



# The International Society of Hypnosis

## NEWSLETTER

*Building Bridges of Understanding*

2014 December, Volume 38, No. 4

### Letter from the President



**December 2014**  
*Julie H. Linden, PhD*

As the New Year approaches, it is a good time for reflection and anticipation. Looking back, ISH is proud of its accomplishments for 2014. The world headquarters for hypnosis is strong. The By-Laws were successfully updated and adopted. Individual mem-

bership is nearing 300 and the constituent societies are at 31 with two more ready to join us. Elections for our next officers will take place very soon, with an extremely capable list of candidates. And before long, you will know the location for the 2018 congress.

This is the result of a hard working Board that has met regularly and given of their time and energy unselfishly.

I am grateful to each Board Member for the contributions that maintain this great society.

The Board has been fortunate in being able to meet in person, and most recently did so in Sorrento, Italy, at the ESH meeting. Training in hypnosis certainly teaches the importance of relationships and connections, and the board members have a deep understanding of this. Of course, it was also fun to enjoy the good food and beauty of Vesuvius on the Mediterranean, nourishing many parts of the creative brain.

Looking forward, Paris 2015 now has over 1000 registrations and more are coming in daily. There were so many submissions to the congress, and too little time and space, that the CFHTB organizing committee has a big job to do to choose the program. So far over 35 countries are represented.

This will be a truly international and historic congress. ISH is excited to return to its roots, and to explore the roots and future of consciousness, the congress title.

Be sure to renew your membership and to consider the suggestion to give a gift of membership to a member-eligible colleague (anyone who is a member of a constituent society is eligible).

And of course, we remind members to cast your vote during the election of the officers for 2015-2018. Have a voice in your society's future.

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## **Lettre de la présidente**

Translator: Nicole Ruysschaert  
French

Lettre de la Présidente, Julie H. Linden, PhD  
Décembre 2014

Comme le Nouvel An est tout près, c'est le moment de réfléchir et d'anticiper. Revenant sur le passé, l'ISH est très fière de ses accomplissements en 2014. Le siège mondial de l'hypnose est bien fort. Les règlements administratifs ont été mis en jour et sont acceptés. Le nombre de membres individuels approche les 300 et nous avons 31 sociétés membres, et 2 prêtes à nous rejoindre. L'élection du prochain(e) président(e) et secrétaire aura lieu bientôt avec une liste de candidats très capables. Et très bientôt vous saurez où aura lieu le congrès 2018.

Cela est le résultat d'un Conseil d'administration travaillant dur qui s'est rencontré régulièrement, généreusement donnant leur temps et leur énergie. Je remercie chaque membre du Conseil pour sa contribution qui maintient cette grande société.

Le Conseil d'Administration a eu la chance de pouvoir se rencontrer personnellement, récemment à Sorrente, Italie lors du congrès de l'ESH. La formation en hypnose, nous apprend l'importance des relations et des connections, et les Membres du Conseil se rendent compte de ça. Certainement, c'était aussi très agréable de se réjouir de la bonne nourriture, de la beauté de Vésuve sur la Méditerranée, de nourrir plusieurs parties du cerveau créative.

Anticipant le futur, Paris 2015 a déjà 1000 inscriptions et chaque jour il y en a de plus. Il y avait tant de contributions envoyés et manque de temps et d'espace, que le comité d'organisation a la tâche de choisir le programme. Il y a déjà 35 pays représentés. Ce sera vraiment un congrès international et historique. L'ISH est enthousiaste de revenir à ses racines, et d'explorer les racines et l'avenir de la conscience, le titre du congrès.

N'oubliez pas de renouveler votre adhésion et de considérer la suggestion de donner le cadeau d'adhésion à un membre collègue qualifié (chacun qui est membre d'une société membre est qualifié).

Et certainement, nous rappelons les membres de faire leurs votes pendant l'élection du président et secrétaire 2015-2018. Laisse entendre votre voix pour l'avenir de votre société.

## **Gedanken der Präsidentin**

Translator: Reinhild Draeger-Muenke  
German

Brief der Präsidentin zum Jahreswechsel,  
Dezember 2014

Der kommende Jahreswechsel ist ein guter Anlass für Rückblick und Vorausschau. ISH ist stolz auf die Erfolge im vergangenen Jahr 2014. Das Welt-Hypnose Hauptquartier ist in einem guten Zustand. Die Satzung ist erfolgreich auf einen neuen Stand gebracht und ratifiziert worden. Individuelle Mitgliedschaft ist auf 300 Mitglieder angestiegen, und wir haben 31 Mitgliedsgesellschaften mit zwei weiteren, die beitreten wollen.

