



The International Society of Hypnosis

NEWSLETTER

Building Bridges of Understanding

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Letter from the President



(for fall 2014)
Julie H. Linden, PhD

We are now officially less than a year away from the next triennial congress to be hosted by CFHTB in Paris, August 2015. We are all counting the days to this historic 20th congress.

Bremen 2012 seems like yesterday, but then we all know how effective time distortion can be. The organizing committee is busy preparing the preliminary scientific program that will soon be available. Watch the ISH website for further news on this.

ISH held its first online voting to address the recommended By-Laws changes. After a year's worth of hard work reviewing many fine details of the old By-Laws, the Board of Directors is pleased to announce that the new By-Laws were accepted. The new version is now posted on our website for easy reference.

The ISH is now preparing for the next election of ISH officers, and the Chair of the Nominations and Elections (N&E) Committee, our immediate past president Camillo Lorio, is collecting nominations from the Council of Representatives (COR). Thank you to each of our constituent societies that forwarded updated information on their representatives so that we could have accurate names and emails. If you know someone who is an ISH member and has the interest and talents to be an officer, contact your representative with suggestions for candidates. The N&E committee will rank the list of candidates, and membership voting should commence in November.

Fall will be a busy time for ISH. The Board is meeting in Sorrento, during the ESH meeting, with a full agenda, including assessing the many bids we have received for the 2018 congress. In addition, we will launch our membership drive earlier

this year, to coordinate with the publication dates of the journal and maintain your streamlined access to either the print or online versions of the journal.

Please use this as an opportunity to invite your colleagues to join ISH. While our membership has remained steady, and many people are enjoying the special deal to register for the congress and get two years of ISH membership for the price of one year, we want to see membership grow! You can help us by directing your colleagues to the ISH website: <http://www.ISHhypnosis.org>. Students can still take advantage of our free membership, and we encourage you to spread the word to your full time students, as well.

This newsletter debuts our new Editor, Katalin Varga, who brings with her both creativity and a love of science. As you read on, enjoy the new items Kata has added for your enjoyment. ISH welcomes your feedback and your ideas. Your support of the ISH World Headquarters matters a great deal- ISH serves as the world's umbrella under which are gathered the many talented contributors to the field of hypnosis.

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Lettre de la présidente Translator: Nicole Ruysschaert, French

Lettre de la Présidente (Automne 2014)
Julie H. Linden

Officiellement il y a moins d'un an d'ici avant le prochain congrès triennal organisé par la CFHTB à Paris au mois d'Auguste 2015. Nous tous comptons déjà les jours avant le 20^{ième} congrès historique. Bremen 2012, c'est comme le jour de hier, mais nous nous rendons compte de l'effet de la distorsion du temps. Le comité organisant le congrès est très occupé à préparer le programme scientifique préliminaire qui sera bientôt disponible. Vous pouvez vérifier le site ISH où vous trouvez plus d'info là-dessus.

L'ISH a organisé son premier vote en ligne sur les changements des Statuts. Après une année de travail intense en révisant plusieurs détails des anciens Statuts, le conseil d'administration a le plaisir de vous annoncer que les nouveaux Statuts ont été acceptés. La nouvelle version est mise en ligne sur notre site internet comme référence facilement à consulter.

A présent l'ISH se prépare aux prochaines élections des membres du conseil d'administration de l'ISH, et le responsable du comité des nominations et élections (N&E), notre précédent président Camillo Lorio collectionne les nominations de la part du conseil des représentants. Un grand merci aux sociétés membres qui nous ont envoyé les informations actualisées sur leurs représentants de sorte que nous avons les noms et adresses email correctes. Si vous connaissez quelqu'un qui est un membre de l'ISH et a l'intérêt et les talents pour devenir membre du conseil, vous pouvez contacter votre représentant avec vos suggestions des candidats. Le comité N&E va ranger la liste des candidats et les votes vont commencer au mois de novembre.

En Automne l'ISH sera très active. Le Conseil d'administration va se rencontrer à Sorrento pendant le congrès de l'ISH et aura un programme bien rempli, y inclus l'évaluation de plusieurs offres que nous avons reçus pour l'organisation du congrès à 2018. En plus cette année nous allons lancer notre campagne pour adhésion plus tôt pour bien coordonner avec les dates de publications de la revue et maintenir votre accès en ligne et les versions imprimées de la revue. Voudriez-vous profiter de cette occasion à inviter vos collègues à rejoindre l'ISH ? Bien que notre adhésion reste stable, et beaucoup de gens profitent de l'offre spécial à

s'inscrire au congrès et profiter de 2 années d'adhésion à l'ISH pour le prix d'une année, nous voulons plus de membres. Vous pouvez nous aider en dirigeant vos collègues vers le site internet de l'ISH: <http://www.ISHypnosis.org>. Les étudiants ont toujours l'avantage d'une adhésion gratuite, et nous encourageons aussi la dispersion de ces infos à vos étudiants à plein temps. Cette newsletter est la première de notre nouvelle rédactrice, Katalin Varga, qui va amener sa créativité et son amour pour les sciences. En lisant, vous pourrez profiter des nouveaux sujets que Kata a ajouté pour votre plaisir.

L'ISH accueillera votre feedback et vos idées. Votre support du siège de l'ISH signifie beaucoup. L'ISH servi comme le parapluie du monde sous lequel se sont réunis beaucoup de contributeurs talentueux dans le domaine de l'hypnose.

Gedanken der Präsidentin Translator: Reinhild Draeger-Muenke German

Rundschreiben der Präsidentin (Herbst 2014)
Julie H. Linden, PhD

Wir sind nun offiziell weniger als ein Jahr vom nächsten Dreijahreskongress entfernt, der im August 2015 von CFHTB in Paris ausgerichtet wird. Wir alle zählen die Tage bis zu diesem historischen 20. Kongress. Bremen 2012 scheint gerade erst gestern gewesen zu sein, aber wir wissen natürlich, wie effektiv Zeitverzerrung sein kann. Das Organisationskomitee ist dabei, das vorläufige wissenschaftliche Programm zusammenzustellen, und es sollte bald abrufbar sein. Sie können in Kürze weitere diesbezügliche Neuigkeiten auf der ISH website finden.

ISH hat zum erstenmal online Wahlen über die empfohlenen Satzungsveränderungen abgehalten. Nach einem Jahr harter Arbeit, um die vielen Details der alten Satzung zu begutachten, kann der Vorstand nun verkünden, dass die neue Satzung akzeptiert worden ist. Die neue Version ist auf der ISH website leicht einzusehen.

ISH bereitet sich nun auf die nächste Wahl neuer Vorstandsmitglieder vor, und der Vorsitzende des Wahlkomitees, unser letzter Präsident, Camillo Lorio, sammelt Nominierungen vom Rat der Repräsentanten (Council of Representatives). Vielen Dank an die Gründungsgesellschaften, die aktuelle Informationen über ihre Repräsentanten beige-

bracht haben, so dass wir die richtigen Angaben zu Namen und emails hatten. Falls Sie jemanden kennen, der-die ein ISH Mitglied ist und Interesse und Neigung dazu hat, für eine Position im Vorstand zu kandidieren, lassen Sie bitte Ihren Repräsentanten davon wissen. Das Wahlkommittee wird die Kandidatenliste demnächst aufstellen, und Mitglieder sollten ab November wählen können.

In diesem Herbst ist bei ISH viel los. Der Vorstand ist in Sorrento während des ESH Treffens mit einer vollen Tagungsordnung beschäftigt - unter anderem sollen die vielen Kostenvoranschläge ausgewertet werden, die wir für den 2018 Kongress erhalten haben. Ausserdem werden wir dieses Jahr früher damit beginnen, neue Mitglieder zu rekrutieren, in Koordination mit den Publikationsdaten unserer Zeitschrift, und um Ihren vereinfachten Zugang zur online Version der Zeitschrift zu erhalten.

Bitte sehen Sie das als eine Möglichkeit, Ihre Kollegen dazu einzuladen, ISH beizutreten. Obwohl unsere Mitgliederzahlen stabil sind, und viele Leute die besondere Gelegenheit wahrgenommen haben, sich für den Kongress in Paris anzumelden, und damit zwei Jahre ISH Mitgliedschaft für den Preis eines Jahres zu erhalten, wollen wir unser Mitgliederzahlen weiter wachsen sehen. Sie können uns dabei helfen, indem Sie Ihre Kollegen dazu anregen, sich die ISH website anzusehen:

<http://www.ISHypnosis.org>. Studenten kommen nach wie vor in den Genuss einer kostenlosen Mitgliedschaft, und wir ermutigen Sie, auch ihre Studenten davon in Kenntnis zu setzen.

Dieses ist der erste Rundbrief unter unserer neuen Editorin, Katalin Varga, die sowohl Kreativität als auch eine grosse Liebe zur Wissenschaft mitbringt. Lesen Sie weiter, und freuen Sie sich über die neuen Dinge, die Kata für Sie hinzugefügt hat.

ISH begrüsst Ihre Rückmeldungen und Ideen. Ihre Unterstützung des ISH Welt Hauptsitzes ist wirklich wichtig - ISH fungiert als die Schirmherrin in der Welt, unter deren Schirm sich viele talentierte Mitglieder versammeln, die zum Gebiet der Hypnose beitragen.

Lettera Della Presidente Translator: Consuelo Casula, Italian

Lettera della Presidente (Autunno 2014)
Julie H. Linden

Manca meno di un anno al prossimo congresso triennale ospitato da CFHTB a Parigi, Agosto 2015. Stiamo tutti contando i giorni che mancano a questo

storico 20° congresso. Sembra che Brema 2012 sia stato ieri, così che ci rendiamo conto di come può essere efficace la distorsione temporale.

Il comitato organizzativo è impegnato nel preparare il programma scientifico preliminare che sarà presto disponibile. Guardate il sito ISH per ulteriori notizie.

ISH ha avuto la sua prima votazione online sulle modifiche riguardanti le By-Laws. Dopo un anno di duro lavoro necessario per rivedere molti dettagli delle vecchie By-Laws, il Consiglio direttivo è lieto di annunciare che le nuove By-Laws sono state accettate. La nuova versione è ora pubblicata sul nostro sito web per una facile consultazione.

La ISH si sta ora preparando per la prossima elezione dei membri del consiglio direttivo, e il presidente del Comitato Nominations and Elections (N & E), il nostro ex presidente Camillo Lorio, sta raccogliendo le candidature da parte del Consiglio dei Rappresentanti (COR). Ringrazio ciascuna delle nostre società costituenti che ha trasmesso informazioni aggiornate sui loro rappresentanti così che possiamo avere i nomi precisi con le e-mail. Se conoscete qualche socio della ISH che ha interesse e talento per diventare membro del Board, contattate il vostro rappresentante suggerendo i candidati. Il comitato N & E ordinerà l'elenco dei candidati, e la votazione dei nominati dovrebbe cominciare a novembre.

L'autunno sarà un periodo impegnativo per ISH. Il Board si riunisce a Sorrento, durante il convegno della ESH, con un ordine del giorno pieno, tra cui la valutazione delle molte offerte che abbiamo ricevuto per il congresso 2018. Inoltre, quest'anno lanceremo il nostro tesseramento prima, per coordinarci con le date di pubblicazione della rivista e mantenere l'accesso semplificato sia alla rivista stampata sia alle versioni online. Utilizzate per favore ciò come un'opportunità per invitare i vostri colleghi ad associarsi alla ISH. Anche se la nostra appartenenza è rimasta stabile, e molte persone stanno godendo dell'offerta speciale per iscriversi al congresso e ottenere due anni di appartenenza ISH al prezzo di uno, vogliamo vedere l'adesione crescere! Voi potete aiutarci indirizzando i vostri colleghi al sito ISH: <http://www.ISHypnosis.org>. Gli studenti possono ancora usufruire della nostra iscrizione gratuita, e vi incoraggiamo a diffondere l'informazione anche agli studenti a tempo pieno.

Con questa newsletter debutta la nuova Editor, Katalin Varga, che porta con sé sia la creatività sia l'amore per la scienza. Mentre leggete, godetevi i nuovi temi che Kata ha aggiunto per il vostro divertimento. ISH dà il benvenuto ai vostri feedback e idee. Il vostro sostegno alla sede mondiale della ISH è

molto importante — ISH funge da ombrello del mondo sotto il quale si riuniscono molti collaboratori di talento nel campo dell'ipnosi.

Columna de la Presidencia Translator: Maria Escalante, Spanish

Carta de la Presidenta (Para el otoño 2014)
Julie H. Linden

Estamos ahora a menos de un año del próximo congreso trienal que será celebrado por la Confederación Francesa de Hipnosis y Terapias Breves en París en Agosto de año 2015. Estamos contando los días para la llegada histórica de este vigésimo congreso. Parece que fue ayer cuando el congreso de Bremen 2012 tuvo lugar, pero también nosotros sabemos lo efectiva que puede ser la distorsión del tiempo. El comité organizador está ocupado preparando el programa científico preliminar que pronto estará disponible. Visítad la página web de la ISH para encontrar las más recientes noticias sobre este tema.

La ISH se está preparando para las próximas elecciones de los nuevos funcionarios (de la ISH), y el Líder del Comité de Nominaciones y Elecciones (N y E), nuestro presidente anterior inmediato Camillo Lorio, está recopilando nominaciones para el Consejo de Representantes (CDE). Nuestro agradecimiento para cada una de nuestras sociedades constituyentes que nos enviaron información actualizada sobre sus representantes para que pudiéramos contar con los nombres y los e-mails correctos. Si vosotros conocéis a alguien que sea miembro de la ISH y que posea el interés y los talentos para ser un official, contactad a vuestro representante con las sugerencias para los candidatos. El comité de Nominaciones y Elecciones clasificará a los candidatos, y la votación para elegir a los integrantes debería comenzar en noviembre.

