and European hypnosis scenes.

UP-TO-DATENESS IN HYPNOSIS: METHODOLOGY AND CLINICAL PRACTICE OF NEOERICKSONIAN HYPNOTIC PSYCHOTHERAPY

by Silvia Giacosa, Carlo Jamoletti and Constanza Licari¹

Premise

This article is a summary of a longer research which can be requested to the authors sending an e-mail to the following address:

cjamoletti@yahoo.it



Introduction

Thanks to the work of Milton H. Erickson (Erickson, 1984), the revival of hypnosis occurs in the sphere of psychotherapy: the American psychiatrist must be credited for having understood, discovered and shown that the future “...is not hypnosis, but the psychotherapy which does not leave hypnosis out of consideration, and which enriches and redefines it through the investigation of the relationship and the communication between the therapist and the patient.” (Lanzini, 2001). Consequently, the therapeutic element of hypnosis is not

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hypnosis in itself, but the possibility to associate the experiences of the patient again through hypnosis.

The neoericksonian hypnotic psychotherapy, as it has been developed in the last fifty years by the Italian Medical Association for the study of hypnosis (A.M.I.S.I.), has collected Erickson's knowledge and clinical experience and it has developed it into a theory and independent clinical practice (A.M.I.S.I. Manifesti Teorico-didattici 1995,1998,2001), according to a new teaching and explanatory method driven by different factors: new scientific discoveries on the subject of hypnosis (thanks to neuroscience); the practical need to measure the ways and the types of the hypnotic process, on one hand according to the cultural contest of the European patient, on the other hand to the new modified relationships between the contemporary patient and hypnosis.

In this new neoericksonian frame, there is a clear distinction between a therapy in hypnosis and the hypnotic therapy; the former allows the application of a therapy, medical or psychological, to a person who has been sent into a trance with direct modality; the latter, hypnotic psychotherapy, is a type of psychotherapy which aims at retrieving the resources stored in the unconscious, thanks to indirect hypnosis and to a modification of the conscious state of a communicative type. The objectives of a neoericksonian therapist are the recovery and psychic change of the patient, these are different from the mere removal of the symptom through direct suggestion; in this way it is possible to return memories and capacities to the patient, which he or she has and which he or she thinks not to have (Giacosa, 2011).

Aim

The current research aims at evaluating the results of neoericksonian hypnotic psychotherapy, both from the empirical point of view (effectiveness studies, comparisons with other therapeutic methods) and from the practical side (ways of intervention); this clinical evidence, in addition to the solid theoretical ground underlined in the introduction, undoubtedly makes the neoericksonian hypnotic therapy an independent form of psychotherapy (Bongartz, 2008).

Materials and methods

We have analysed 274 master degree theses, which were discussed at the European School of Psychotherapy of Milan from 1998 (the year when the school was officially recognised by the Italian Ministry of University) to the second half of 2013. The papers were handed in at the end of the fourth com-

pulsory scholar year, according to the Italian legislation, in order to confer the title of "Specialist in Psychotherapy" to psychologists or doctors. Each postgraduate submitted his or her work to the supervision of a psychotherapist trained at the school; the data were collected after an informed consent granted by the patients and according to the criteria of Good Clinical Practice (GCP), international standard of ethics and quality required for the planning, the management, the recording and the methods of relation of clinical studies which are related to human subjects. The current research is of a retrospective and observational type.

We then selected 197 studies in which hypnotic psychotherapy had been used to treat psychopathological conditions defined by the DSM-V criteria (the remaining researches had considered theoretical and experimental aspects of hypnosis and therefore are not analysed in our study). We have carried out a quantitative and qualitative analysis of the large number of data, related to hypnotic psychotherapy practice and the most specifically methodological aspects (for the details please refer to the full article).

Results

The data of our sample show that neoericksonian hypnotic psychotherapy has been used, in almost half the cases, in treating Anxiety Disorders and Depressive Disorders with clinical results which agree with the effectiveness data available in literature at present time (Abramowitz et al, 2013); a similar validity has been noticed in the therapy of Feeding and Eating Disorders, Elimination Disorders, Sleep-Wake Disorders, Sexual Dysfunctions and Addictive Disorders (see **Table 1** and **Figure 1**).

Hypnotic psychotherapy proves to be effective in pain treatment (e.g. neoplastic or associated with fibromyalgia), proposing itself as a valid alternative to pharmacological therapies (Jensen et al, 2014).

The majority of our researches also points out that the clinical benefits are at a follow-up of 6 and 12 months; finally, hypnotic psychotherapy shows the same effectiveness when it is compared to other forms of psychotherapeutic treatment or with pharmacological therapies.