Die Wahl der nächsten Vorstandsmitglieder wird in Kürze vonstatten gehen, und die Kandidatenliste ist vielversprechend. Und sehr bald werden wir den Ort für den 2018 Kongress bekanntgeben können. All das ist das Ergebnis eines hart arbeitenden Vorstandes, der sich regelmässig getroffen, und weder an Zeit noch an Energie gespart hat. Ich bin den Vorstandsmitgliedern sehr dankbar für ihren Einsatz, ohne den der Erhalt unserer Gesellschaft nicht möglich wäre.

Der Vorstand war netterweise in der Lage, sich persönlich in Sorrento, Italien, beim Kongress der Europäischen Hypnosegesellschaft zu treffen. Die Ausbildung in Hypnose unterstreicht sicherlich die Bedeutung von Beziehung und Verbundenheit, und die Vorstandsmitglieder sind sich dessen sehr klar bewusst. Natürlich hatten wir auch viel Gelegenheit, das leckere Essen und die eindrucksvolle Natur um den Vesuv herum am Mittelmeer zu genießen, und viele Teile unseres kreativen Gehirns gut zu versorgen.

Vorauschauend, lassen Sie mich anmerken, dass bis jetzt über 1000 Anmeldungen für Paris 2015 eingegangen sind, und es noch täglich mehr werden. Es gab so viele Bewerbungen für das Kongress Programm und nicht genug Zeit und Raum im Programm, so dass das CFHTB Organisationskomitee es nicht einfach hat, das Programm zusammenzustellen. Zu diesem Zeitpunkt sind 35 Länder vertreten. Es sieht ganz so aus, dass Paris 2015 ein wirklich internationaler und historischer Kongress werden wird. ISH freut sich sehr, zu ihren Wurzeln zurückzukehren, und sowohl die Wurzeln als auch die Zukunft von Bewusstsein zu erkunden, getreu dem Titel des Kongresses.

Bitte erneuern Sie Ihre Mitgliedschaft und überlegen Sie sich, ob Sie der Anregung folgen möchten,

einem zur Mitgliedschaft berechtigten Kollegen eine Mitgliedschaft zu schenken. (Jeder, der ein Mitglied in einer der ISH Mitgliedsgesellschaften ist, ist zu einer ISH Mitgliedschaft berechtigt.)

Und natürlich möchten wir Sie daran erinnern, sich an der Wahl zum nächsten ISH Vorstand für die Jahre 2015 – 2018 zu beteiligen. Bestimmen Sie die Zukunft Ihrer Gesellschaft mit!

## Lettera Della Presidente

Translator: Consuelo Casula

### Italian

Con l'avvicinarsi del nuovo anno, arriva il momento per una riflessione e una previsione. Guardando indietro, ISH è orgogliosa dei risultati del 2014. Il quartier generale mondiale per l'ipnosi è forte. Lo statuto è stato aggiornato e adottato con successo. Le iscrizioni individuali sono circa 300 e le società costituenti 31, con altre due pronte ad unirsi a noi. Le elezioni per i prossimi consiglieri avranno luogo molto presto, con una lista di candidati estremamente capaci. E in poco tempo conoscerete il luogo del congresso 2018.

Questo è il risultato di un lavoro impegnativo da parte del consiglio direttivo che si è incontrato regolarmente e ha dato il suo tempo ed energia in modo disinteressato. Sono grata a ciascun consigliere per i contributi che mantengono grande questa società.

Il consiglio direttivo ha avuto la fortuna di potersi incontrare di persona, e più recentemente lo ha fatto a Sorrento, Italia, nel corso del convegno ESH. La formazione in ipnosi certamente insegna l'importanza delle relazioni e delle connessioni, e i membri del consiglio hanno una profonda comprensione di ciò. Certo, è stato anche divertente godere del buon cibo e della bellezza del Vesuvio sul Mediterraneo, nutrendo molte parti del cervello creativo.