Durante el otoño estaremos muy ocupados en la ISH. La Mesa Directiva se reunirá en Sorrento, durante la junta de la ESH (Sociedad Europea de Hipnosis), con la agenda llena, incluyendo la revisión de la gran cantidad de propuestas que nosotros hemos recibido para el congreso del año 2018. Adicionalmente, lanzaremos nuestra campaña de membresía a principios de este año para coordinar las fechas de publicación de la revista y así mantener vuestro acceso eficiente a las versiones ya sea impresas o en línea de la revista. Por favor utilizad esto como una oportunidad para invitar a vuestros colegas a hacerse miembros de la ISH. Aunque nuestra membresía se ha mantenido estable, y una gran cantidad

de personas están disfrutando de la promoción en la que si se registran para el congreso obtienen dos años de membresía por el precio de un año, queremos que el número de integrantes crezca! Vosotros podéis ayudarnos guiando a vuestros colegas a la página web de la ISH: <http://www.ISHypnosis.org>. Los estudiantes todavía pueden aprovechar nuestra membresía gratuita y os alentamos a correr la voz a vuestros estudiantes de tiempo completo igualmente.

En este número debuta nuestra nueva Editora, Katalin Varga quien trae con ella su creatividad y amor por la ciencia. Al ir leyendo, disfrutad las nuevas secciones que Kata ha añadido para vuestro agrado. La ISH da la bienvenida a vuestros comentarios e ideas. Vuestro apoyo para las oficinas centrales de la ISH es sumamente importante – La ISH sirve como el paraguas mundial bajo el que se reúnen una gran cantidad de colaboradores talentosos en el campo de la hipnosis.



Katalin Varga
Dipl. Psych. Ph.D.

Katalin Varga is an associate professor at the Eötvös Loránd University (ELTE), the head of the Department of Affective Psychology, President of Hungarian Association of Hypnosis, BoD member of International Society of Hypnosis.

Her research topic was the investigation of the subjective experiences connected to hypnosis and the role of suggestions in critical states.

She got her degree of “Doctor of University” (ELTE) in 1991, and her PhD degree in 1997 on comparing the subjective and behavioral effects of hypnosis.

As a member of the “Budapest hypnosis research laboratory” she is investigating hypnosis in an interactional framework, in the multilevel approach she is focusing on the phenomenological data.

She is also working in the medical field, using and teaching psychological support based on positive suggestions in various areas of medicine.

Co-chair of the 1st international Conference on Hypnosis in Medicine, held in Budapest, 2013.

Letter from the Editor

Katalin Varga

I have the honor to edit the newsletter beginning with the fall 2014 issue and going forward.

I really feel it is a special opportunity to help information flow between our members and the world headquarters, and to provide a forum to get to know each other better. Being an individual member and BoD member of ISH, attending all the ISH Conferences during my “professional adulthood” (except for Singapore, when I gave birth to our third son), knowing many of the distinguished colleagues, and being a friend of many, I really feel a part of ISH, and am happy to do what I can to help work towards its goals and mission.

As a new editor I would like to keep the elegant and clearly structured layout of the newsletter that Consuelo led, and the majority of the existing columns. Of course, some new sections will also be added.

In the Main Interview we introduce Consuelo Casula, who had been taking care of the newsletter until this issue: we learn the way she is preparing for teaching, as she is doing clinical work. Consuelo being the Board member of both ESH and ISH can provide her important perspectives when comparing the two societies.

Each issue will introduce one of our distinguished teachers in the “Meeting our Masters” 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.

The first person to meet is Teresa Robles from the Mexican Centro Ericksonian. I personally admire her for decades, and had the opportunity to see her deep influence on many therapists, not only in the Latin American countries, but in Europe as well.

Working both in the research field of hypnosis and as a hypnotherapist (in private practice and in hospitals) I feel it is especially important to keep on “building bridges” between the various fields of hypnosis. In this issue an excellent summary

by Giuseppe de Benedittis explains, in a very easy to follow way, the state of the science and research on hypnosis in the column of Clinical Relevance of Research Findings. In addition to this existing column we open a new one: “Findings of Note”, where prominent papers in clinical and research hypnosis are reviewed by András Költő.

Leora Kuttner reviews the E-book by Dr. Dan Handel and Dr. Sylvan Neron, “Hypnotic Approaches in Cancer and Palliative Care”. This book is innovative in many ways, and it is reassuring to get to know the opinion of this book from an expert like Leora.

To create a “network” between our members a “game” will start in this 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 starts with David Wark, and he throws the ball to Dr. Kohen (whom we meet in the Fall issue of the NL).

I would like to provide some information about the colleagues who are working for ISH “behind the scenes”. Gail Cunningham will be answering some questions so you may get to know a bit more about her, not only her “official” actions – emails, reminders, etc. – but also her nice smile.

Everyone can “vote” on a hypnosis related question in each issue, in an internet questionnaire (1 minute ☺). The next issue will report the findings. We will start with the topic of hypnosis induction techniques.

We also have a glimpse of some historical moments, either by the help of a photo, or referring to an interesting section of an earlier newsletter.

Bernard Trenkle was kind enough to share some of the jokes of his collection, to make your reading (even more) fun.

I would like to express my sincere appreciation to everyone who helped editing the NL. First of all those who translate on a voluntary basis the letter from the president, and of course those who took part in brainstorming the possible new sections, and checking the texts.

I invite all of you to contact me with your ideas, suggestions for topics, questions, or new columns.

Interview

Consuelo Casula

Dear Consuelo,

Many years ago we accidentally sat next to each other on a conference bus. We started to chat, and realized that we had many points and ideas in common. Since then we have gotten closer and closer, working together on the ISH board, having many nice moments at various conferences, and now I have the honor to continue editing the newsletter following your excellent work.



Of course, I chose you to be the first person to interview, especially since we have many important topics to discuss and share.

Katalin Varga (KV). You are a Board member of the ISH and the European Society of Hypnosis (ESH) as well. Do you see any differences in how these two organizations are working?

Consuelo Casula (CC). The fact that ESH is only a confederation of Constituent Societies (CS) while ISH has also individual members has several consequences in the relationships among members and in the decision process of the Board of Directors (BoD) nomination and the election procedure. ESH BoD has relationships only with presidents or delegates of CSs, as representatives of their national society, while ISH BoD has interpersonal relationships with individual members.

In the ESH, the election of the new BoD occurs during the General Assembly (GA) held every 3 years during the ESH congress. During the GA the Council of Representative (COR) of the CS and their proxies vote for President-Elect, Treasurer and other Board members. Soon after the vote, in real time, the ESH secretary with the ESH past president, count the votes and then inform the GA. In the ISH, the election of the President-Elect and Secretary-Treasurer is done by a ballot. Until now by traditional mail, next year the voters can express their preferences via electronic balloting. This procedure makes a huge difference. If you consider that the ISH CS are only around 30 while the individual members are more than 300 you

immediately understand who has the power to select and elect the two most important roles of the ISH BoD: president-elect and secretary/ treasurer. The other board members are elected during the COR meeting which takes place during the congress, like ESH.

Another difference is in their history, culture and geography. ISH's roots and cultural background are in USA, since its born in 1973 and from USA came the majority of ISH presidents. Julie is the 14th ISH president, the 7th from USA, and after her, the presidency goes back to Europe, to Claude Virot in France.

ESH of course is only rooted in Europe, since the beginning in 1976 when the ESH founders wanted to be differentiated from the ISH. Beside these differences there are also similarities, in the bylaws, in the ethics to preserve the quality of the use of hypnosis and in the mission to spread hypnosis in countries where is still absent or not well received.

KV. You committed yourself to be editor of newsletters. Your newsletters – just like you – are very elegant with rich content. Why are you motivated to do that? What do you see as the main role of this form of communication?

CC. When I started editing ISH News Letters (ISHNL), I wanted to fill a gap, since the ISHNL had only one page, and I missed the exchange of information that an international society of societies should promote among their members. For this reason I proposed myself as editor of the NL to the board and they accepted my offer. I started with vague ideas but was aware that I could not do the job by myself and needed the help from friends who could write giving information about their CS's or their umbrella societies. I started with the help of two important names for ISH: Jeff Zeig from the Erickson Foundation and Teresa Robles from Mexico and South America. And I thought that it was important to interview experts on hypnosis, to let them be known to the readers.

I think that the traditional newsletter is still the form of communication a society should keep to inform its members of what is happening around the world in hypnosis. I am not fond of social media, for me they are cold and distant, while the NL gives the opportunity to better know societies and individual members, to exchange knowledge and opinion, spread and seed ideas, values and projects.

KV. You are the upcoming president of ESH. Could you please briefly characterize your program?

CC. I am still preparing my program, I still have some months to meditate and make up my mind. Again, I know that I will be not alone: I hope to have

a board full of energy, ideas and enthusiasm, ready to collaborate for the benefit of ESH. In my dreams I would like to know each and every president of our CS's and create with them shared values, to ask them how can ESH help them to improve the knowledge and the practice of hypnosis in their own country. Another thing I would like to improve is the exchange of research, asking every CS to inform ESH about the research their members are doing and promote or implement an organization of exchanges of students so that they can go to other societies and learn from their masters. This would be difficult with regard to clinical practice but can be very stimulating concerning the research. Another idea is to implement collaboration with ISH, organizing workshops or meeting between the two societies.

I would like to improve the visibility of ESH updating the site, and inventing something that will attract new societies that wish to belong to the ESH because they share our values and mission. My main aspiration is to strengthen ESH, making ESH a reference point in the world on hypnosis, developing knowledge, attracting academics, making research and consolidating a systematic, general and transmissible body of knowledge. I would like to combine art and science, creativity and research, find ways to encourage young scholars to study hypnosis and reward their best thesis, create a committee of wise persons to reflect about how to expand hypnosis in countries where there are no CSs, but only small groups. I would like to keep an eye on ethics issues and make good teaching a priority, continuously updating the knowledge so that we defend and spread the good practice of hypnosis, recognizing the excellence in our field and updating the results of research. These are ideas and I have three years to turn them into reality with the help of the board and of the each CS.

KV. You are very active in organizations, we see you in conferences, and read your papers, newsletters, case reports. All these activities require lot of time and energy. How do you manage your time so effectively?

CC. I like my work, I like writing and preparing workshops or lectures because it is a way to concentrate energy, to focus on one theme and explore it until I have something interesting to say. I think that I have a logical mind and that I am able to concentrate on the most important things, so that I don't waste time and energy on menial things. I like to focus on a new concept or new practice and explore it until I reach a point of being satisfied with my ideas.

KV. Please tell us something about your everyday

clinical work. Who are your patients? What is your general approach, preferred techniques? What is the role of hypnosis in your clinical practice in general?

CC. Usually I start working at 10am and finish at 8pm and have around 10 minutes between each patient, and one hour for lunch. My patients are mainly women, from 20 to over 70 years old, with a wide range of suffering. They come asking for help from weight control to love pain, from phobias to social anxiety, from problems related to losses, deaths, separations, layoffs or job change to decision-making problems, from problems in their field of work to suffering connected with motherhood: miscarriages, abortions, difficulties in becoming pregnant or loss of their baby in the womb. My general approach is to look for patients' natural resilience, to explore their reservoir of resources where to find their strength and coping skills. As soon as possible I invite patients to move their attention towards the future discovering what they want and can achieve. My approach is a combination of pragmatic, systemic and strategic approaches proposed with the hypnotic attitude and the hypnotic language. Follow a pragmatic approach leads me to pay more attention to deeds, acts, and their consequences rather than to interpretations, justifications or judgments.

Follow a systemic approach helps me to consider patients in their system of relations that define and sustain them and to search for the process of reciprocal influences. Follow a strategic approach means that once defined the therapeutic goal I look for the best therapeutic strategy to reach it. I also utilize the knowledge and the practice of Mindfulness combined with hypnosis. I tend to use as much as possible hypnosis in each session. I noticed that when the patient refuses hypnosis the therapy lasts longer: the patient needs more time to recover and to solve his/her problem.

KV. You are doing clinical work, but teaching as well. Your books are very systematic summaries of the techniques you apply. One of my favorites is the one on metaphors. What does teaching mean to you?

CC. I like to prepare teaching materials in a systematic order, following a method that helps to clarify the content, so that while I teach I can be flexible and stay concentrated on the audience's needs. Usually I don't like reading what I wrote for a lecture or I don't strictly follow the Power Point presentation during a workshop, but I need to have them well prepared so I feel confident, also regarding my use of the English language. I am aware that my English is not perfect and I am afraid that my mistakes might distract the audience; but then I reassure myself and think that I don't need to be perfect but only good enough in the content I am presenting.

Teaching is a very important part of my work, it is really the best way to learn: only when I prepare my teaching lessons I am fully aware of the implications and the nuances of what I am conveying.

KV. The contribution of females to the world and to hypnosis is apparently one of the central topics of yours. Why?