The methodological analysis of the researches has highlighted the fact that some procedural aspects have already been improved and have become part of the neoericksonian psychotherapist's good practice. In particular, the idea that it is necessary to follow a mental and procedural path both in the whole therapy and in the individual session has

been strengthened, against the flexibility in the structuring of the objectives as well as in dealing with the therapeutic process: this calls for the definition of the objectives and a following evaluation of the results each time.

The idea (and the practice) of a psychotherapy which has to give account for the characteristics and the effectiveness of its procedures has already been accepted: in the attempt to build clinical studies even better from a methodological point of view, our school has been using objective tools which could test the results of the therapy (psychometric evaluations according to the test/retest and follow-up methods); comparing studies with other groups of patients have increased in the years – treated with different forms of therapy – trying to describe more varied clinical people (not only anecdotal cases) and qualitatively similar (as for their problem, for their diagnosis etc.), but even to produce studies of more scientific relevance.

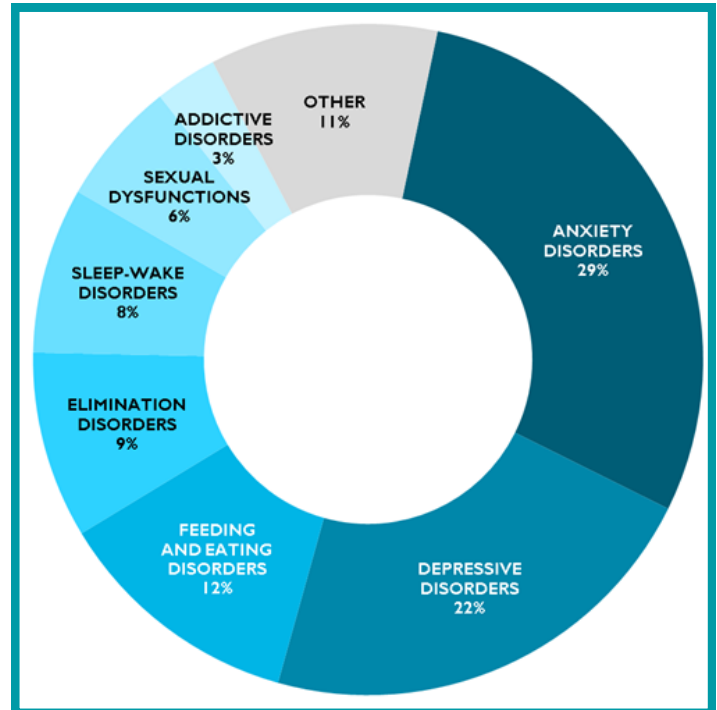
Finally, thanks to the teaching of G. Mosconi (Mosconi 1998, 2001, 2010) we have emphasised the centrality of rapport, a therapeutic relation which forms the basis of each psychotherapy, but which becomes fundamental of the neoericksonian hypnotic process; even the role of the therapist, who was just a neutral and external observer, now has gradually been gaining importance and meaning as a subject taking part in his or her own intervention.

Conclusions

The quantity of data and observation collected with our researches has allowed us to come to some conclusions which can be considered as starting points for further research: despite the validity and the effectiveness of neoericksonian hypnotic psychotherapy in different clinical contexts, our attention can be focussed mainly on what happens in the process (that is, the way the therapeutic process develops itself). In addition, the attention for methodological research, the use of reliable evaluation tools, statistical analysis and a precise data collection could also answer the question of why psychotherapy works.

The effort of conducting controlled and random studies could also enable meta-analyses which allow us to gather and compare data from different sources; all this is possible only if we guarantee the necessary exclusiveness of the therapeutic relation, which is unique and built upon the patient's needs. A further aspect to analyse is the interplay among the different variables; for example, how do the patient's personality structure, the use of specific techniques, the personal style of the therapist and the quality of the relation interact leading the therapies

Table 1 and Figure 1
Distribution of the cases (n and percentage)
where hypnotic psychotherapy was used



| Type of disorder | Cases |
|------------------------------|-------|
| Anxiety disorders | 57 |
| Depressive disorders | 43 |
| Feeding and eating disorders | 23 |
| Elimination disorders | 28 |
| Sleep-wake disorders | 15 |
| Sexual dysfunctions | 13 |
| Addictive disorders | 7 |
| Other | 21 |

to positive or negative outcomes? How is it possible to relate intermediaries to moderators of the change? Questions such as these are an input for future research, which will be able to give hypnotic psychotherapy a new scientific and modern identity.