Guardando verso il futuro, Parigi 2015 ha ora più di 1000 iscritti e tutti i giorni ne arrivano di nuovi. Ci sono state così tante proposte per il congresso, in troppo poco tempo e spazio, che il comitato organizzativo della CFHTB ha un grande lavoro da fare per scegliere il programma. Finora, più di 35 paesi sono rappresentati. Questo sarà un congresso veramente internazionale e storico. ISH è entusiasta di tornare alle sue radici, per esplorare le radici e il futuro della coscienza, come recita il titolo del Congresso.

Assicuratevi di rinnovare la vostra iscrizione alla ISH e di considerare il suggerimento di regalare l'iscrizione

ne a un collega che ne abbia i requisiti (chiunque sia membro di una società costituente è accettabile).

E, naturalmente, ricordiamo ai nostri membri di votare per l'elezione dei consiglieri del 2015-2018. Fate sentire la vostra voce nel futuro della vostra società.

## Columna de la Presidencia

Translator: Maria Escalante

### Spanish

Carta de la Presidenta, Julie H. Linden, PhD  
Diciembre 2014

Al acercarse el Año Nuevo, este es un buen momento para la reflexión y la anticipación, para mirar hacia adelante. Al mirar hacia atrás, la ISH está orgullosa de sus logros en el año 2014. La sede mundial de la hipnosis es fuerte. Los Estatutos fueron actualizados exitosamente y también fueron aprobados. La membresía individual está a punto de llegar a 300 y el número de sociedades constituyentes es de 31 y dos más que ya están listas para incorporarse. Las elecciones para nuestros nuevos funcionarios tendrán lugar muy pronto, y contamos con una lista de candidatos muy capaces. En poco tiempo, vosotros conoceréis el lugar en el que se celebrará el congreso del año 2018.

Esto es el resultado de una Mesa Directiva que trabaja arduamente y que se ha reunido regularmente y que ha dado su tiempo y energía desinteresadamente. Yo estoy agradecida con cada uno de los Integrantes de la Mesa Directiva por las contribuciones que sostienen esta gran sociedad.

La Mesa Directiva ha sido afortunada ya que los integrantes han podido reunirse en persona, y recientemente así lo hicieron en Sorrento, Italia, durante la reunión de la ESH. El entrenamiento en hipnosis enseña con certeza la importancia de las relaciones y las conexiones, y los integrantes de la mesa directiva tienen profundo conocimiento sobre este asunto. Por supuesto también fue divertido disfrutar de la buena comida y de la belleza del Vesubio en el Mediterráneo, nutriendo muchas partes del cerebro creativo.

Mirando hacia el futuro, París 2015 cuenta ahora con más de 1000 inscripciones y diariamente ingresan más. Existieron tantas propuestas para el congreso, y muy poco tiempo y espacio, que el comité organizador de la CFHTB (Confederación Francesa de Hipnosis y Terapias Breves) tiene mucho trabajo que hacer para elegir el programa. Hasta ahora

35 países están representados. Este será un congreso verdaderamente internacional e histórico. La ISH está entusiasmada de regresar a sus raíces, y por explorar las raíces y el futuro de la consciencia, el título del congreso.

Aseguraos de renovar vuestra membresía y de considerar la sugerencia de dar un regalo de membresía a un colega que sea elegible para ser miembro (cualquier persona que sea miembro de una sociedad constituyente es elegible).

Y por supuesto, recordamos a los integrantes que emitan su voto durante la elección de funcionarios para el periodo 2015-2018. Hagáis que la gente os escuche para el futuro de vuestra sociedad.

Dear Member,

We are excited that many of you have already cast your vote for President-Elect and Secretary-Treasurer for the term of 2015-2018. For those of you that still have yet to vote, now is the time! **The polls will remain open until January 2, 2015.**

In order to vote, log in to [www.ISHhypnosis.org](http://www.ISHhypnosis.org). Once you have logged in, you can use the 'Quick Link' Officer Election at the bottom of the home page and it will direct you to the bios and statements of the nominees, as well the ballot.

Please be sure to click on the vote button for **each** office. You will receive a notice that says: Thank you for your vote!

If you are having trouble logging in, or have any other questions, please contact the World Headquarters in a separate email at [ishofficeusa@gmail.com](mailto:ishofficeusa@gmail.com).

Please note the office will be closed from December 24, 2014 – January 1, 2015 for the holiday. We will reopen on January 2<sup>nd</sup>.