CC. Maybe because I grew up in an environment of brothers and male cousins: I was the only female of 2 generations of Casula, and it was difficult for me to make my voice heard. Or maybe because I started having more women patients than men. Since I overcame many difficulties as a woman I am congruent and authentic in empowering and teaching assertiveness to my patients and they feel they can trust me. I feel sorry when I see women underestimate themselves so my mission is to help them to recognize their skills, competencies, talents thus to be aware of their true merits, and use all their resources, instead of withdrawing or putting themselves in the shadow of another person.

KV. And of course: your message, hints to the young (er) colleagues?

CC. Hypnosis is an instrument that needs to be handled with the loving care of knowledge, intuition, and calibration of the patient's needs. Hypnosis concentrates the essence of the art of communication that helps each therapist to be more efficient and more focused on the patients' resources. I invite young scholars to practice hypnosis, to experiment, to research, to be curious and to keep themselves in a learning and improving position, not taking for granted that what they already know is enough. There is always something new to learn from friends, colleagues, patients and masters if we keep alive our curiosity and awe and maintain the open attitude of the scholar.

KV. Thank you.

CC. Thank you.

What Is Your Opinion?

We invite you to share your opinion. From now on everyone can "vote" on a hypnosis related question in each issue. We will start with the topic of hypnosis induction techniques.

A short internet questionnaire is available on this link (click here!).

The next issue will report the findings.

Meeting Our Masters



Teresa Robles
Centro Ericksoniano
de México AC

Please describe your first contact with hypnosis.

I studied Social Anthropology before shifting to Psychology. As an anthropologist, I have worked most of the time with the Tarahumaran

Indians, in the North of Mexico. They used to stay for hours on the top of the Copper Canyon (as big and deep as the Great Canyon but with a lot of vegetation). Maybe meditating... One day, I had the task of collecting information about nutritional habits of the Tarahumaran and I sat with an Indigenous girl, wearing their traditional clothes, at the border of the Canyon. It was early in the morning. She began to describe to me with many details the pine trees forest at the top, the tropical forest at the bottom and the hidden life in them. I still do not know what happened but my colleagues found me there at the time of the sunset. I did not remember what happened but I had the certitude that being so different in our aspect we were the same inside us. I never forgot that experience that was my first immersion in a deep hypnotic trance.

Please characterize briefly your career, and your current work.

After my Master in Social Anthropology, I went to France to study Community Development in an Organization sponsored by the United Nations. I must return to Tarahumara as part of a team that was going to improve a Program for the Development of that region. When I and the other members of the team came back to Mexico, after the 1968 students' movement, we found that the Program was cancelled, because it was a Program proposed by students.

I had to stay in Mexico City and began to do research in Social Anthropology from an office. I was very interested in the functioning of the human mind, so I began to study psychoanalysis in private groups. One day, looking for theoretical information for a research, I arrived to the Faculty of Psychology at the National University of Mexico (UNAM) when they were beginning the main test for people that were doing the application for the Ph.D. in Clinical Psychology. I entered into my second relevant trance

state that I remember, in my life, when I began to look at the posters on the walls of the office, announcing specialization in different types of psychotherapy. I imagined myself doing therapy and realized that through it, I would be again working directly with people. Someone asked me if I have already paid the fees for the application. I said no, I paid, did the test and I was accepted.

My life changed completely because this shift implied for me several years studying full time, but I was really enjoying it. My theoretical background was Psychoanalysis so my first interest was to become a Psychoanalyst. I really appreciated Psychoanalytic Theory but I didn't feel comfortable either as a patient or trying to do it. My first patient was an indigenous woman that had tried to commit suicide. She told me that she felt as if she was an unfinished pottery bowl, and because it was unfinished each time that it was filled, water went out and it stayed always empty. We continued talking about this metaphor and then came another and another ... Indians are used to speaking in metaphors. I was delighted by sharing her images instead of doing interpretations. When I arrived to supervise the case, one of my supervisors just said "let us see how she arrives to the next session" and the other one told me that I had to interpret that the empty bowl represented the mother womb.

The patient improved a lot, in a short time. I have never been able to interpret her beautiful images and descriptions of her country that I knew. I could not imagine that I was working in an Ericksonian way. It was 1980. At that time, I didn't know, yet, Dr. Erickson's work.

I shifted to Family Therapy and then, when I discovered Dr. Erickson's work I found that I had arrived back home.

When I had the chance of looking at Dr. Erickson's videos filmed when he was already in a wheel chair, I realized that he was working with universal topics that all human beings share. Even if he continued proposing that each individual is unique and therapy must be tailored to each person, his vision and audition had diminished so much that he was not able to observe as he used to do before. Instead, he worked with universal topics, for example: "How we learned the alphabet", "Becoming a mind without body", among others. That made me remembered my experience with the Tarahumaran girl.

What are the main characteristics of your approach?

In my work, I utilize universal topics. From Dr. Erickson's proposal of the unconscious mind as "a wise part of us" because it contains all our life experiences that are resources for solving all difficulties that life would present us for continuing to grow, I developed the concept of Universal Wisdom. For him, the unconscious mind contains all our life ex-

periences, all the information about us. As in each one of our cells, is our DNA and so, the information of us, the complete person; according to Quantum Physics, the information of the whole universe is in each one of its parts. I am a part of the universe as well as you, a drop of water, a flower, the sun, the stars and we share the information of the complete universe. The same as in universe itself. As it is the same in each part, I call It Universal Wisdom, and for me, Universal Wisdom is the force of creation in the universe and so, absolutely powerful. I propose to put therapy in Its hands as Dr. Erickson put it in the hands of the unconscious mind, in an indirect way, during his last years.

I use to say that working with Universal Wisdom is not a question of faith, but a question of imagining. We all know researchers that show that for our brain what we imagine is stronger than what our mind recognizes as real. I invite people to just imagine an all-powerful Universal Wisdom and to put therapy and their lives in Its hands.

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)?

Dr. Erickson based his work in the use of language. He spoke English that has a very different structure than Latin languages and lived in the United States, so his work emerged from his culture that is also very different from ours. I think my first contribution to the field of Ericksonian Hypnosis has to do with its adaptation to Spanish and to Latin American culture.

The second one is the use of breathing as a metaphor for inner change, then came the use of words for protecting the trance state, the utilization of universal topics and, as a consequence, working with groups.

But the most important contribution is the proposal of the concept of Universal Wisdom. I can even say that I do Ericksonian Hypnosis and therapy based on Universal Wisdom.

The more I work with universal topics, the less information I need from the patient. The more I work with Universal Wisdom, the trances I do and therapy are shorter.

I also have integrated different theoretical frames to the work I do: some concepts from Psychoanalysis, Systems Theory, Constructivism, Neurosciences, Human Ethology, Anthropology, Quantum Psychics. From them, I have developed different concepts, expressed in images and in metaphorical ways: The culture of Suffering, Living in an Upside down World, Anxiety as an Emotional Indigestion, Emotions as Survival Mechanisms, among others.

Please characterize briefly your current work.

The projects we are working through the Ericksonian Centre of Mexico are:

To expand our work to the field of medicine. We have an interesting and important alliance with one of the biggest hospitals in Mexico City.

To help at risk populations with our techniques. We are training people that are the staff of government and private organizations working with them.

To adapt Ericksonian techniques to indigenous cultures. Since several years ago, we have done some work with different indigenous groups. I am very excited because we are going to open a new school at the Tarahumaran Region in which we will train in hypnosis health professionals and health workers, working directly with Indian communities. Some of them are indigenous. We have already had our first feedback meeting at the Community of Creel, in Tarahumara, for adapting hypnotic Ericksonian techniques to their culture.

Who were your masters?

I recognize three Masters in my life: my father who trained me for life and helped me to have a different perspective than women in my family; Dr. Erickson, of course. I did not have the chance of meeting him during his life but I found him very often in my dreams and, for Mexican Indians the world of dreams is the real one. The third one is Gregory Bateson. Each time that I read him, I found a new perspective or a new idea.

Whom do you consider as your student / follower?

I consider my followers all people that work with hypnosis, universal themes and put their work in the hands of Universal Wisdom. I have the chance of being supported by many people, but I would like to thank in a special way Cecilia my daughter, Ericksonian Therapist, that actually is the Director of the Centro Ericksoniano de México. Rodolfo, my grandson and our Manager, Margarita that since more than 15 years ago, coordinates the work of our teachers around Mexico and in Latin America, Fernanda that is in charge of the School, Carmen of the Publishing House and Gilberto and his mother, Araceli, (always helping) that believed that psychiatric patients could recover their life. And, of course, all our teachers and the Directors of our Schools.

How could you summarize your credo?

I think that we all contribute to the creation of new ideas and paradigms through the morphogenetic field (Rupert Sheldrake). I could never develop what I did either, to arrive to this place, without the chance of learning from my friends and colleagues around the world, from patients, my students and my family and without all I have experienced along my life.

Please send us Your photo with a remarkable moment connected to our hypnosis community.

A Remarkable Moment...



1996, august 20, Budapest: Peo Wikstrom receives the "honorary membership" of the Hungarian Association of Hypnosis from Éva Bányai (president at date of the Hungarian Association of Hypnosis)



Please send us Your photo with a remarkable moment connected to our hypnosis community.

Building Bridges of Understanding

Clinical Relevance of Research Findings

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...

How the Hypnotic Brain Can Link Neuroscience to Psychotherapy Giuseppe De Benedittis

Interdepartmental Center for the Study and Treatment of Pain, Dept. of Neurological Science, University of Milano, Italy; Italian Society of Hypnosis (ISH)

*We carry with us
The wonders we seek without us
(Sir Thomas Browne, Religio Medici)*



Summary

Hypnosis has been an elusive concept for science for a long time. Moreover, the search for objective indicators of the trance state proved to be unsuccessful in the early studies. However, the explosive advances in Neuroscience in the last decades have provided a "bridge of understanding" between classical neu-

rophysiological studies and psychophysiological studies. These recent studies have shed new light on the neural basis of the hypnotic experience. Conversely neuroscience research is beginning to consider and use hypnosis as an attractive, viable and

appropriate physiological tool to explore and modulate cognitive and emotional determinants of complex human experiences. Neuroimaging techniques offer new opportunities to use hypnosis as a probe into brain mechanisms and, reciprocally, to provide a means of studying hypnosis itself.

Furthermore, a new ambitious area of research is to map the core processes of psychotherapy and the neurobiology underlying them. Hypnosis research offers powerful techniques to isolate psychological processes in ways that allow their neural bases to be mapped.. The "Hypnotic Brain" can serve as a way to tap neurocognitive questions and how cognitive assays can in turn shed new light on the neural bases of hypnosis. This cross talk should enhance research and clinical applications.

Key Words

Hypnosis-Psychotherapy-Neuroscience-Hypnotic Analgesia

Introduction

Hypnosis is one of the oldest and practiced clinical methods for the control of pain. This enviable history denotes and reflects its unsurpassed adaptive power, which enabled hypnosis to survive even its own decline. However, it is no secret that hypnosis was, and largely remains, a marginal topic in the mainstream of scientific research, primarily because of its empirical and anecdotal approach (often single case reports) and as well as its lack of evidence-based controlled studies.

It is true that the absence of evidence is not the evidence of absence (of a given effect), but no discipline can be scientifically recognized in the absence of adequate standards. This also applies to hypnosis. Moreover, hypnosis has long been an elusive concept for science, mainly due to the lack of objective neurobiological markers of the trance state. But the relentless advances of neuroscience in the last decades (largely due to the introduction and refinement of sophisticated electrophysiological and neuroimaging techniques) have opened up a "bridge of knowledge" between the classic neurophysiological studies and psychophysiological studies of cognitive, emotional and sensory systems.

Of course a bridge is designed to connect two realities bidirectionally. This holds true also for the "hypnotic brain" (De Benedittis, 2006). Recent advances in neuroscience have undoubtedly contributed to unravelling the veil of Maya's of the hypnotic reality; i.e., its neuro-cognitive structure, (Oakley & Halligan, 2009). This has no doubt contributed to the fact that hypnosis is increasingly recognized by the international scientific community as a physiological, valid and flexible tool to explore the central and peripheral nervous system. This striking effect may represent a Copernican revolution in the field

(De Benedittis, 2004).

Current hypnosis research focuses primarily on two major areas: (1) intrinsic research, that is the research line concerned with functional anatomy of hypnosis per se, in the absence of specific suggestions, the so called “neutral hypnosis” or “default hypnosis” and the neurophysiological mechanisms underlying the hypnotic experience in dynamic conditions; and (2) instrumental research (or extrinsic studies), that refers to the use of hypnosis and suggestion for studying a wide range of cognitive and emotional processes as well as for creating “virtual analogues” of neurological and psychopathological conditions in order to elucidate their underpinnings and eventually positively change the way we treat them (Fig. 1.).

Let's now briefly highlight some significant aspects of this epochal revolution, beginning with some recent findings on intrinsic research, that is what we have learned from neuroscience on the nature of hypnosis.