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Interactive Corner — Iran

Report of the 3rd International Congress on Clinical Hypnosis, IRAN

By Medhi Fahti, ISSCH secretary



The Third International Congress on Clinical Hypnosis was held in Tehran, Islamic Republic of Iran, April 9-11, 2015, organized by the Iranian Scientific Society of Clinical Hypnosis (ISSCH) in conjunction with Mashhad University of Medical Sciences (MUMS), Iranian Association of Psychiatrists, Iranian Association of Psychologists, The International Society of Hypnosis (ISH) and Razi International Association of Medicine and Psychotherapy (Germany).

The event hosted 625 hypnosis researchers and enthusiasts from across a wide range of healthcare givers including general practitioners, anesthesiologists, psychiatrists, psychologists, dentists, nurses, midwives and gynecologists, whose scientific contribution to the event encompassed a total of 169 abstracts, 70 of which were presented as speeches and posters.

The congress was intended to bring together qualified experts who practice and conduct research in hypnosis worldwide, to stimulate and improve discussion, investigation and publications pertaining to the scientific study and clinical application of hypnosis.

The congress was also meant to encourage cooperative relations among scientific disciplines regarding the hypnosis research and applications. It was also to establish and maintain standards for professional training and adequacy in the field.

In doing so, 10 specialty workshops were run along with the congress. Key axes around which the entire congress revolved were namely neuroscience and hypnosis, the philosophy of mind, clinical hypnosis



Board Dinner — Orvieto, 2015

and related applications.

Forensic, ethical and legal perspectives were also delineated through two adjunct panels to the congress.

Key Note speakers from the international scientific communities included:

- Consuelo Casula, Psychologist, President of ESH, Italy
- Giuseppe De Benedittis, Professor of Neurosurgery, University of Milano, Italy
- Camillo Lorio, Psychiatrist, European Society Of Hypnosis, Italy
- Karl Ludwig. Holtz, Professor of Medicine, University of Education Heidelberg, Germany
- Krzysztof Klajns, ESH, Poland
- Veit Messmer, Dentist, Germany Association of Hypnodontics, Germany
- Antonio Onofri, Psychiatrist, Vice President Italian Association EMDR, Italy
- Nicole Ruysschaert, Psychiatrist, ESH
- Bernhard Trenkle, Milton Erickson Institut Rottweil, Germany
- Daniel Bass, Diplom-Psycholog, Milton Erickson Institutes Rottweil, Germany
- Gholamreza Yeganeh, Psychologist, Razi Association of Psychosomatic, Germany
- Clause Huelmann, Psychotherapist, Milton Erickson Clinical Hypnosis Institute, Germany
- Bridgitte Huelmann, Psychologist, Germany

Board members of ISH attending the congress expressed support for the scientific and executive committee of the congress in holding The First Asian Congress on Clinical Hypnosis in May 2019.

From their perspective, will be attracting a considerable number of leading experts from across the world to Mashhad, the second largest city nationwide.

Interactive Corner — Portugal



APHCH, PORTUGUESE ASSOCIATION OF CLINICAL HYPNOSIS AND HYPNOANALYSIS
became a new Constituent Society of ISH.
The BoD accepted their application
in the board meeting in Orvieto, May 2015.

*Alberto Lopes introduces
 our new member in the "ISH family"
 Interview by Katalin Varga*

Please introduce your Association: tell us about your membership.



The Portuguese Association of Clinical Hypnosis and Hypnoanalysis (APHCH) appeared in 2003. It was created by a group of psychotherapists and scholars of hypnosis, filling a gap that existed in Portugal of a lack of institutional references in the area of Clinical Hypnosis and Hypnoanalysis. Being a non-profit association, it seeks to aggregate

around the best professionals and enthusiasts in hypnosis, investigating and training excellent hypnotherapy professionals, as well as all services inherent with emphasis on maximum quality and respect for the individual. The society members of APHCH believe that the health, well-being and the biopsychosocial balance of the human being is a world which we are all responsible for. The hypnotherapist partner finds in it a sharing of knowledge



Attendees at the opening of the Iranian congress

and the guarantee of training based on the scientific method, with a culture based on qualified education, fostering teamwork and sharing the latest research. In addition to being one of the most representative associations of the sector, APHCH gives educational, legal and institutional support. It became a reference in what technical and ethics is concerned about and in the area of psychotherapeutic activity, through a continuous effort to improve the skills of its human resources.

What is the situation of hypnosis in Portugal? Is it accepted? Are there misconceptions around it?