Best,

Gail Cunningham  
Association Administrator ISH

## Letter from the Editor

*Katalin Varga*



Thank you all for the nice feedback on the fall 2014 issue of the Newsletter. Many colleagues expressed that they liked it, and felt balance in the “serious” and the lighter contents.

In the present issue the Main Interview will introduce Michael Yapko. He is a prominent clinician who advocates for applying research results in clinical practice, in this way he is one of the “bridge builders” of ISH. We will shed light

on some “secrets” of Michael: his conceptualization of hypnosis, his 36 hours of a day, and his distinction between being “right” vs. “effective”.

In the “Meeting our Masters” column an interview with Basil Finer by Susanna Carolusson is presented. Basil, as one of the founders of the first multidisciplinary pain clinic in Sweden, 89 years old now, is worth listening to: e.g. as he connects hypnosis to creative flow and his career in using hypnosis for pain relief.

In our section: Clinical Relevance of Research Findings we would like to connect the research fields of hypnosis and hypnotherapy. In this issue a special type of interactional synchrony will be briefly summarized: visual imaginative synchrony. The phenomenon where we have very similar images with another person. A controlled laboratory study will be introduced by a colleague, Katalin Varga S. (and myself), so we have the same names, but are different persons – what a synchrony ☺

András Költő will summarize new prominent clinical and research papers in the column of “Findings of Note”.

In our last issue Leora Kuttner reviewed a book, now Leora’s film on “Dancing with Pain” is reviewed by Julie Linden. The review is a nice summary about a creative way of reflecting on some very practical and “real” everyday experiences of the chronic pain patients.



We continue the creation of the “network” between our members: in the “10 questions” section Daniel Kohen answers the questions of David Wark, and asks Bernhard Trenkle an easy question...

Among the colleagues who are working for ISH we have wonderful people who translate the letters of the President, making it more available for international readers. In the “Behind the Scenes” Maria Escalante de Smith is introduced. She is a wonderful child therapist, I had the chance to see her work life in Mexico – a truly unforgettable experience.

Apparently the chance to “vote” on a hypnosis related question was not really attractive. We got 4 answers (2 being the editor and the layout editor ☺). This is the main finding of this trial ☺. If we double the number of respondents each issue, we will reach 256 responses in less than 2 years!!! What a perspective...!

As a new sign of the close alliance between the International and the European hypnosis societies we open an “interactive corner” between the ISH and ESH Newsletters, presenting an article from the ESH newsletter in the hope that it will raise the awareness of our readers to what is happening on the European hypnosis scene.

In this issue a photo represents an historical moment: Prof. Hilgard –founding president of ISH - is seen working with a subject from 1974. Of course, you can easily learn more about this era by clicking a [link of the archives](#).

The humorous part will be represented by Three (3) “Bagatelles” written by a colleague Zoltán Ambrus Kovács, a psychiatrist from Hungary.

I repeat my invitation: please do contact me with your ideas, suggestions for topics, questions, or new columns – and of course your feedback on this issue.

### Visit ISH Video Library by clicking below.



## Meeting Our Masters

### Interview

with Basil Finer by Susanna Carolusson

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

Basil Finer is internationally known for being a pioneer in pain management with hypnosis. He has published lots of articles and chapters in prestigious journals, and has been teaching worldwide in medical congresses, and of course in the hypnosis contexts.

**Susanna:** *I would like to interview you, as one of our seniors, models and pioneers of hypnosis. How have you developed hypnosis in your field of expertise?*



**Basil:** My main approach is that I want to get away from suggestions in hypnosis! 1990 Mihaly Csikszentmihalyi published “Flow”,

describing a hypnoidal state but without suggestions. So, instead of suggesting, I prefer to teach a progressive relaxation, to encourage the other to develop his/her own creative flow, which then can be mobilized against the symptoms! My education has developed my own empathetic skill, to put myself into the other’s creative world and find an appropriate language as a catalyst for the other’s own self-healing flow. And then we can get rid of the hypnotist’s use and abuse of suggestions!