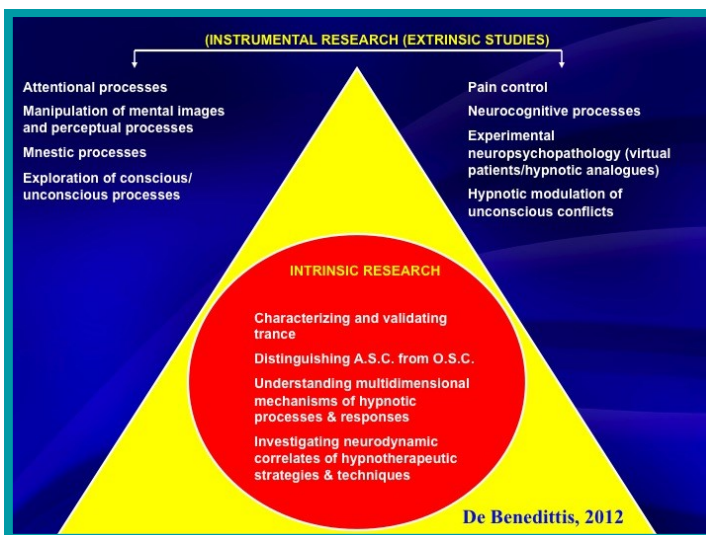


Fig. 1.:
Potential domains of the Hypnotic Brain. Intrinsic research is the research line concerned with functional anatomy of hypnosis per se, in the absence of specific suggestions, the so called “neutral hypnosis” or “default hypnosis”, and the neurophysiological mechanisms underlying the hypnotic experience in dynamic conditions. Instrumental research (extrinsic studies) refers to the use of hypnosis and suggestion for studying a wide range of cognitive and emotional processes as well as for creating “virtual analogues” of neurological and psychopathological conditions in order to elucidate their underpinnings and eventually positively change the way we treat them.

Legend:

A.S.C., altered states of consciousness; O.S.C., ordinary states of consciousness.

Neuroscience vs. Hypnosis (Intrinsic Studies).

An important fall-out of neuroscience research concerns precisely the status of hypnosis: discrete state

of consciousness or process, reality or hoax? For a long time hypnosis has been the subject of a quarrel between the dominant “credulous” view (i.e., Ss claiming to be in hypnosis, an “altered state of consciousness”) and the “skeptical” view (i.e., Ss challenging the existence of the hypnosis condition, based on the lack of objective indicators of trance and because of the reproducibility of the hypnotic effects also in waking state through appropriate “motivating suggestions”) (Sutcliffe, 1961; Barber, 1969).

The axiological uncertainty of hypnosis has been widely and definitively overcome by a growing body of convergent neurophysiological research (namely electrophysiology and neuroimaging).

The quest for the nature of hypnosis has covered multiple research areas (De Benedittis, 2009) including: (1) characterizing and validating the hypnotic state/process; (2) distinguishing altered states of consciousness (e.g., hypnosis, transcendental meditation, etc.) from ordinary states of consciousness; (3) understanding the multidimensional neural mechanisms of hypnotic processes and responses (e.g., hypnotic analgesia). There have also been studies examining important clinical implications of hypnotic approaches, such as those investigating the neurodynamic correlates underlying hypnotherapeutic strategies and techniques (e.g., direct vs. indirect suggestions; tailored vs. scripted suggestions) and bridging the gap between neuroscience and psychotherapy.

A novel, wide array of electrophysiological and neuroimaging techniques have contributed to significant advances of our knowledge of hypnotic phenomena, including functional neuroanatomy of neutral hypnosis. These include: (a) electrophysiological studies (e.g., Bispectral Analysis); (b) neuroimaging (e.g., SPECT, fMRI, PET); (c) advanced neuroimaging (e.g., Real-Time fMRI) and Brain-Computer Interface (BCI); and (d) neurofeedback.

In particular, recent studies of neuroimaging (fMRI, PET) (Maquet, 1999; Faymonville et al., 2000; Rainville et al., 2002; Egner et al., 2005) have contributed to creating a mapping of ROI (Regions of Interest) of the brain during the so-called “neutral hypnosis” or “default hypnosis” (i.e., hypnosis in the absence of any specific suggestion): the occipital cortex (involved in visualization processing, so important for the induction and the experience of hypnosis), thalamus, anterior cingulate cortex (ACC), inferior parietal cortex and dorsolateral prefrontal cortex. Perhaps we are not far from being able to draw a “neurosignature” (functional neuroanatomy) of hypnosis.

Not only has neuroscience contributed to validating and defining the trance state, but also it has allowed the differentiation between “altered states of consciousness” (e.g., hypnosis, transcendental med-

itation, etc.) and ordinary states of consciousness. Recently, bispectral electroencephalographic analysis, a sophisticated and complex evolution of the spectral analysis, has proved to be effective in differentiating between subjects in the waking state and those who are experiencing trance, on the basis of the bispectral index or BIS-Index (De Benedittis, 2006). Bispectral Analysis is derived from utilizing a composite of multiple advanced EEG signal processing techniques - including bispectral analysis, power spectral analysis and time domain analysis. It is a robust aid in monitoring the hypnotic effect of anaesthetics and has emerged as an important tool for anaesthesia management. The BIS index reflects the level of conscious sedation and/or loss of consciousness in patients undergoing general anaesthesia. Bispectral Analysis and the BIS Index can reliably measure and monitor the depth of hypnotic trance, thus distinguishing the "hypnotic zone" quantitatively and qualitatively from different levels and states of consciousness (De Benedittis, 2006). For the first time the state of trance has been identified by an objective and reliable (electrophysiological) marker, as compared with inadequate phenomenological (self-report) and behavioral (measurement scales of hypnotic depth) data of the past (De Benedittis, 2008). Moreover, recent neuroimaging data suggest a potential anatomical (morphological and volumetric) basis for hypnotizability, linking variations in the rostrum of corpus callosum to differences in attentional and inhibitory processes (Horton et al., 2004). A second, fruitful area of research has enabled a better understanding of the multidimensional neural mechanisms underlying hypnotic processes and responses (e.g., hypnotic analgesia).

Hypnotic Analgesia

One of the oldest medical applications of hypnosis concerns the control of pain, whose effectiveness, known for some time, only recently has found indisputable confirmation at the level of evidence-based medicine, with recently published meta-analysis of randomised controlled studies in both acute and chronic pain. Hypnotic analgesia represents a significant paradigm of how neurophysiological and neuropsychological research has contributed decisively to a better understanding of the mechanisms of multidimensional pain control in trance.

Since pain has a multidimensional structure involving sensory-discriminative, motivational-affective and evaluative (attentional) domains (Melzack & Casey, 1968), it is likely that the hypnotic analgesia involves multiple mechanisms of pain modulation (Jensen, 2008).

Supraspinal Central Mechanisms. One possible explanation for the increased analgesic efficacy of

hypnosis in highly hypnotizable subjects as compared with the low hypnotizables is related to greater cognitive flexibility (i.e., ability to adaptively modify cognitive strategies and awareness) (Crawford & Gruzelier, 1992; Crawford, 1994). In addition, highly hypnotizable subjects possess stronger attentional filtering capabilities, expression of fronto-limbic attentional activities. This would allow the subject in trance to be more effective in refocusing of attention, diverting attention from nociceptive or undesirable stimuli, as well as ignoring environmental, irrelevant stimuli (Crawford, 1994).

Cognitive control processes are associated with a "Supervisory Attentional System" (SAS), whose activity involves fronto-temporal cortical structures (Shallice, 1988). Neuroimaging techniques (PET, fMRI and SPECT) have contributed in a decisive way to reveal the putative mechanisms of cognitive modulation of pain, including hypnotic analgesia. In a pioneering study with SPECT (Single Photon Emission Computerized Tomography) technique, De Benedittis & Longostrevi (1988) first reported a significant decrease of the regional cerebral blood flow (rCBF) in the primary sensorimotor cortex (S1) during suggestions of hypnotic analgesia in highly-hypnotizable subjects only, possibly associated with a selective neural inhibition.

But a turning point in neuroimaging studies of hypnotic analgesia occurred with the publication of some pivotal studies of the Canadian team headed by Pierre Rainville with PET (Positron Emission Tomography) technique. In the first of these studies (Rainville et al., 1997) it was shown that hypnotic manipulation of the degree of negative affective resonance (unpleasantness), evoked by a nociceptive stimulation in a group of volunteers, concomitantly induced corresponding changes in the activities of the brain structures (i.e., increased/reduced activation of the anterior cingulate cortex, ACC) involved in coding the motivational-affective component of pain, while no change was observed in the activity of primary sensorimotor cortex (S1), involved in processing the sensory-discriminative component of the nociceptive stimulus (Rainville et al., 1999a, 1999b). This pioneering study was followed by others of the same group and by Belgian researchers (Faymonville et al., 2000; Hofbauer et al., 2001), which confirmed and extended the results of the aforementioned study, suggesting that the ability of hypnosis in differentially modulating the different aspects of pain perception is not rigid, structural and unidirectional, but dynamic and dependent upon the structure and formulation of hypnotic suggestions. Contrary to what had been previously believed (De Benedittis et al., 1989; Hilgard & Hilgard, 1994), it is becoming increasingly clear that hypnosis can modulate effectively not only the motivational-affective component of pain, but also the sensory-

discriminative one (more directly linked to the intensity of the nociceptive stimulation), albeit, probably, to a lesser extent.

Spinal Mechanisms. Hypnotic analgesia may also depend on the activation of Descending Inhibitory Systems (DNIC, Descending Noxious Inhibitory Controls), that specifically modulates the spinal transmission of the nociceptive input. The involvement of these systems during hypnotic suggestions of analgesia has been demonstrated by electrophysiological studies that have documented that hypnosis significantly reduces the amplitude of the nociceptive flexion reflex (R-III), believed to be linearly related to the intensity of perceived pain (Kiernan et al. , 1995; Danziger et al., 1998). The effect was shown to be proportional to the level of hypnotic suggestibility.

Autonomic and peripheral mechanisms. In addition to the spinal and supraspinal mechanisms, there is increasing evidence that hypnosis modulates also the activity of the autonomic (ANS) and peripheral nervous system (PNS). The sympatho-vagal interaction of ANS during the trance was analyzed for the first time with the spectral analysis of the heart rate variability signal by De Benedittis et al. (1994). The study showed that hypnosis modulates the heart rate variability signal (RR interval) by shifting the balance of sympato-vagal interaction toward an increased parasympathetic output, concomitant with a reduction in the sympathetic tone. The effect was positively correlated with hypnotic susceptibility. These data are of particular interest in the modulation of pain, because the autonomic output may induce, exacerbate or prolong pain (such as, for example , in complex regional pain syndromes).

Finally, Langlade et al. (2002) have shown that heat pain threshold assessed by thermal stimuli was significantly elevated during hypnosis. These findings, if confirmed, would indicate that hypnosis can down-regulate neuronal inflow from A-delta and C fibers stimulation, possibly explaining, at least partially, the analgesic effect.

In conclusion, recent studies on hypnotic analgesia are remarkably convergent and suggest that the concomitant activation of a specific, peripheral and central neural network, structured in a hierarchical multiple and flexible organization (Price, 1999), might represent the "neurosignature" of the hypnotic modulation of pain (De Benedittis, 2003). It is noteworthy that the structures involved in pain perception are the same as those involved in its cognitive, hypnotic modulation (Peyron et al., 2002). However, the functional dynamics of these complex patterns remains to be further elucidated.

Hypnosis vs Neuroscience (Instrumental Studies) - Cognitive Modulation

Neuroscience has begun to consider using hypnosis as an appropriate, physiological and viable tool to explore and modulate emotional and cognitive determinants of human experience. Hypnosis can be considered as a heuristic paradigm of cognitive modulation (De Benedittis, 2009). Potential domains of current and future research include: (a) attentional processes; (b) pain control; (c) manipulation of mental images and perceptual processes; (d) mnemonic processes; (e) exploration of conscious and unconscious processes; (f) neurocognitive processes; and (g) genetic determinants of hypnotic responsiveness, as part of the Human Genome Project.

Visual and Auditory Perception . In addition to pain perception, the ability of hypnotic suggestions to modulate other perceptions has been investigated in several neuroimaging studies. One study on hypnotic suggestions of auditory hallucinations (Szechtman et al. , 1998) has shown that the brain areas activated are essentially the same during the actual perception of an auditory stimulus (albeit with a gradient of less intensity of activation). Accordingly, Kosslyn et al. (2000) have shown that visual illusions under hypnosis activate visual associative areas similar to those activated when perceiving a real, visual stimulus. These studies suggest that the line between real perception of the stimulus and distorted perception (i.e., illusion) or absence of a stimulus (i.e., hallucination) is more elusive than believed.

Sensory hallucinations. Derbyshire et al. (2004) have used hypnotically suggested pain in normal, pain-free individuals to create an unequivocal analogue of functional pain. What they found was that the hypnotic pain experience was associated with widespread activation in classic pain areas (thalamus, anterior cingulate cortex, insula, pre-frontal cortex and parietal cortex), similar to that seen with a comparable physically induced pain and proportionate to the level of subjective pain reported. Interestingly, this activation pattern was not seen when participants were asked to imagine the same pain experience .

Hypnosis and Attention. Modern cognitive studies have suggested that attention is neither a property of a single brain area nor that of the entire brain. Attention can be viewed as involving a system of anatomical areas, consisting of three more specialized networks. These networks carry out the functions of alerting, orienting, and executive control. Distinct brain areas mediate different attentional processes (Raz & Shapiro, 2002; De Benedittis, 2003).

Neuroimaging studies suggest that discrete brain areas mediate specific attentional processes. In a recent study (Raz et al. , 2002) the Stroop Interference Test was used for assessing interference in cognitive attentional processes under hypnosis. In more complex tasks, highly hypnotizable subjects showed sig-

nificantly shorter reaction times compared to low hypnotizable subjects, confirming a greater attention skill related to high hypnotic susceptibility.