Although the regulation of hypnosis in Portugal is still walking its first steps, there is a recognition and institutional interest to the study and application of the various hypnosis techniques that begins to make its way into hospitals and some universities. In addition to master's and doctoral theses on hypnosis, in Portugal, currently there are two major groups who study, investigate and promote the application of hypnosis techniques in hospitals.

One group of researchers is promoted by this Association, especially in the figure of its President, being that he is one of those responsible for the first comparative study of hypnosis in pain management, sponsored by the University of Oporto, and with the support of a reference hospital.

Although there still persists some myths and misconceptions about the technique, increasingly, the use of hypnosis in pain control, in psychology and Psychiatry, on managing stress and motivation is well accepted in Portugal.

Why did you decided to apply for being a member of ISH?

We recognize the ISH, as one of the global industry references of hypnosis, and that to belong to an institution with this scientific technical scale, not only the APHCH will win recognition, but above all, we could learn and share knowledge and research in the field of hypnosis, as well as participate in major world events on the industry. For example, the International Congress of Hypnosis in Paris 2015 demonstrates the remarkable work of dissemination and the world spanning the ISH can add around it.

Thus, the societal and direction organs of the APHCH understand that there is nothing better than being part of an institution that respects and promotes hypnosis as well as its regulations based on the scientific method and to promote the sharing of knowledge and a greater recognition of the hypnotic

treatment as a set of valid ethical and reliable processes amenable to therapeutic and/or applicability of research worldwide.

Your plans, views of future?

The APHCH's purpose, in particular, is to regulate the practice of hypnosis in Portugal so that its professionals can establish agreements and protocols with partners in the field of medicine, psychology and psychiatry, assuming as complementary to a broader and integrative health in order to generate mutual benefits and gains for people and institutions.

For this we are making efforts in four major areas:

- Present a methodological approach on Clinical Hypnosis and hypnoanalysis based on the scientific method, regulated and applied by its members, for the study of the relationship between the nature of hypnosis and its application in contexts of physical and mental health;
- Promote the professionalization of the sector in Portugal, in order to give new accredited training by institutions with recognized criteria with the aim of inviting to "recondition" therapists who already work in the field of hypnotherapy;
- Emphasis on research and promotion of the benefits and advantages of the use of hypnosis as well as publicize and advise the effect of new investigations and activities on hypnosis and their practical effects in clinical context to all professionals;
- Promote social solidarity actions with the intention of helping people that are financially unable to see guaranteed their right to Be Happy and find their natural psychological well-being.

Thank you very much!



Board Dinner — Orvieto, 2015

Integrating Hypnosis and Neuroscience

The ISH NEWSLETTER is pleased to announce The David Wark Family Prize for an original paper that both advances neuroscience knowledge and enhances the practice of hypnosis. Initially, the award is \$5,000.00.

David Wark, PhD, is a former COR representative, and Former President of the American Society of Clinical Hypnosis.

Wark started graduate school, almost 60 years ago, in a program sponsored by the Ford Foundation. It was designed to train students in a then new interdisciplinary specialty labeled "Behavioral Sciences". Says Wark, "We never quite pulled off the integration, in part because we were all pretty naive, and in part, I think, because our mentors weren't sure about integrating cross-disciplinary research. Now, at the end of my career, I think it's time to try again. But instead of starting with graduate students, I considered focusing on mature clinicians and scientists. To celebrate my last birthday, my children and family made that dream possible. I'm thrilled to announce the Wark Family Prize in Hypnosis and Neuroscience.

It will be given to the author, or authors, of an original paper in English that "Advances neuroscience knowledge and enhances the practice of hypnosis".

Currently the judges from the field of hypnosis are Amir Raz, PhD, McGill University, and Mark Jensen PhD, University of Washington. From specialization within neuroscience, the judges are Tobias Egner, PhD, Duke University, Axel Cleeremans, PhD, Université Libre de Bruxelles, and John Gabrieli, PhD, Massachusetts Institute of Technology. They will work with the AJCH Editor-in-Chief Steve Lankton, to select and publish the award-winning paper.

Wark said, "I started my career by teaching college students how to learn more effectively. Hypnosis was one of the techniques that seemed to be useful. Over time, I have helped establish the value of alert, eyes open hypnosis, especially as it relates to academic, sport, and other kinds of performance. Moreover, since the early days of my training, there have been great and continuing discoveries in neuroscience. My long-term vision is for a clearer, more useful integration of both those fields. To that end, the prize is designed to stimulate investigation and interaction between specialists in clinical hypnosis and neuroscience. I am grateful to the officers and staff of the American Society of Clinical Hypnosis, and the ASCH-Education and Research Foundation, but especially to my wonderful and loving family, for making it possible "

For information about submission, judging criteria, dates and deadlines, send questions about the Wark Family Prize to wfp@asch.net.