**S:** *You said you want to “get away from suggestions”. I believe you mean the traditional Hartland-type of direct suggestions. As an experienced anesthesiologist, you are aware that patients in certain medical contexts, e.g. ICU, or after surgery or trauma, are in a state of heightened suggestibility so you know the risks of unwillingly suggesting negative outcomes. Utilizing the receptivity for healing communication, the way you do, would probably be defined as indirect suggestions by some.*

*So, back to your long experience, Basil. You are a senior, and some seniors prefer not to reveal their age. I think age is something to be very proud of, so I dare to ask you of yours, with full respect if you prefer to be infinitely age-less.*

**B:** My birthday is 25/09/03 – so I was 14 years old when WW 2 started 1939 and I am now 89 years old.

**S:** *What, when you look back, are you most proud of having done? And from what mistake did you, Basil, learn the most?*

**B:** I am very happy that I, together with skilled colleagues, founded the first in Sweden multidisciplinary pain clinic for day patients and interns, where hypnosis was one of several methods used. It was at the Samariterhemmet Hospital in Uppsala. That clinic was later transferred to the Akademiska University Hospital as a pain center under the professor of pain research at Uppsala University, Torsten Gordh. It is a pity that hypnosis is not used anymore at Uppsala University Pain center! I would appreciate if other colleagues in Sweden could continue the neurophysiological research described in my doctoral thesis at Uppsala University 1970: “Physiological studies of the relationship between the doctor and the patient in pain”.

**S:** *So, your clinical evidence has not been utilized by this professor in Uppsala. What a waste of experience. In Gothenburg I know of members, employed in pain clinics and trained in hypnosis, and I know members in SSCH Lund and Stockholm, who have the 2 years training as well. I really hope they will have an impact at their work place. Do you have any advice to give them, regarding how to make their professors/seniors interested in hypnosis?*

**B:** From my own experience, invite contact with pain patients, where the conventional treatment can maybe be improved with medical hypnosis.

**S:** *What or who, inspired you to choose to study medicine in the first place?*

**B:** After a long and difficult labour for my mother, I was delivered by forceps on September 3rd 1925 in Hackney, London. The forceps must have damaged the VIIth cranial nerve, unprotected by the mastoid process, which develops later, and I had a one-sided facial paralysis for the first three months of my life (laughed and cried with half of my face). From birth onwards, my skin has been excessively dry, ugly, so-called ichthyosis or fish-scale skin. This has resulted in a continuous, mild itching,

which periodically becomes stronger and irritating. Also from birth onwards, I have had bronchospasm or asthma, usually mild, which periodically becomes stronger and irritating. When I was little, my mother bathed me with sodium carbonate crystals in the water to soften the skin. When I was 1½ years old, I had a very painful bilateral otitis media, necessitating admission to a fever hospital. This was before the advent of antibiotics. When I was nine years old, I underwent a mastoidectomy to remove the infected mastoid process, which was unsuccessful. The right ear healed completely, but the left ear continued to be infected with an unpleasant, shameful discharge until 1968, when Dr. Lars Ekvall performed a successful tympanoplasty operation (anaesthetist Dr. Sören Englessen). The continuing infection produced a partial conduction and neurogenic deafness, which has impaired communication with other people. I was not allowed to get water in my ear, so I never learned to swim properly. I tried in school, when I was 13, just before WW II. These experiences inspired me to study medicine at St. Bartholomew’s Hospital Medical College, London in 1945, when WW2 ended. I had been exempted from military service because of my deafness. When I matriculated in 1941, my mathematics teacher encouraged me to continue with mathematics to Cambridge University, but I was more interested in biology, continuing with medicine to London University.

**S:** *And then, who inspired you to learn hypnosis and when was that?*

**B:** In 1952, I was working as Demonstrator In Physiology at the London Hospital Medical College. My research was on the effects of nitrous oxide on the spinal reflexes of the cat. Dr. Carden, a consultant in anesthesia at a hospital, where I had previously worked as a surgical house officer and helped with the anesthetics, invited me to join him in a visit to a plastic surgery hospital specializing in the treatment of burns. One of the lecture demonstrations was given by a psychiatrist, Dr. A. A. Mason, concerning the use of hypnosis in reducing the pain and reflex over activity in patients with severe burns. He emphasized the, then, poorly understood physiology of hypnotic analgesia. Since I was already working in the physiology and pharmacology of the nervous system in relation to anesthesia and pain relief, this inspired me to take part in a course on hypnosis in 1955, organized by the British Society for Medical and Dental Hypnosis, led by Dr. Mason.