Hypnosis and Memory. It is well known that hypnosis is effective in inducing post-hypnotic amnesia and modulating implicit and explicit mnemonic content (Cox & Bryant, 2008). A recent neuroimaging study (Mendelsohn et al., 2008) has shown that the suppression of episodic memories in hypnosis (post-hypnotic amnesia) is associated with changes in brain areas responsible for long-term recall (i.e., occipital cortex, temporal cortex and prefrontal cortex). These data were interpreted as evidence of an active inhibition of the processes of mnemonic recall.

Experimental Neuropsychopathology and Neurodynamic Correlates of Therapeutic Techniques

Experimental Neuropsychopathology is aimed at elucidating the neurocognitive processes that contribute, in whole or in part, to the aetiology, exacerbation or maintenance of abnormal behavior (Zvolensky et al., 2001). Hypnotic suggestions can serve as an experimental tool for the creation of hypnotic clinical analogues (virtual patients) (Oakley & Halligan, 2009) of neurological or psychiatric diseases, in order to elucidate psychopathological mechanisms and eventually being used appropriately in the therapeutic setting. The most intriguing and advanced frontier is possibly represented by the use of hypnosis as a neuropsychobiological investigation tool in psychotherapy (e.g., assessing psychobiological correlates of experimental unconscious conflicts with electrophysiological and/or neuroimaging techniques).

Hypnotic analogues of neurological and/or psychiatric conditions (virtual patients). An intriguing study by Halligan et al. (2000) generated a hypnotic analogue of conversion hysteria (i.e., limb paralysis) in a healthy subject and compared his fMRI with those from real patients with hysteria. The results were striking. In the virtual patient there were activated the same key targets as those observed in real patients.

The psychophysiological and behavioral changes observed during the recall of memories in patients who have suffered psychological trauma often resemble the phenomena observed in a trance. Activation of identical brain structures has been observed in studies of strong emotional recall as well as in studies of neuroimaging in hypnosis: thalamus, hippocampus, amygdala, medial prefrontal cortex, anterior cingulate cortex (Bremner & Vermetten, 2004). Therefore, it is not unlikely that the neurodynamic circuits activated in recall of traumatic memories in patients with PTSD (Post-Traumatic Stress Disorder) largely overlap with those observed in trance for the recovery of uncon-

scious memories/conflicts.

Hypnotic modulation of conflicts in the human brain.

Increasing evidence suggests that cognitive-emotional conflicts involve the activity of the anterior cingulate cortex (ACC) (Raz et al., 2005). Hypothesizing that such conflict reduction would be associated with decreased ACC activation, Raz et al. (2005) recently combined neuroimaging methods and studied highly and less-hypnotizable participants both with and without a suggestion to interpret visual words (Stroop interference test) as nonsense strings. The associated increase in activity in ACC in the absence of compensatory changes in left frontal cortical areas has been interpreted as evidence that hypnosis acts to decouple the normal relationship between conflict monitoring and cognitive control.

Conclusions

Hypnosis is no longer a matter of dispute and controversy in the international scientific community. It has not only been established as a viable, valid and reliable intervention for controlling discrete clinical syndromes, but is now recognized by most scientists as a real psychobiological state and process. Most important, neuroscience research is beginning to consider and use hypnosis as a physiologically effective tool for studying the normal, human brain and to investigate neurodynamic correlates of psychotherapy (De Benedittis, 2003). Also, hypnotic clinical analogues increasingly serve as clinical simulations to investigate specific hypotheses concerning neuropsychopathological disorders.

In conclusion, the most recent clinical-experimental paradigms have established the role of the Hypnotic Brain as a physiological probe to explore brain/mind mechanisms, producing, in turn, an important impact on the advances of our knowledge on the nature of trance. This seems a new callisthenics for the human brain/mind.

References

1. Barber TX (1969) Hypnosis: A Scientific Approach. Van Nostrand Reinhold, New York.
2. Cox RE, Bryant RA (2008) Advances in hypnosis research: methods, designs and contributions of intrinsic and instrumental hypnosis. In eds. M.R. Nash, A.J. Barnier (Eds), The Oxford Handbook of Hypnosis: Research Theory and Practice, Oxford University Press, Oxford, pp. 311-336.
3. Crawford HJ (1994) Brain dynamics and hypnosis: Attentional and disattentional processes. International Journal of Clinical and Experimental Hypnosis, 42: 204-232.
4. Crawford HJ, Gruzelier JH (1992) A midstream view of the neuropsychophysiology of hypnosis: Recent research and future directions. In eds: E. Fromm, M. R. Nash, (Eds.) Contemporary hypnosis research. Guilford, New York, pp. 227-266.
5. Danziger N, Fournier E, Bouhassira D, Michaud D, De

- Broucker T, Santarcangelo E, Carli G, Chertock L, Willer JC(1998) Different strategies of modulation can be operative during hypnotic analgesia: a neurophysiological study, *Pain*, 75:85-92.
6. De Benedittis G (2003) Understanding the multidimensional mechanisms of hypnotic analgesia, *Contemporary Hypnosis*, 20(2): 59-80.
7. De Benedittis G (2004) Introduzione: Una rivoluzione copernicana ? Editoriale. *Ipnosi*, 1:9-13.
8. De Benedittis G (2006) L'ipnosi ha un futuro antico: un ponte tra neuroscienze e psicoterapia. *Ipnosi*, 1: 65-68.
9. De Benedittis G (2008) E' possibile misurare e monitorare la profondità della trance ? Uno studio controllato con analisi bispettrale. In eds G. De Benedittis, E. Del Castello, C. Valerio,(Eds.) *Dall'ipnosi ericksoniana alle neuroscienze. L'ipnosi tra scienza, cultura e tecnica terapeutica* , Franco Angeli Ed., Milano, pp. 17-25.
10. De Benedittis G (2009) Il cervello ipnotico: un ponte tra neuroscienze e psicoterapia. *Idee in Psicoterapia*, 3: 131-144.
11. De Benedittis G , Longostrevi G R (1988) Cerebral blood flow changes in hypnosis: A single photon emission computerized tomography (SPECT) study. Paper presented at the Fourth International Congress of Psychophysiology, Prague, Czechoslovakia.
12. De Benedittis G, Panerai AA, Villamira M A (1989) Effects of hypnotic analgesia and hypnotizability on experimental ischemic pain. *International Journal of Clinical and Experimental Hypnosis*, 37: 55 69.
13. De Benedittis G, Cigada M, Bianchi A, Signorini MG, Cerutti S (1994) Autonomic Changes During Hypnosis: A Heart Rate Variability Power Spectrum Analysis as a marker of Sympatho-Vagal Balance. *International Journal of Clinical and Experimental Hypnosis*, 42 (2): 141-153.
14. Derbyshire SWG, Whalley MG, Stenger, VA, Oakley DA (2004) Cerebral activation during hypnotically induced and imagined pain. *Neuroimage*, 23(1), 392-401.
15. Egner T , Jamieson G , Gruzelier J (2005) Hypnosis decouples cognitive control from conflict monitoring processes of the frontal lobe. *Neuroimage*, 27(4): 969-978.
16. Faymonville ME, Laureys S, Degueldre C , DelFioe G, Luxen A, Franck G, Lamy M, Maquet P (2000). Neural Mechanisms of Antinociceptive Effects of Hypnosis. *Anesthesiology*, 92: 1257-1267.
17. Halligan PW , Athwall BS, Oakley BA, Frackowiak LSJ (2000) Imaging hypnotic paralysis: implications for conversion hysteria. *Lancet* 355 : 986-987.
18. Hilgard ER, Hilgard J R (1994) Hypnosis in the relief of pain (Rev. ed.). Brunner/Mazel , New York.
19. Hofbauer RK, Rainville P, Duncan,GH, Bushnell MC (2001) Cortical representation of the sensory dimension of pain. *Journal of Neurophysiology*, 86(1): 402-411.
20. Horton JE, Crawford HJ, Harrington G, Downs JH 3rd (2004) Increased anterior corpus callosum size associated positively with hypnotizability and the ability to control pain. *Brain*. 2004 Aug;127(Pt 8):1741-7. Epub 2004 Jul 1.
21. Jensen, M.P. (2008). The neurophysiology of pain perception and hypnotic analgesia: Implications for clinical practice. *American Journal of Clinical Hypnosis*, 51, 123-148.
22. Kiernan BD, Dane J R, Phillips L H, Price D D (1995) Hypnotic analgesia reduces R-III nociceptive reflex: Further evidence concerning the multifactorial nature of hypnotic analgesia. *Pain*, 60: 39-47.
23. Kosslyn SM, Thompson WL, Costantini-Ferrando MF, Alpert NM , Spiegel D (2000) Hypnotic Visual Illusion Alters Color Processing in the Brain. *American Journal of Psychiatry*, 157: 1279-1284.
24. Langlade A, Jussiau C, Lamonerie L, Marret E, Bonnet F (2002) Hypnosis increases heat detection and heat pain thresholds in healthy volunteers. *Regional Anesthesia Pain Medicine*, 27(1):43-46.
25. Maquet P (1999) Functional neuroanatomy of the hypnotic state. *Biological Psychiatry*, 45: 327-333.
26. Melzack R , Casey KL (1968) Sensory, motivational and central control determinants of pain: a new conceptual model. In eds D.R. Kenshalo (Ed), *The Skin Senses*. Thomas , Springfield, Il, pp. 423-443.
27. Mendelsohn A , Chalamish Y, Solomonovich A, Dudai Y (2008) Mesmerizing memories: brain substrates of episodic memory suppression in posthypnotic amnesia. *Neuron* 57 : 159-170.
28. Oakley DA, Halligan PW (2009) Hypnotic suggestion and cognitive neuroscience. *Trends in Cognitive Sciences*, 13 (6), 264-270.
29. Peyron R, Rainville P, Petrovic P. (2002) Cognitive Modulation of Cortical Responses to Pain. Abstract. 10th World Congress on Pain, San Diego , California. Seattle, WA: IASP Press; 580.
30. Price DD (1999). Mechanisms of hypnotic analgesia. In ed D.D. Price (Ed.), *Psychological Mechanisms of Pain and Analgesia*. Vol. 15. IASP Press, Seattle, WA, pp. 183-204.
31. Rainville P, Duncan GH, Price DD, Carrier B, Bushnell MC (1997) Pain affect encoded in human anterior cingulate but not somatosensory cortex. *Science*, 277: 968-971.
32. Rainville P, Hofbauer RK, Paus T, Duncan GH, Bushnell MC, Price DD (1999a) Cerebral mechanisms of hypnotic induction and suggestion. *Journal of Cognitive Neuroscience*, 11: 110 125.
33. Rainville P, Carrier B, Hofbauer R K, Duncan G H, Bushnell M C (1999b) Dissociation of pain sensory and affective processes using hypnotic modulation. *Pain*, 82: 159-171.
34. Rainville P, Hofbauer RK, Bushnell MC , Duncan GH , Price DD (2002). Hypnosis Modulates Activity in Brain Structures Involved in the Regulation of Consciousness. *Journal of Cognitive Neuroscience*, 14: 887-901.
35. Raz A , Shapiro T (2002) Hypnosis and Neuroscience: A Cross Talk Between Clinical and Cognitive Research. *Arch.Gen.Psychiat*. 59: 85-90.
36. Raz A , Shapiro Th, Fan J, Michael I , Poster MI (2002) Hypnotic Suggestion and the Modulation of Stroop Interference. *Arch Gen Psychiatry*, 59:1155-1161.
37. Raz A Fan J, Posner MI (2005) Hypnotic suggestion reduces conflict in the human brain, *Proceedings of the National Academy of Sciences U. S. A.* , 102: 9978-9983.

38. Shallice T (1988) From neuropsychology to mental structure. Cambridge University Press. Cambridge, England.
39. Sutcliffe JP (1961) "Credulous" and "skeptical" views of hypnotic phenomena: Experiments on esthesia, hallucination, and delusion. The Journal of Abnormal and Social Psychology, Vol 62(2), Mar 1961, 189-200.
40. Szechtman H, Woody E, Bowers KS, Nahmias C (1998) Where the imaginal appears real: A positron emission tomography study of auditory hallucinations. Proceedings of the National Academy of Sciences, 95 1956-1960.
41. Vermetten E, Bremner JD (2004) Functional Brain Imaging and the Induction of Traumatic Recall: A Cross-Correlational Review Between Neuroimaging And Hypnosis, International Journal of Clinical and Experimental Hypnosis, 52:3,280-312.
42. Zvolensky M, Lejuez CW, Stuart GL, Curtin JC (2001) Experimental psychopathology in psychological science, Rev. Gen. Psychol. 5 : 371-381.

Findings of Note Prominent Papers in Clinical and Research Hypnosis

A review by András Költő (Hungary)



The Newsletter's new section, "Prominent Findings" will serve 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 begun in 2000. In the first Prominent Findings, five papers are presented. Three of them are clinical reviews, examining the utility of hypnosis in emergency care, child and adolescent issues, and chronic pain management. A theoretical paper presents the neurophenomenology of hypnosis. Finally, a research study investigates how extrinsic hypnosis can be used in broader science, applying suggestions for automatic writing.