22^{as} JORNADAS INTERNACIONAIS de HIPNOSE CLÍNICA e HIPNOANÁLISE

de 10 e 11 de OUTUBRO
SEMINÁRIO DE VILAR - PORTO

| SÁBADO DIA 10 | DOMINGO DIA 11 |
|--|--|
| 9h30 Abertura Secretariado | 9h30 Abertura Secretariado |
| 10h00 Sessão de abertura Alberto Lopes Msc Presidente da APHC | 10h00 Auto Hipnose em Contexto Terapêutico Miguel Cocco Msc |
| 10h30 Coffe Break | 10h45 Coffe Break |
| 11h Hipnose para parto sem dor José Maria Msc | 11h15 Hipnose, Psicologia Experimental Evolutiva e Consciência Carlos Fernandes PhD |
| 11h45 Debate | 11h45 Debate |
| 12h Pausa para Almoço | 12h Pausa para Almoço |
| 14h30 Hipnose Forense Rui Sampaio, PhD | 14h Prémio Abade Faria |
| 15h15 Terapia Subliminar Edwing Yager PhD | 14h30 Hipnose Social Carlos Castro Msc |
| 16h00 Coffe break | 14h30 A Busca da Molécula da Felicidade Mário Simões PhD |
| 16h15 Hipnose no controlo da dor Luís Abrantes Msc | 15h30 Coffe Break |
| 17h00 Estados de Imersão em Hipnose com Neurofeedback Jorge Martins Msc | 16h Hipnose Ericksoniana Betty Erickson PhD |
| 17h45 Debate | 16h45 Debate |
| 18h30 Fecho das jornadas | 17h30 Finalização e fecho das Jornadas com Alberto Lopes Msc |
| 21h00 - 22h30 Programa Cultural (Fado Violado - Ana Pinhal) | |

**SÓCIOS 30€
NÃO SÓCIOS 35€**

WORKSHOPS

50€ cada

BETTY ERICKSON

Hipnose Ericksoniana centrada no cliente
Sábado Dia 10 | 14h às 16h

CARLOS FERNANDES

Hipnose, Psicologia Experimental Evolutiva e Consciência (sujeito a mudança)
Sábado dia 10 | 16h30 às 18h30

EDWING YAGER

Hipnose e Terapia Subliminar
Domingo dia 11 | 10:00 às 12:00

RUI SAMPAIO

Hipnose Forense
Domingo dia 11 | 14 às 16h

FORMAÇÕES

10% de desconto em inscrições até 15 de agosto

BETTY ERICKSON

Hipnose Ericksoniana Avançada
3 e 4 de outubro 9h30 às 18h30
Sócios 400€ | Não Sócios 450€

BETTY ERICKSON

Hipnose Básica
7 de outubro 9h30 às 18h30
Sócios 170€ | Não Sócios 200€

EDWING YAGER

Terapia Subliminar
3 e 4 de outubro 9h30 às 18h30
Sócios 350€ | Não Sócios 400€

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10 Questions



To create a “network” between our members a “game” started in the September, 2014 issue. We have 10 questions for a member, and he / she is supposed to name the next person to be asked, and can formulate a question, especially “tailored” to the chosen colleague. The game started with David Wark, and he passed the ball to Dr. Kohen, who passed the ball to Bernhard Trenkle, who passed the ball to Xin Fang from China.

1. What was your first contact with hypnosis (not necessary the “official” one); maybe a movie, a stage show, a story or something similar...?

I always thought hypnosis was superstition and that hypnotherapists were witches and wizards until 1997 when I attended as a participant the First German-Chinese Academic Hypnosis Continuous Training Program. The program helped train the first generation of Chinese professional psychotherapists and introduced professor Dirk Revenstorf to us, from whom I learned how marvelous Ericksonian hypnosis was.

2. Please mention a special situation when you have been hypnotized and for some reason it was remarkable.

With the increasing depth of my understanding of hypnosis after my first contact with it in 1997, I recalled something special. When I was a seven year-old naughty girl, I had an accident that injured my head. I touched my head and there was a lot of blood! All I remembered was I covered the wound with my hand, ran to the clinic of the university by myself (at that time, my father was a professor and I lived at the university, where the staff all lived on the campus and knew each other). As I lay on a bed, doctors and nurses were doing something on my head behind me. I remembered I hummed songs in my head and drew on the wall of clinic with my fingers covered by blood. Suddenly, a familiar laughter

came from outside the door. That’s my mother. I heard the doctor tell my mother, “Your daughter is great! We did not need to give her any anesthetic, because she doesn’t cry! You really owe me a clean wall since your daughter drew on it!” At that point, I realized that I had not felt any pain at all. That was interesting. Is it possible that people can do hypnosis to themselves naturally?