I immediately began using hypnosis for the relief of pain at the Postgraduate Medical School, where I was Junior Lecturer in Anesthesia.

**S:** *For the ISH NL readers, I would like to add two of the standard questions to the seniors:*

*Which is your favorite professional book and whom do you see as your student/follower?*

**B:** My favourite professional book is Bateson G (1971) Steps to an Ecology of Mind. San Francisco: Chandler. New York: Ballantine Books. This book opened my eyes to a new way of thinking about medical hypnosis.

My student/follower is Erling Fjeldstad, Dentist and Doctoral Student, Department of Education, University of Gothenburg, Sweden. His research concerns communication in hypnosis.

#### Dr. Michael Yapko – Bio



Dr. Michael Yapko is a clinical psychologist residing in Fallbrook, California, near San Diego. He is an internationally recognized expert in clinical applications of hypnosis and brief

therapy approaches to psychotherapy who lectures routinely to professional audiences all over the world.

To date, Michael has been invited to present his ideas and methods in more than 30 countries across six continents and all over the United States. He is the author of 13 books and editor of 3 others, including the classic hypnosis textbook, *Trancework: An Introduction to the Practice of Clinical Hypnosis* (4th ed.), *Essentials of Hypnosis* (2nd ed.), *Mindfulness and Hypnosis*, *Treating Depression With Hypnosis*, and *Hypnosis and the Treatment of Depressions*. Michael is a recipient of lifetime achievement awards for his contributions to the fields of hypnosis and psychotherapy from the International Society of Hypnosis, the American Psychological Association's Society of Psychological Hypnosis (Div. 30), and the Milton H. Erickson Foundation.

For more information about Michael's clinical trainings and other current interests, and to join his mail list, please visit his website: [www.yapko.com](http://www.yapko.com).

## Interview

*Replies to ISH Interview Questions*  
Dr. Michael Yapko

*1. You are one of the professionals who advocates for applying research results in clinical practice, just as we also stress in ISH. Please describe why you feel this perspective is important, especially given how many of our colleagues do not seem to feel the same way.*

There has always been and likely always will be a gap that separates clinicians and researchers to some degree, not only in the field of hypnosis, but across most areas of health care and human service. Too often, research findings aren't practical and of immediate application in clinical practice. Clinicians are the ones on the front line who are endlessly searching for what to say and do to help someone in distress, and the questions they hope to answer aren't based on mere intellectual curiosity as they often are for researchers and academics. However, there is a great deal of research that is exceptionally relevant and provides clear direction for what to do and what not to do in treatment. Sometimes it affirms what we already believe we know, and other times it forces us to redefine what we know by providing compelling evidence to the contrary. I think it is important to be able to read research critically and discover its strengths and weaknesses. Thus, it is true that I am a strong advocate for being familiar with the research in one's area of practice, and I think it is one of my personal strengths to be able to translate seemingly abstract or less obvious research findings into practical methodology.

I think it's important to stay current with the research; a well-designed and well-executed study that asks the pertinent questions and then actually answers them to some degree can go a long way in encouraging the growth of the field in general and the growth of individual practitioners in particular. When I think of how many times I've had to redefine my ideas about depression and about hypnosis over the last 40 years in light of new and compelling research, it actually brings me a level of satisfaction that's hard to describe. I've had to grow in my ideas and then grow again, and outgrow some ideas and then still grow some more. Good research keeps one more open, more amenable to making useful revisions of one's perspective. Bridging the gap between research and clinical practice requires a



willingness to forego trying to be rigidly certain about many things that one really can't be certain about while acknowledging the value of curiosity. Socrates was right when he said, "Curiosity is the beginning of wisdom."