We hypnosis practitioners may feel honored that mention of our field is regularly appearing outside narrower hypnosis platforms, covered by the International Journal of Clinical and Experimental Hyp-

nosis, the American Journal of Hypnosis, the Contemporary Hypnosis and Integrative Therapy, and the Australian Journal of Clinical Hypnotherapy and Hypnosis. Other scientific journals in the areas of medicine and psychology publish hypnosis-related articles from time to time, although the number of such papers could have been higher. To "channel back" the most important papers to hypnosis practitioners, Dr. Michael Nash, the then Editor-In-Chief of the IJCEH, launched a review section in the International Journal fourteen years ago:

The Salient Findings section will be a collection of brief (...) summaries of very important and very recent articles about hypnosis that have appeared in the general medical, general psychological, and broad scientific literatures. In this way, our readership will not only be apprised of other new developments in the field but will be cued to how hypnosis is faring in the broader scientific literatures. We will be highly selective, using a criterion such that only articles that should be missed by no one in the hypnosis community will be summarized. As we have researched this, it appears that at most only about three or four such articles appear each quarter. For most of this year, however, we will be making up for lost time summarizing articles that have appeared over the last two years (Nash, 2000, p. 4, emphasis in the original).

In the present section, Prominent Findings, we aim to continue the tradition started by Dr. Nash. Fortunately, these days a few more articles are published than were one and a half decades ago; however, we stick to the criteria of being highly selective of which findings to present here. We will report about empirical studies, clinical observations, theoretical and methodological papers that are worthy of all hypnosis practitioners' attention. We hope that rebooting such a review—now called Findings of Note—will not just inform hypnosis professionals but it will also facilitate them to publish "extramurally", to make non-hypnotist colleagues more familiar with the merits of our methods.

Of the hypnosis articles published in the last 2 years, five may be especially interesting to the hypnosis community. The first one is a review on the utilization of hypnotic techniques in emergency healthcare (Iverson, 2014). Although hypnosis fulfils almost all criteria of an ideal emergency medicine intervention, it is relatively rarely used in such settings. The second paper gives a detailed overview on what is hypnosis, and why and how shall it be used with children and adolescents (Kohen and Kaiser, 2014). Besides listing conditions when hypnotic in-

interventions could be applied with young people, they provide case vignettes. The third clinical paper (Jensen & Patterson, 2014) addresses how hypnosis can be used in chronic pain management. They emphasize that contrary to the frequently used pharmacological solutions, hypnotic pain management has very few negative but many positive side effects. Although the primary target audience of these papers are the non-hypnotist healthcare professionals (with the implicit aim to facilitate them to get training in hypnotherapeutic techniques), their practical message is essential for hypnotists as well, therefore they deserve our attention.

The other two articles have significant theoretical and methodological bearing. Hypnosis, naturally, is an intriguing subject to be studied or applied on its own; nevertheless, more and more scholars of other disciplines recognize that it can be used as a model situation for several psychological and physiological phenomena. The former is coined “intrinsic” while the latter “extrinsic” hypnosis (Reyher, 1962). As opposed to meditation, hypnosis can promptly trigger profound alterations in the subjective experience. Therefore it is a useful tool in systematic investigation of the neural basis of phenomenology. Lifshitz, Cusumano and Raz (2013) analyze the role of hypnosis as a means of investigating neuropsychology. A pioneering experimental utilization of extrinsic hypnosis was conducted by Walsh et al. (2014). They created a standardized setting where phenomenological and neural correlates of automatic handwriting under hypnosis can be investigated. These papers raise attention to the fact that the hypnotist can act as a member of a research team where she or he is in charge of the systematic modulation of the subjects’ consciousness. This task is especially challenging but it may result in irreplaceable contributions to the understanding of cognition, affect, agency, volition, psychopathology, time sense and many other psychological phenomena.

CLINICAL HYPNOSIS IN SPECIFIC SITUATIONS, WITH SPECIFIC PATIENTS

JOURNAL: The Journal of Emergency Medicine
Iserson, K. V. (2014). An hypnotic suggestion: Review of hypnosis for clinical emergency care. Journal of Emergency Medicine, 46(4), 588–596. DOI: 10.1016/j.jemermed.2013.09.024.

Although we have evidence that hypnosis with patients in emergency situations increases the survival rate and healing (for instance in cases of burning: Ewin, 2001), publications on this topic are sparse. Emergency clinicians use it rarely, although it fits almost all requirements of the ideal emergency medicine interventions: it is safe, fast, ready-to-use, has low costs, needs minimal staff and equipment,

and (if administered properly) has no risks. Emergency practitioners, however, are reluctant to use it. Reluctance is maybe due to myths around hypnosis that can both influence doctor and patient, like the belief that the hypnotized subject will lose his consciousness or that hypnosis needs a long time to take effect. Doubts about effectiveness and the lack of hypnotic training in medical education may also contribute. Iverson, however, argues that it should be used for a wide array of emergency situations. He gives a compact description of medical hypnosis, its historical roots, the neurophysiologic mechanisms of the procedure; he lists the potential uses in emergency settings, and offers some simple techniques. Although clinical studies on emergency hypnosis are rather scarce, we have evidence that hypnotic interventions are effective in analgesia for existing pain, have sedative effect under painful procedures, reduce acute anxiety, increase the patient’s cooperation and soothe general arousal caused by stress. A particularly valuable contribution of the article is the raising of possible research studies in emergency hypnosis. These include why emergency patients become hypnotizable, how the EM personnel’s attitudes and beliefs could have been changed towards being more willing to adopt hypnosis, and outcome studies assessing the success and the time required to carry out various hypnotic interventions within EM settings. For the first question, a possible answer is that patients in critical state are more susceptible to all kinds of suggestions. Specific trainings can be provided to the whole medical personnel—including those who are not qualified to conduct hypnosis—to utilize the healing power of positive suggestions (Varga, 2011).

JOURNAL: Children

Kohen, D. P., & Kaiser, P. (2014). Clinical Hypnosis with Children and Adolescents—What? Why? How?: Origins, Applications, and Efficacy. Children, 1(2), 74–98. DOI: 10.3390/children1020074

Children are more responsive to hypnosis than adults, maybe because they show larger imaginative involvement than the seniors (J. R. Hilgard, 1970). As they have a large fantasizing capacity and proneness for absorption, in many cases they even do not need formalized hypnosis induction, unlike adults. Therefore hypnotic interventions for children may be especially fruitful. Kohen and Kaiser emphasize that clinical pediatric hypnosis facilitates the development and the refinement of self-regulation skills and abilities of children. These include shifting attention, maintaining focused attention, inhibiting and controlling reflexive actions, delaying gratification, using problem-solving strategies, and self-monitoring and modulating thinking, affect, behavior, and psychophysiological reactivity. This approach reflects

on not simply treating a wide array of clinical pediatric problems, but it is definitely a way of psychological empowerment of children (Rissel, 1994). The authors provide a brief history of how hypnosis with children evolved, and discuss the “what”, “why” and “how” of pediatric hypnosis. They systematically describe the categories where hypnotherapeutic interventions can be applied with children and adolescents. Their analysis cover habit problems, mental health conditions, psychophysiological disorders, pain, sleep disorders and chronic illness. In all categories many examples are mentioned, with an exhaustive list of the key references to the relevant literature. They present four case labels, demonstrating hypnotic interventions in performance anxiety, uncontrolled anger and nocturnal enuresis, phobias and chronic daily headache. They draw attention to caveats and contraindications of pediatric hypnosis. Finally, possibilities to learn hypnosis are introduced.

JOURNAL: American Psychologist

Jensen, M. P., & Patterson, D. R. (2014). Hypnotic approaches for chronic pain management: Clinical implications of recent research findings. *American Psychologist*, 69(2), 167–177. DOI: 10.1037/a0035644

The empowering effect of enhancing self-management through hypnotherapy that I described above also applies for treating chronic pain with hypnosis. Pain is a phenomenon strongly interwoven with both clinical and experimental hypnosis (e.g. Esdaile, 1846; Hilgard & Hilgard, 1975). Chronic pain causes a good deal of suffering and reduced functioning. Standard methods of treatment, however, are often inadequate. Hypnosis seems to be a robust method for that aim, and from all known techniques it is the one with the fewest adverse side effects. What Iverson attributes to be a general cause for hypnosis not being used in emergency settings as widely as it could be—myths and misunderstandings—, may also be true for hypnotic chronic pain management. Even some professionals, based on laboratory findings, think that hypnotizability is strongly correlated with the success of hypnoanalgesia, i.e., such suggestions work with just the highly susceptible. In clinical studies, the association between hypnotizability and effectiveness of hypnoanalgesia is weak and inconsistent, and most of the patients report that hypnosis was more or less beneficial for them. Jensen and Patterson analyze the hypnotic interventions for pain management from the neurophysiological perspective. As pain is not related to a single brain region but is the product of a complex system, coined “neuromatrix”, different hypnotic suggestions can be administered for specific analgesic effects (e. g. reducing the unpleasantness of pain; re-

laxation; mobilizing resources for coping; improving activity levels, adaptive pain-related cognition, and sleep quality). This variety suggests that a clinician trained in hypnosis may address issues beyond pain reduction and thus she or he may improve patients’ life quality to a higher extent than if just their pain was treated. The neurophysiological findings, according to the authors, have two important implications: (1) to maximize effectiveness, hypnotic suggestions should target multiple domains of pain, and (2) as hypnosis itself leads to relaxation on a cortical level, the calming and soothing effects should be fully exploited.

EXTRINSIC HYPNOSIS: NEUROPHENOMENOLOGY AND AUTOMATIC WRITING

JOURNAL: Frontiers in Human Neuroscience

Lifshitz, M., Cusumano, E. P., & Raz, A. (2013). Hypnosis as neurophenomenology. *Frontiers in Human Neuroscience*, 7, Article 469. DOI: 10.3389/fnhum.2013.00469

Since the classic paper of Shor (1962) we are aware that hypnotic susceptibility is not simply the extent of behavioral responses to standardized test suggestions. Hypnotic responding also includes the emotions towards the hypnotist (“archaic involvement”) and experiences associated with the alterations in consciousness (“trance depth”). Lifshitz and his colleagues offer a theoretical framework for merging the latter, phenomenological aspect of hypnosis with the most up-to-date methods and findings of neuroscience. That kind of integration, “neuroscience”, helps experimental subjects to get into and sustain specific experiential states, facilitate meta-awareness of these states (i. e. that the subjects have explicit information or opinion about their specific experiences), and thus it enables the subjects to share their experiences via phenomenological interviewing techniques. Hypnosis—in the extrinsic way I mentioned above—seems to be an excellent vehicle for neurophenomenological research, as it leads to remarkable alterations in perception, affect, cognition, behavior and neurophysiological functioning. Indeed, with specific suggestions, hypnosis may provoke consistent changes, which gives researchers the possibility to systematically and reliably manipulate specific elements of consciousness. As hypnosis decreases critical and consciously directed thinking, it may also lead to more genuine first-person reports than other experimental conditions, although specific suggestions to facilitate meta-awareness are still nascent. The authors suggest using a special interview technique (“explication interview”) to help the subjects to report about their hypnotic experiences for phenomenological analysis. Actually, there is an explication interview method developed specifically for hypnosis but not referred by them: it is the Expe-

riential Analysis Technique (EAT) (Sheehan, 1992). The notion to merge phenomenological reports and neuroimaging results and to use hypnosis for such experiments as a standardized model situation is a concept which may lead to ground-breaking innovations both in research and hypnotherapy.

JOURNAL: Consciousness and Cognition

Walsh, E., Mehta, M. A., Oakley, D. A., Guilmette, D. N., Gabay, A., Halligan, P. W., & Deeley, Q. (2014). Using suggestion to model different types of automatic writing. *Consciousness and Cognition*, 26, 24–36. DOI: 10.1016/j.concog.2014.02.008

The research Walsh et al. have conducted is, in fact, a practical realization of the neurophenomenological concept suggested by Lifshitz and his colleagues (see previous article). Walsh and his co-authors have used hypnotically suggested automatic writing to study the nature of alien control, the feeling that our actions are generated by another will, and thought insertion, the perception that one or more thoughts are planted in our mind from the outside. These are symptoms of several neuropsychiatric disorders (e. g. schizophrenia) and they are a heavy burden to the patients and the caretakers as well. Automatic writing, however, is one of the few hypnotic techniques that have direct inspiring effect on art: it was a very popular resource of ideas in the Surrealist movement (Lomas, 2012). Writing, in everyday life, is an intricate activity involving thinking, volition, movements and awareness. The authors argue that automatic writing, with specific hypnotic suggestions, can be used to model alien control and thought insertion. They developed a “mock fMRI” setting (meaning that their subjects were lying in an fMRI scanner just as if it was recording their brain activity), where the highly hypnotizable subjects—in resting, lying position—were able to hand-write. This setting created a standardized environment, and makes it possible to follow the brain activity in further experiments. The subjects were given suggestions that either an engineer is inserting thoughts into their mind (thought insertion) or that the engineer is controlling their hand movements as they write (alien control). These suggestions were administered to the subjects in seven conditions (alert vs. hypnotic state, voluntary vs. involuntary, separately vs. combined, being vs. not being aware of the suggestions). These conditions systematically change the control, the sense of ownership and awareness in the cognitive and motor components of handwriting. The subjects evaluated the strength of these components in a scale from 0 to 10; post-experimentally a semi-structured interview was conducted about their experiences. The most important finding was that while the suggestions did not result in remarkably different ratings, the sub-

jects reported about small but significant reduction in control, ownership and awareness when they were in hypnotic state. Nevertheless, the results verified that this setting can be used as a model situation for dissociated control, ownership, agency (Polito, Barnier & Woody, 2013) and awareness of thoughts and movements, usually observed in psychotic states; therefore it can be a fruitful method in experimental psychopathology and understanding the operation of consciousness.