3. Is there anyone whom you consider as your master, whom you admire among hypnotists / hypnotherapists? Someone who most deeply influenced you or your approach?

Bernhard Trenkle! In the year 2007 in Shanghai, I translated him during the memorable four days of the Chinese Congress for Psychotherapy, and was deeply impressed by his lectures about Ericksonian hypnosis. We initially discussed having a Chinese continuous training program on hypnosis, referring to the requirements of the German MEG training curriculum. Now, we have already held seven programs, each program containing twenty days` training. What’s more meaningful is that those programs promote the establishment of the only Chinese hypnosis group qualified by the academy of psychotherapy.

Bernhard has had a great impact on me. He has a very charming personality, he is nice and humorous, intelligent, and innovative. He has lots of creative ideas, solutions and social connections. He always introduces my Chinese colleagues to many wonderful trainers from all over the world. I feel no anxiety when I’m with him. He’s more like a family member. Not only me, all of his Chinese students love him, respect him and admire him. What’s more, he has an extraordinary and most Ericksonian way of teaching: no PPT, stories nesting stories, and always able to go back after five stories. At first, students got lost after two or three stories. They were worried and wondered why his low voice sounded like a lullaby and made them sleep. Then, they learned that, “...although my consciousness is asleep, my unconsciousness is studying.” You will never want to know how being his translator was troubling me! Being an excellent therapist cannot cover how amazing he is as a trainer. I learn not only his teaching methods, but also his teaching content which intensifies my comprehension about the utilization of resources and the intelligence of unconsciousness in Ericksonian hypnosis.

4. What is your favorite book?

“Uncommon Therapy”! This book provides an opportunity for readers to understand Ericksonian Hypnosis through many practical cases.

5. What is your preferred activity for recreation or relaxation? What restores your energy and mood?

Doing Yoga. Taking a walk with my husband in the dawn or dusk of weekends in the Summer Palace near my house. Listening to music played by a Chinese traditional instrument named Guqin, which dates back to 400 B.C. Guqin is like a bottle of aged wine, tasting like ancient wit. The sound of Guqin is low and deep, slow and with strength, like that of Bernhard and Ericksonian Hypnosis. So I sent him a set of CDs. I collect lots of those CDs and send them to every trainer in my hypnosis program, as the music they record is played by Guqin masters who lived in the 1970s and 1980s when China was very peaceful without any fickleness, and the peaceful feelings they convey cannot be paralleled by those in the music of modern Guqin performers. Can I also say just going to sleep? Does it sound like I'm not pursuing life?

6. What is the thing about yourself you would most like to change for the better?

I would like to work less and to enjoy life more - engage in more traveling, reading, hanging out with friends and maybe just doing nothing, being absent minded.

7. Which human feature do you admire the most?

Always having enthusiasm and interest in living life. Internally maintaining harmony between body and mind; externally keeping balance between self and the world.

8. Please mention a field – apart from your professional achievements – where you are special. What are you good at doing? (Composing music? dancing? cooking? gardening? etc.)

The ability to recognize people. For example, after the self-introduction of sixty participants at the beginning of my training course, I can remember their names matched with their faces, and their basic information (but not western faces and names!). Ballroom dancing. I still remember in a dancing competition, the judges commented that "...every cell of you is expressing your full understanding of music."

9. What do you find yourself moving towards these days?

Introducing to our Chinese psychotherapists the most advanced and mature psychotherapy schools and methods, trainers and books from all around the world.

10. Question of Bernhard: What do you think about the combination of Western style thinking and psychotherapy with Chinese Eastern style of philosophy and techniques.

Among various therapies, CBT may be the farthest from eastern philosophy. CBT is more process-oriented, step by step. It perfectly performs the western style of being accurate, clear and controlled, while eastern philosophy believes, "Where ignorance is bliss, it's folly to be wise" and "Let nature takes its course," like water going with the flow.

In contrast, Ericksonian therapy may be the nearest to Chinese tradition. The principle of utilization and the method of telling stories in Ericksonian hypnosis seep into every aspect of eastern philosophy. For example, Chinese traditional architecture builds houses nestling under a mountain and near water; Chinese ancient military science teaches people to "borrow" nature's wind to set fire to the enemy's camp. Also, we have many idioms indicating the principle of utilization, like "Present Buddha with borrowed flowers" and "Push the boat along with the current." Moreover, like Ericksonian hypnosis, Zen, the theory of Buddhism, usually pass messages through the telling of stories.