### *2. As a clinician, is there a topic regarding applying hypnosis you believe most needs to be researched?*

My primary area of clinical interest has been Major Depressive Disorder. This is the most common mood disorder on earth. It's a terribly disabling disorder that is already highly prevalent and is still growing across all demographic groups around the world, as the recent World Health Organization data affirm. Depression's tentacles reach into every part of peoples' lives, from their families to their work performance to their physical health. It's a complex disorder, but it is also a highly treatable disorder. People get better when they have good treatment, and I'm deeply convinced that hypnosis has a huge role to play in enhancing good treatments. Depressed people may well be the most disempowered people there are, feeling miserably hopeless and helpless to self-regulate or function effectively in their lives. Hypnosis is touted by virtually all of the experts as a means of empowering people, yet the hypnosis community has been sadly silent on the subject. In 2010 I was honored to serve as a guest editor for a special issue of the International Journal of Clinical and Experimental Hypnosis on the topic of depression, the first time the topic had been addressed in this way in the entire history of the journal. In my guest editorial, I lamented the fact that hypnosis practitioners had been discouraged from using hypnosis with depressed clients for a variety of reasons, all invalid, that have had the effect of making good quality research on hypnosis and depression nearly non-existent. So, my answer to your question is that we urgently need good research on ways hypnosis might be applied to catalyze the multi-dimensional goals of depression treatment.

### *3. Everybody views hypnosis slightly differently. What is hypnosis according to your way of thinking?*

Hypnosis is an "ambiguous stimulus" that invites a great deal of projection from those who strive to define it. There are so many ways to answer this question. I immediately think of so many different definitions based on so many experts I've known over the years as well as the perspective I've evolved through my own experience. So, what is hypnosis? I am acutely aware of the micro-dynamics of social influence—how person A influences person B. I'm really interested in how people form belief systems. I'm especially aware that any one person's view of

"reality," is highly subjective. For me, hypnosis is a vehicle of communication, a means of engaging with people, a vehicle for delivering potentially helpful information and perspectives. In clinical practice, I used it to build in my therapy clients enough focus and receptivity for them to be willing to step outside their usual frame of reference long enough to consider things they haven't considered before or reconsider things that they had perhaps been a little too quick to dismiss. The experience of hypnosis makes a strong statement that "reality is negotiable." For me, then, hypnosis is about absorption in experience, and using that experience in some helpful, life enhancing, goal-oriented way.

I've had this very discussion with many of the pioneers of the field. William Kroger, a brilliant and gutsy man I admired enormously, used to define hypnosis as "the induction of conviction." That is a very simple definition and not untrue, but it doesn't capture all the many shades of hypnosis. Ernest Hilgard once told me to think of hypnosis as "believed-in imagination," a phrase he borrowed from psychologist and hypnosis researcher Ted Sarbin. For André Weitzenhoffer to call it hypnosis, you had to positively respond to a suggestion in a non-volitional way.

I like each of those definitions and descriptions of hypnosis very much, and they have certainly informed my thinking. But, I'm a clinician and not much of a theorist or philosopher. I'm just interested in helping people get absorbed in a way of experiencing themselves that helps make their lives better. I'm interested in discovering what kinds of experiences I can absorb my clients in that will counter their symptoms, expand their awareness, empower them, and help them discover and use their personal resources appropriately that they hadn't really been connected to previously. The mechanisms of selective attention and perceptual alterations are a huge part of the hypnosis package. But I'm definitely more in the social influence camp than the biological camp regarding hypnosis. I respect biology, but ultimately all the things that make good psychotherapy effective are the same interpersonal factors that have to be present in order for good hypnosis to be effective.

### *4. You seem to have a broader, more expansive view of hypnosis than many of our colleagues. What do you think seems to limit peoples' use of hypnosis?*

In a single word, rigidity. At conferences and clinical trainings, therapists sometimes think you're there to say, "Here's the right way to do an induction. Sit with both feet firmly on the floor, put your hands on your thighs, take in five deep breaths, relax, close



your eyes, listen to me, and so on.” That’s how they learned to do an induction from someone credible, so they naturally think that’s how you do inductions. That’s what I mean by rigidity. I’ll tell you a funny story that illustrates the point. I was doing a clinical demonstration at a conference some years ago. I did a really elaborate formal hypnosis demonstration with a woman that just worked beautifully, and the session was done almost all indirectly in style. The president of the society at the time afterwards said, “Well, I see that the conversational style works in practice, but how does it work in theory?” As I drew out her question in more detail, she said, “You didn’t really do hypnosis.” I asked, “Why do you say that?”

You’ve just seen this person absorbed, dissociated, and unambiguously manifesting a variety of hypnotic phenomena from regression to analgesia.”

Her reply was, “Yes, but you never said, “close your eyes and relax.” You never told her to “go deeper and deeper.” You never did the induction or deepening and without them it isn’t really hypnosis.”