References

1. Esdaile, J. (1846). *Mesmerism in India and its practical application in surgery and medicine*. London, United Kingdom: Longman, Brown, Green, and Longmans.
2. Ewin, D. M. (2001). The use of hypnosis in the treatment of burn patients. In G. D. Burrows, R. O. Stanley, & P. B. Bloom (Eds.), *International Handbook of Clinical Hypnosis* (pp. 273–284). Chichester, United Kingdom: John Wiley & Sons, Ltd.
3. Hilgard, E. R., & Hilgard, J. R. (1975). *Hypnosis in the relief of pain*. Los Altos, USA: W. Kaufmann.
4. Hilgard, J. R. (1970). *Personality and Hypnosis: A Study of Imaginative Involvement*. Chicago and London: The University of Chicago Press.
5. Lomas, D. (2012). *Becoming Machine: Surrealist Automatism and Some Contemporary Instances*. Tate Papers, 18, retrieved from <http://www.tate.org.uk> on 29 Aug 2014.
6. Nash, M. R. (2000). Editorial. *International Journal of Clinical and Experimental Hypnosis*, 48(1), 3–5. DOI: 10.1080/00207140008410356
7. Oakley, D. A. (2006). Hypnosis as a tool in research: Experimental psychopathology. *Contemporary Hypnosis*, 23, 3–14. DOI: 10.1002/ch.34
8. Polito, V., Barnier, A. J., & Woody, E. Z. (2013). Developing the Sense of Agency Rating Scale (SOARS): An empirical measure of agency disruption in hypnosis. *Consciousness and Cognition*, 22(3), 684–696. DOI: 10.1016/j.concog.2013.04.003.
9. Reyher, J. (1962). A paradigm for determining the clinical relevance of hypnotically induced psychopathology. *Psychological Bulletin*, 59(4), 344–352. DOI: 10.1037/h0047160
10. Rissel, C. (1994). Empowerment: the holy grail of health promotion? *Health Promotion International*, 9 (1), 39–47. DOI: 10.1093/heapro/9.1.39
11. Sheehan, P. W. (1992). The phenomenology of hypnosis and the Experiential Analysis Technique. In E. Fromm & M. R. Nash (Eds.), *Contemporary hypnosis research* (pp. 364–389). New York, USA: Guilford Press.
12. Shor, R. E. (1962). Three dimensions of hypnotic depth. *International Journal of Clinical and Experimental Hypnosis*, 10(1), 23–38. DOI: 10.1080/00207146208415862
13. Varga, K. (Ed.). (2011). *Beyond the Words: Communication and Suggestion in Medical Practice*. New York, USA: Nova Science Publishers.

Book Review

e-Book Innovation for Hypnosis Dr. Leora Kuttner



Dr Leora Kuttner is a Pediatric Clinical Psychologist, Clinical Professor of Pediatrics at BC Children's Hospital in Vancouver, Canada, and a Documentary

Filmmaker of "No Fears, No Tears" "No Fears, No Tears — 13 Years Later" on hypnosis for pain relief during cancer treatment & "Making Every Moment Count" on pediatric palliative care.

Dr. Dan Handel - Dr. Sylvan Neron, "Hypnotic Approaches in Cancer and Palliative Care"

"Hypnotic Approaches in Cancer and Palliative Care" is an exciting innovation in e-book self-directed learning. In 257 pages, it delivers a well-organized and accessible learning experience outlining the many ways hypnosis can be therapeutically helpful in palliative care. As co-author Dr. Dan Handel states: "Hypnosis can create an 'inner space,' away from the burdensome external focus of perpetual tension". Through the use of multi-media, this e-Book allows us to observe master clinician and co-author, Dr. Sylvan Neron, working skillfully and compassionately --always providing warmth and hope, with his patients, who face a range of end of life concerns.

What is innovative is that there are multiple tracks to add depth and dimension to this emotionally charged and complex therapeutic material. The reader can select either authors' commentary in audio, audio-visual or written transcript with a simple click. In some cases the entire video is transcribed so that we can study the process. In some, Dr. Neron's clinical intention is notated with an icon of a droplet of water in a pool and Dr. Handel's commentary is indicated with hands. These are nice graphic touches. While the inclusion of videos has been part of many recent books, those have been attached in CD format. Neron & Handel's videos, however, are linked to Youtube (private

settings accessible only through the book) enabling easy and immediate access. The format is novel and enjoyable.

Like the experience of good hypnosis, the book's organization is non-linear, weaving themes, metaphors and suggestions into a wider frame so that at the end of the seven chapters, the reader / learner has a deeper appreciation of what is required to deliver state-of-the-art hypnosis at the end of life. We are shown how a hypnotic experience can be tailored to, and drawn from the life experience of the patient; by providing care wherever the patient is, e.g. at the bedside; by preparing for distressing medical procedures with training in regional hypnotic analgesia; and by addressing grief and soul anguish. Dr. Neron elegantly addresses this anguish by providing a future orientation embedded with comfort for one of his patients: "And the future is NOW. And the future is just COMFORT."

From an introduction to the book's educational objectives in Chapter 1, the learner/reader is introduced in chapter 2 to palliative care, and hypnotic principles and strategies for anxiety and nausea. Short video selections (0.42" to 12'.50") of clinical vignettes illustrating hypnotic phenomena in the spectrum of care, provide us with compelling evidence of efficacy. These include inductions, amnesia and time distortion, blanket and hand-analgesia, symptoms management and finding existential meaning. We are asked 'to stay alert' as we watch the psychotherapeutic process of people being supported through the hypnotic process to come to peace with their lives and their physical and emotional challenges. Their faces are blurred in the picture but their voices are unaltered and the caring, warm relationship between Dr. Neron and each one of them is apparent.

Longer versions of some of these videos are seen in Chapters 3 to 5 that focus on 'Pain Relief and Palliation of Symptoms'; 'Symptom Relief, Emotional Containment and Spiritual Enrichment'; and 'Self-Hypnosis: Dealing with Treatments, Medical Teams, and Procedures'. The graphic representations of pain strategies are excellent. They show the range of hypnotic phenomena that provide relief. These include hypnotic self-regulation, blocking pain sensations, transforming pain sensations and distracting and distancing from pain sensations, which can be seamlessly woven into one another to provide comprehensive pain management, together with standard pharmacological options. Patients openly show the psychological benefits variously expressing amazement, confidence or comfort with their accomplishments. Chapter 6 provides eleven short 'practica' to integrate this learning and Chapter

7 a list of the book's references.

Another strength of this e-book is Dr. Neron's purposeful use of language and his process of developing individualized hypnotic metaphors. "Metaphors encourage safe distancing from sensory-present reality and include purposeful reinterpretation of present reality." Dr. Neron develops a graceful metaphor to ease existential uncertainty or anguish at end of life: "A sailboat gliding to the infinite... always going forward, leaving discomfort behind... It is so light that the sea feels its presence... safely gliding up to the horizon..."

The design of the book is spacious, with minimal lines per page, and succinct graphics summarize the flow of material and range of pain management techniques. I would have liked to have had this book early in my career! Tables contain ticks indicating available options for commentary and analysis. I wonder if these are necessary as the reader learns quickly to identify the icons that indicate audio, video or written texts and it is clear which author is delivering them. The authors' used the term "Intentionality" to delineate the clinician's thinking. This term seems unnecessarily awkward, as the term 'intention' is clear enough. Given that the book is in e-form, perhaps this can be changed.

Kudos to Drs. Neron and Handel and their specialist in multimedia production, Claude Langlois, for this remarkable book, which I highly recommend. It's a prototype for future professional e-training. It provides relevant hypnotic strategies, demonstrates these for pain management, ease of existential and soul anguish, and self-management of medical procedures, while underscoring the relevance of a compassionate therapeutic relationship to lessen suffering. With clinically sensitive and novel metaphors "Hypnotic Approaches in Cancer and Palliative Care" integrates new ways of teaching and training hypnosis in the twenty-first century.

10 Questions

As mentioned in the Letter of Editor, we propose starting a "game" in this issue with the purpose to create a "network" between our members.

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.



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David Wark earned his bachelor's degree in Psychology at Pomona College, and his PhD in Psychology at the University of Minnesota. After two years in the United States

Army, he returned to the University of Minnesota and the Student Counseling Service and the Department of Psychology and later began training in hypnosis. He has been Professor Emeritus since 1995. He travels internationally, teaching the use of alert eyes open and active hypnosis. He has published 2 books and 80 articles, plus an edited volume on clinical hypnosis available on line: <http://asch.net/Public/PublicLibrary/tabid/209/Default.aspx>

Dr. Wark is a Fellow of the American Society of Clinical Hypnosis, the Society of Clinical and Experimental Hypnosis and a Diplomate of the American Board of Psychological Hypnosis. He served on the Boards for ISH and SCEH and was elected President of the American Society of Clinical Hypnosis for 2008-09

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

I remember teaching my first large class in self hypnosis. I asked the students to straighten their arms, gently lower their fingertips to their knees, and imagine a red balloon pushing up one hand. When over half achieved arm levitation, I felt an amazing confirmation of the power of hypnosis. Much later I realized that the "power" was in the students' willingness to cooperate, and clear, specific instructions, not me.

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

Eva Banyai taught me active alert, eyes open trance on a stationary bicycle during a demonstration in Budapest. I still remember her lecture, and the classroom. Years later, in conversation at Bremen, she reminded me I was the volunteer for that induction and went into deep trance. When she told me, I was amazed. In fact I'm still amnesic for being on her bicycle

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?

Eva Banyai and Lars Eric Unestahl jointly had the greatest influence on my approach to hypnosis. They taught me that it was possible to be hypnotized and experience all the effects with open eyes, effectively interacting with the people and the world around me. I've used what I learned from them in my clinic and classroom. Julie Linden and Erika Fromm also had major impacts, by inviting me to teach and publish.

4. What is your favorite book?

In my younger, earlier days the writings of Milton Erickson MD and the NLP authors were inspiring. They taught me "How to Do It". But later, when I studied for the Diplomate exam, I devoured Lynn and Rhue's "Theories of Hypnosis: An Introduction". That book is dated now, but I used it back then to figure out my own way to understand and use hypnosis.

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

I use walking, bike riding and self-hypnosis to stabilize. (My wife might say I'm not always good about practicing, but at least I've got my toolbox.) But what really restores my mood is listening carefully to people, strengthening a feeling of empathy. I guess being present is what brings me back and restores me.

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

I'm kind of shy in new social situations, and find it hard to initiate contact, to have something I think is worthwhile to talk about. I'm happiest when people come to me and I can respond. So as a target for change, I guess I need to be more assertive.

7. Which human feature do you admire the most?

Flexibility. The universe is a complicated system, generating lots of problems and questions. But I can't accept the notion that there is a right, final, permanent, answer to anything. I admire people who are undogmatic, open to change. That means being really present in the "now" and not stuck in some glorious or traumatic age regression or future projection.

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.)

I think I'm a pretty credible photographer, but

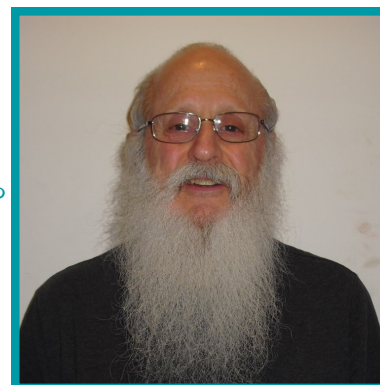
mostly of people, not other parts of nature. The people that I photograph tell me they find something in the picture that they recognize, that I've been able to see and extract.

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

I'm spending a lot of cognitive energy formulating and writing my ideas of how hypnosis works, combining the clinical and neuroscience literatures.. My emotional energy at this point is dealing with the increasing impact of aging. I'm trying to avoid longing for past physical and intellectual prowess, or denying my noticeable declines. So I find myself on a tightrope, trying to keep my balance, and not blame the wind if I slip.

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

Dan Kohen: "How do you maintain your energy to bring hypnosis to American pediatrics?"



Behind the Curtain

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, nickname, profession, country, town, affiliation)



My name is Gail Cunningham. I am an administrator from Philadelphia, Pennsylvania, in the USA.

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

I have been working for ISH for a little over a year and a half now. I was put in contact with Julie Lin-

den through a friend of a friend. It was really just luck on my part that I heard about the job and that it turned out to be a good fit.

What is your current “job” / task here?

I am the administrator for ISH. That means I am the one chasing after you for your renewal forms and your yearly dues, I keep all of you up to date on what’s happening in the society, and do my best to answer all your questions. I am also the one who designs our promotional materials, does the accounting, and manages our orders of the journal, among other duties.

When not for ISH: what is your professional work?

When I am not working for ISH I can be found in my art studio. My art work is my true passion. I work in cut paper. I have had the opportunity to show in Pennsylvania, New York, Oregon, as well as overseas in Ireland. Nothing pains me, challenges me, or makes me as happy and fulfilled as creating art. If you would like to see the some more of my work, you can take a look at my website

www.gailcunningham.com.



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

When I find some free time I really enjoy baking. I’m not a great cook, I’m decent, but baking really suits me. There’s something about the process of baking, the time it takes and the transformation that occurs, that I find particularly satisfying. It is scientific and artistic at the same time.

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

The best part of working with ISH has been the opportunity to travel and to meet people from all over the world. Julie Linden and the ISH Board of Directors have not only been supportive of me in my role as administrator, but it turns out they are also just a great group of people. I have really enjoyed getting to know them, as well as many of you, our members. I hope all of you who will be at the ESH conference in Sorrento will come by the ISH booth and say hello.