+1. Who would you like to be asked next among the ISH members? Any special question for this person on your part?

Krzysztof Klajs

Question of Xin Fang: You've been to China several times and also teaching here. Compared to other countries, what are the peculiarities that impress you the most during your traveling and teaching in China?



Montreal 2018

Dear Colleagues and Friends,

I have wonderful news to report. We now have the official signed contract for the 2018 congress in Montreal! I went to Montreal in order to meet personally with Michel Landry in order to finalize our negotiations. Since I live so close to Montreal, it was an easy trip and very worthwhile. I want to share some of this adventure with you.

My husband and I were picked up by Dr. Claude Verreault who drove us to the Palais du Congres, which will be the congress center for the meeting. He put me right at ease, telling me that 80% of English is French. (He spoke French so slowly it was easy to understand him.) The congress center, has been built over the highway, and is close to many city attractions, as it is quite in the center of the city center. I had already walked the city in the morning, and discovered how easy it is to get around. Montreal is very diverse, full of fine food, good shopping, art, theater, music and easy access to the river for exercise as well as more attractions.

The weather was about the same as what we can expect in August- hot, humid, sunny. and of course, it is quite bi-lingual. Easy for the French and English speakers to get around. The metro connects the city wonderfully, but if participants stay near the center, they can walk anywhere.

We walked into the exposition area of the congress, and I saw that the monitors for advertising events, had the ISH logo and a big welcome to me. What a surprise. We were then met by Jocelyn Perron, who you all met in Sorrento. She represents the Palais. There was a reception where I got to meet the officers from the Quebec Hypnosis Society, committee members for the 2018 congress, and other key people in the hypnosis community. Amir Raz, who will head the scientific committee, was unable to attend as he is on sabbatical in California, but he sent his warm wishes. So did Assen Alladin, and Germain F. Lavoie, PhD (who was a past president of ISH).

They had also invited Michel Sabourin, professor emeritus from the University of Montreal and connected to the International Union of Psychological Science, who has extensive experience in organizing congresses. He has deep roots in hypnosis and was close to Martin and Emily Orne.

We then toured the conference hall, the meeting rooms, and possible location for the banquet. The space is large, yet intimate, and there are many places for people to meet outside of the workshops and keynotes. The congress center is Green- the rooftop is home to many plants and bees. We were each given a small jar of honey made from their bees.

Michel Landry's son has designed the poster for the meeting, and presented a powerpoint of what the website will look like. It is a very attractive website and full of information in both French and English. As you can imagine I was quite overwhelmed with this very warm reception, and delighted to see how ready this group is to hold a large and successful congress.

We had a formal moment of signing the contract, using a beautiful handmade pen, a gift from the Palais. Michel expressed his anxiety about the responsibility they were undertaking, and I reassured him that ISH was 100% behind them in making this a success.



In the pictures:
Julie Linden, President of ISH and Michel Landry, the president
of the 21st ISH congress

At the meeting was the newsletter editor for SCEH, Shelagh Freedman, who is a student in Montreal. She is eager to see SCEH become involved in helping the 2018 congress. We all discussed how to get ASCH more involved in promoting the congress as well.

We then went to a restaurant in the old city (difficult to get reservations because it was the weekend of the Grand Prix!) and enjoyed a wonderful meal and more conversation. I was reminded of how different it is to do business with people when you meet them in person and have a chance to develop relationships with them. This has been principle that Camillo has used with ISH and I am confident will continue with our next president and president-elect.

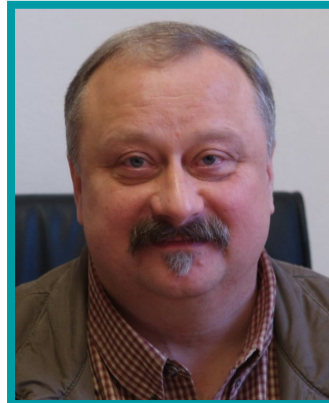
Before leaving for home the next day, we visited a beautiful outdoor market and cheese store, where we bumped into Sylvain Neron, who had been at the meeting the day before. He is co-author (with Dan Handel) of an e-book on hypnosis and palliative care which we reviewed for our newsletter. He, too, was buying cheese. We both chatted about the excitement of the QHS to hold the 21st congress.

I hope their and my enthusiasm can be felt across the internet!

*Julie Linden
President of ISH*



Smiles – Humor and Hypnosis



Fly bagatelle 2.0
Zoltán Ambrus Kovács
Translated by Anna C.
Gósi-Greguss

It was the second week of September, when in the muggy, late-summer afternoon, reality was now and then hidden from the vision of the freshmen psychology majors by the tulle curtain woven from the standardized suggestions of the Harvard Group Scale of Hypnotic Susceptibility.

Eyelashes were getting heavier, arms were lowering, and an occasional fall nuisance fly creeping out from behind the carefully dosed prosody of word-rhythms was about to land on the above students.

Everyone reacted to the annoying approach of the winged words in his or her own way; in the end, some even touched their left ankles. At the very end, they could hear “all right, now you can remember everything”. And indeed, everything was fine, as we were looking for subjects for our planned experiment.

Almost five years passed, the publication from that study was already out, when a psychology senior, after participating in a hypnosis workshop with self-experience, evaluated the hypnosis session as follows: “This was much better than my first experience. Surely, you also must remember: at that time, it was very hot and there were a lot of flies in the room”.

Note: The faithful fly unto death...



Backstage

The Stage Crew

Just like in other organizations, ISH has, standing behind those in the spotlight, many who are working almost unnoticed, “behind the curtain”. In this section we would like to express our appreciation and thanks for their valuable work. Each issue will introduce one person who is working for ISH, either as a volunteer or as a paid employee but without having an official title (yet ☺).

Can you please introduce yourself, giving us the basic information about yourself (name, profession, country, town, affiliation).

Hi, I am Judit Osvát, MA Psychologist and Lecturer, based in Budapest, Hungary. Volunteer for Hungarian Association of Hypnosis (HAH) and have been looking after the layout of this newsletter for the past few editions.

How long have you been connected with ISH? Please describe the way you got connected to this organization.

However I am not an official member, I have been around for the past long years attending congresses and even participating in organizing some such as the regular yearly HAH conferences for 6 consecutive years, the 1st International Conference on Hypnosis in Medicine and similar events.

What is your current “job” / task here?

Right here right now I am joyfully assisting with giving a pleasurable format to the ISH quarterly newsletters’ content.

When not for ISH: what is your professional work?

Whilst having a private practice specializing in short cognitive therapies for family and relationship management, I am also teaching Professional Ethics for Psychologists at the Eötvös Loránt University. I thoroughly enjoy learning every day from my clients and students by both activities. At the same time I am pursuing an enterprise job fulfilling my enthusiastic interest in the field of Information Technology working with hardware and software technical delivery and leading a team of technicians and system support consultants.

And something about your free time, hobby, preferred pastime?

I just love reading. I am continually researching and studying, being always hungry for new and interesting tools, methods and ideas. Having a Business Consultant and PR diploma, and using my studies in the enterprise environment, I am always finding endless fields to apply the newly gained knowledge.

I am actively working with the Hungarian Animal Rescue Guard in association with the Police Force. My field is to assist in rescue cases (suspected to be) connected to family and child abuse.

Any free time left, I am walking and playing with my own dog, Emma, the jealous blond hurricane, the beautiful Hungarian Wirehair Vizsla. Besides her, In the picture there are two rescued dogs. In red coat, Onix, the abused Staffordshire Terrier, who was left for nearly a year tied to an electric stud to freeze to death and was hurt so badly that unable to use his atrophied back legs anymore. The little black one at my feet was just taken in being thrown out in the forest in minus 15 degrees. Both ended up cheering my life for a few years, recovering on my side, then been adopted into loving families. It is always tearfully difficult to say goodbye but what a pleasure to see them finding their homes!



Please share with us a memorable moment, or the aspect of your work you prefer the most?

Perhaps I should mention some professional aspects here, however may I choose another memorable moment of my life due to its actuality.

My child is turning 22 this week, which in itself is a thing to brag about ☺ but he called me today to congratulate me for having a university graduated son. I am such a proud mom!

Paris 2015

The full programm is [online!](#)

More than 290 presentations are part of the programm of the world congress of hypnosis. Find below the various lists : lectures, workshops, videos, demonstrations).

There is also the [agenda to download \(.pdf\)](#). You can click the name of the speaker to see the details of his presentation.

For information on [Paris Committee](#) please click [here](#).

For useful and practical information please visit the website: www.cfhtb.org

Schedule: from August 27th to 29th, 2015

Pre-congress: August 26th

Place: Paris Congress Center – Porte Maillot

Subway: line 1 – station “Porte Maillot”

RER: RER C – “Neuilly – Porte Maillot”

Looking forward to meeting you there!



Paris Committee



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