Visit ISH Video Library by clicking below.



History of ISH

10 years ago in the Newsletter of ISH we could read:

NEWS FROM THE WORLD OF HYPNOSIS

EPILEPSY – IDENTIFYING AUTHENTIC CASES

Dabney M. Ewin, MD

While we're talking Epilepsy, I think the most important clinical issue is the differential diagnosis between Pseudoepilepsy and the real McCoy.

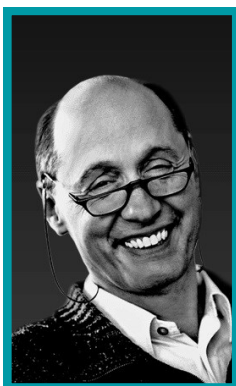
Our dear departed colleague from the Cleveland Clinic, Meir Gross, edited an excellent book entitled "Pseudoepilepsy" in 1983. On page 83 he states: "Hypnosis may also be helpful in the differential diagnosis of seizures. Convulsions can be activated by hypnotic trance in either epileptic or hysterical patients, but only true epileptic patients will show EEG paroxysms. Moreover, hysterical patients can halt convulsions that were induced by hypnosis, and epileptic patients cannot. Unlike epileptic patients, hysterical patients under hypnosis seem apt to recall what happened during these seizures. As a group, hysterical patients tend to be more hypnotizable than epileptic patients." On page 82 he has a table of 24 clinical features that are useful in the differential diagnosis

I have only treated one case, but it was my first
9 year old boy who was having ...

Read the whole story:

http://ishhypnosis.org/images/newsletters/NL_Archives/2004JanVol_28No_001.pdf

Smiles – Humor and Hypnosis



Bernhard Trenkle, BOD member of ISH, was the founding editor of the M.E.G.a.Phon. This is the newsletter of the German Milton Erickson Society which has been mailed to up to 30,000 people in the past. Starting in the 1980s Bernhard began to include jokes in the newsletter. But not just any jokes. He used these jokes to help communicate important points regarding therapy and the use

of hypnosis. So, for example, he defined terms and concepts such as "Amnesia", "Dissociation", "Pacing & Leading", and then followed this by jokes illustrating the concepts.

This section of the newsletter was becoming increasingly popular. Later, these jokes were collected in a joke book titled the "Ha-Handbook of Hypnosis and Psychotherapy". The book is a bestseller in Germany with more than 40,000 sold copies. The books are also translated into English, Russian and Italian. A Polish version soon will be published. We asked Bernhard if he would be willing to share some of his jokes in our newsletter.

Bernhard warned us about these jokes, commenting, "When I was young and rebellious 25 years ago I tried to test how far I could go in not respecting some rules of political correctness." It is also important to keep in mind that rules about political correctness vary from one country to another. As an international society, we certainly cannot know all of the rules that exist in all countries. You might keep this in mind as you read these jokes.

Direct versus indirect communication

One of the subjects discussed in the hypnotherapeutic field is whether direct or indirect suggestions have a better therapeutic effect. The immense existential meaning that any knowledge on this subject could have becomes apparent in the following situation concerning a job application:

A professor of medicine at the university clinic has lost his ears. Nobody knows exactly how he lost them. Everyone just tactfully ignores the issue. And yet, it's quite obvious that the professors' ears are missing.

One day the professor interviews applicants for a job as an assistant doctor. The first one enters the room and the first thing that the professor asks him is: „And? What do you observe?“

The young doctor thinks to himself: „Oh dear, if I tell him to his face: „You haven't got any ears“, I'll most probably have lose the job before I even start.“

So he starts mentioning how nice and organized the desk looks, the most recent books on specialized topics, the Picasso hanging on the wall, etc.

Eventually the professor interrupts him: „My good man, and you want to become a doctor! You have absolutely no power of observation! Even a child can see that I don't have any ears. Imagine what would happen if you were to examine a patient here in this clinic and make a diagnosis and fail to notice something so obvious. No, I can't have such a doctor on my team.“

The young doctor leaves the room. But he is thoughtful, and so informs the two remaining applicants waiting outside how the conversation went: „The professor hasn't got any ears and if you don't see that, you won't stand a chance of getting the job.“

The second candidate enters the room and gets asked the same question: „Well? What do you observe?“

The young doctor answers: „You haven't got any ears.“

The professor explodes: „My goodness, how can you think of being a doctor? You have absolutely no feeling for the situation, absolutely no delicacy. You can't be so indiscreet. Imagine you've got a patient and make a diagnosis and then inform him in this pointblank, tactless manner. No, I can't have such a doctor on my team.“

The second candidate tells the third one in passing how it went. The third candidate enters the room and gets asked the same question: „What do you observe?“ The third young doctor answers: „You're wearing contact lenses.“

The professor: „Unbelievable, what power of observation and what a quick response! I have never seen a doctor in your age whose response was so swift and so confident. How did you notice it so quickly?“

The third candidate answers: „To be honest, I didn't see it. I deduced it. I thought to myself: 'Glasses would slip down.'“

The following episode also shows the strength and possibilities that can be inherent in indirect suggestions:

A doctor is studying the x-rays in the presence of the patient. The patient is very stressed and waiting for the result of the x-ray analysis of the doctor. Looking at the X-Ray the doctor is talking to his wife on the phone: „Darling I just heard - an apartment will be vacant very soon.“

Maybe this is the reason why German Milton Erickson Society of Clinical hypnosis and other constituent societies of ISH has started training programs for medical doctors as well as for nurses and para-medicals. They can learn to avoid providing implicit negative suggestions and instead learn benevolent communication patterns which support positive outcomes and comfort for the patient.

From Trenkle, Bernhard: [The Ha-Ha Handbook: A Seriously Funny Collection of Jokes](#) Zeig Tucker & Theisen

German Version: Das Ha-Handbuch der Psychotherapie, vol. 1 and Vol .2

Italian Issue: Curare ridendo, Alpes Italia

Polish Version in Translation.



Upcoming Events

19 - 23 September, 2014

Australian Society of Hypnosis (Victorian Branch) Annual Conference

Cradle Mountain Chateau Cradle Mountain-Lake St Clair National Park Tasmania, Australia

Faculty: James Bramson PsyD; Doris Brett PhD; Simon Knowles PhD; A/Prof Stephen Theiler PhD. Practical workshops on: Shamanism & Hypnosis; Hypnosis, Healing & the Body; Schema Therapy with Hypnosis; and Hypnosis with CBT.

For more information: www.ashvictoria.com.au

Email: cpmserv@tpg.com.au

8 - 12 October, 2014

Society for Clinical & Experimental Hypnosis 65th Annual Conference

St. Anthony Wyndham Hotel, San Antonio, Texas

Hypnosis in the Era of Evidenced-Based Medicine and Psychosocial Treatments Advanced Workshop Chair: George Glaser, LCSW Scientific Co-Chairs: Devin B. Terhune, PhD; Shelagh Freedman, MA & Michael Lifshitz

SCEH, PO Box 252, Southborough, MA 01772

Information: info@sceh.us

22 - 25 October, 2014

The XIII International Congress of the European Society of Hypnosis

Sorrento/Amalfi Coast, Italy

In a wonderful location, with a pre-Congress on Capri. The focus of the Congress is „Hypnosis and resilience: From trauma and stress to recovery and healing. The Congress is organized by Camillo Lorio and his team, who have been responsible for many memorable congresses since the mid-1980s.

For more information, please visit

www.societaipnosi.it.

30 October – 2 November, 2014

Conference entitled „Mental strength: Mental training in sports, performance coaching, business coaching, coaching for students, and rehabilitation.

Heidelberg, Germany

The special topic for this conference will be cross-cultural perspectives.

For more information, please visit

www.mentalesstaerken.de.

13 – 16 November, 2014

Annual congress of the German Society of Hypnosis

Entitled „Hypnosis – treating soul and body pain.”

For more information, please visit www.dgh-hypnose.de.

21 – 23 November, 2014

The 10th annual Ego State Therapy conference in Germany

Rottweil, Germany

Co-organized by the Rottweiler Institute and German-speaking ego state therapy experts.

For more information, please visit www.meg-rottweil.de.

11 – 14 December, 2014

A special conference focusing on brief therapy, with faculty from many different schools.

Orange County/Los Angeles, California, USA

This conference only happens occasionally, and is organized by the Milton Erickson Foundation. World-class speakers will include: Phil Zimbardo, Don Meichenbaum, Sue Johnson, Esther Perel, Bessel van der Kolk, Scott Miller, Christine Padesky, Pat Love, Francine Shapiro, Jeff Zeig, Steve Gilligan, Ernest Rossi, Bill O'Hanlon, and Michael Yapko, among many others.



Smiles

The woman: - You are jealous like always.
Man: - Who is Always?

News Around the World

Here at ISH we are getting really excited about our upcoming congress in Paris, and we hope you are too! We have just extended the deadline for proposal submissions to 30 September, so if you haven't gotten a chance to submit yet, you are in luck. All submissions can be done online at www.hypnosis2015.com. We already have 800 registrations from 26 different countries and you still have time to register yourself, if you haven't already. To sweeten the deal, we are proud to announce that the welcome party will take place in a canal boat on the Seine in the heart of Paris.

ISH PARIS 2015 - Submissions for the 20th triennial congress of the ISH can be made through September 30, 2014.

Register for Paris, join ISH and get the two years for the price of one membership deal, and then decide which of the 8 themes is relevant to your workshop or other proposal. All submissions can be done ONLINE.

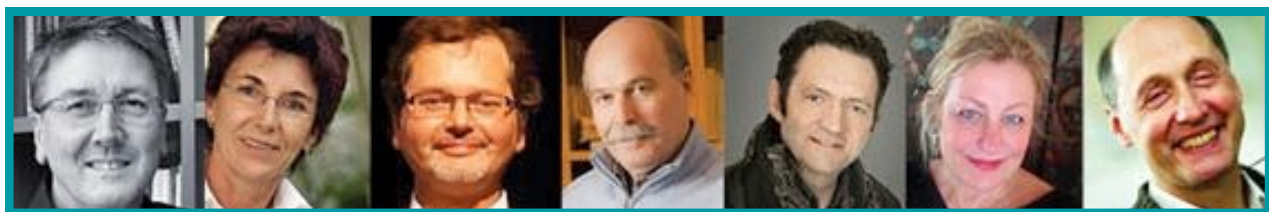
To remind you, the themes of the Root and Futures of Consciousness Congress are:

1. Hypnosis: world-wide practice
2. Hypnosis, a key tool for new functional medicine
3. Valuable current concepts about consciousness
4. The role of hypnosis in medical care and society
5. Hypnotherapy & Ecology
6. The therapist-patient interaction
7. Training
8. From French-speaking historical hypnosis to modern Ericksonian hypnosis : what is the future for French-speaking hypnosis ?
9. Therapeutic practices



There are already 800 people registered from 26 countries.

Paris Organizing Committee



- Claude Virot M.D., Chairman Of The International Congress Of Hypnosis – Paris 2015
- Patrick Bellet, M.D.
- Por Marie-Elisabeth Faymonville
- Franck Garden-Brèche, M.D.
- Mrs Joëlle Mignot
- Thierry Servillat, M.D.
- Bernhard Trenkle, PhD, International Permanent Member

ISH Congress Committee

- Julie Linden, President ISH
- Bernhard Trenkle, President ISH COR
- Camillo Loriédo, Immediate Past President ISH

Committees are hard at work preparing for the congress. They are:

And don't forget about the ISH 2 for 1 membership deal. When you register (or if you are already registered) for the ISH Paris 2015 Congress and are ISH membership eligible you will have the opportunity to receive one year free membership when you join ISH for one year.

That means, two years membership for the price of one year. (This membership rate does not include costs for the journal during the first or second year. However, if you purchase membership with either the print journal, a \$45 subscription, or online-only journal, a \$35 subscription, you will be invoiced for that during the second free year of membership at our members price.)

New registrants: When you register for the congress, you will receive a code, which you can use if you apply for ISH membership. All members of constituent societies of ISH are automatically eligible for membership in ISH. If you are not a CS member, please contact us at ishofficeusa@gmail.com for further information about eligibility.

If you already registered for Paris 2015 and are a member of a constituent society of ISH, but you are not yet an ISH member please contact Marion Orel at marion@cfhtb.org. Ask for the special membership code for this 2 years for the price of 1 offer, and then email your name and the code to our World Headquarters at ishofficeusa@gmail.com for further instructions.

If you are already registered and are already an ISH member, if you sign up for another year of membership, you will receive the 2 for 1 deal, getting one year free membership for you. (If you subscribe to the journal, you will be billed separately during your free year).

This offer will be available throughout the registration period for the Paris Congress.

International Scientific Committee



- Nicole Ruyschaert (BL),
- Consuelo Casula (IT),
- Giuseppe de Benedittis (IT),
- Katarina Varga (HU),
- Ali Ozden Ozturk (TR),
- Susanna Carolusson (SU),
- Martin Wall (UK),
- Philip Zindel (CH),
- Bernhard Trenkle (ALL),
- Gunnar Rozen (NV),
- Wollie Hartmann (ZA),
- Bhaskar Vyas (IN),
- Xin Fang (CN),
- Gaston Brosseau (CA),
- Mickael Yapko (USA),
- Teresa Robles (MX),
- Mickhail Ginsburg (RU),
- Shaul Livnay (IL),
- Brian Allen (AU),
- Mark Jensen (USA)

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