From her perspective, I “did hypnosis wrong” because of her rigid criteria for defining the “right” way to do it. By doing hypnosis in a different, more spontaneous and conversational way, even though it was still a formal hypnosis session defined as such, she missed everything else that happened. It surprises me how often things like this still happen. But, more and more people are learning that what sociocognitive theorists like Irving Kirsch and Steve Lynn have been saying for years is true: you don’t need the rituals of hypnosis, you only need the suggestions delivered under the right conditions to elicit hypnotic responses.

#### *5. From that perspective, it seems more important to be effective than “right.”*

To me that’s part of what’s so interesting about doing therapy in general and hypnosis in particular - there are so many “right” ways of doing things. I love watching people do good therapy sessions. When somebody does something in a therapy session that is so different than what I would do, my first question is, “did it work?”. If it worked, I start questioning myself; “Why wouldn’t that have occurred to me to do? It was obviously effective. It was a really good session. But, I wouldn’t have done it that way.

Why not? What is it about my perspectives that would have precluded me from even thinking of doing that approach when it obviously worked so

well?” This is how I continue to learn new approaches and strive to be flexible in my views.

I’ve had the good fortune in my lifetime to spend time studying with and learning from many of the best therapists this planet has ever produced. When you get to listen to people who are so articulate and so smart who sharply contradict each other, it’s unsettling at first. One says, “You need to focus on cognition,” but this other one says, “No. You need to focus on affect.” This one says, “You need to focus on relationship.” But this other one says, “No. You need to focus on the intrapsychic issues.” These brilliant experts literally couldn’t be more opposite in their viewpoints. And, as their effectiveness affirms, they’re all right.

#### *6. You are a very active contributor to the field of hypnosis. We see you in conferences, we read your papers and books, and we enjoy your web presentations. All these activities require a lot of time and energy. How do you seem to manage your time so effectively?*

I think I manage my time out of the sense of urgency I feel to make every day count. There are 24 hours in a day no matter who you are, no matter how you live. Time is a finite commodity and I hate to waste a precious moment. If you really want to learn something about someone’s personal values, observe how they spend their time and money. I prioritize being productive, reflecting strong values I hold. I am driven to make contributions to the field, compelled to strive to move the field forward because I so earnestly believe in its merits. Professionally, other than in the earliest stages of my career, I have always worked independently in private practice. So, I have had the opportunities to do the things that I value most, building my professional life to meet those needs to make a difference in peoples’ lives and also to contribute something enduring to my chosen field. It’s also important to me to balance my professional and personal lives in order to be productive.

On the personal side, I am married to my incredible wife of 38 years, Diane. She, too, strongly values contribution and her work in the area of treating autism spectrum disorders has been groundbreaking in some ways. She was the first person I knew of, for example, who published on the topic of using hypnosis in treating children on the spectrum as a vehicle for teaching social skills. We both work hard, and being productive is a priority we share. We also prioritize each other and being together in other ways where productivity as a standard is irrelevant. For example, we’re both nature enthusiasts, and we manage to get in some glorious

hikes in amazing places around the world. We also have exceptional friends we love to spend time with and close ties to our family. Life is good!

*7. The last question is one we traditionally ask each of our interviewees: What advice do you have for our younger colleagues who are first getting their careers going?*

First, welcome to the field! Hypnosis is a dynamic, complex field with many possible avenues of exploration that each hold great promise to teach us something valuable about human potential. There are many different viewpoints about what defines the hypnotic experience and what constitutes effective applications. I hope people who are new to the field will not get distracted by stylistic differences they observe from one practitioner or teacher to the next so they can really appreciate the deeper structure of often diverse methods.

Differences in style are inevitable, and each of us has to evolve a style that fits with our makeup but is

also effective with the majority of people we treat. So my first piece of advice is, find your own distinct voice and let it be heard. In ISH, you will find many caring and willing listeners. My second piece of advice is to notice how very different peoples' responses to hypnosis can be, and therefore be sure not to use yourself and your own experience as the reference point for trying to understand others. There are people who can do things in hypnosis you can't do, and experience things in hypnosis you won't. Thus, nurture your curiosity about what this individual you're doing hypnosis with right now can do that might well surprise him or her -- and you as well. Be curious about what hidden capabilities this person has that can emerge during hypnosis and how you can build on them. Curiosity is such a powerful tool for doing hypnosis not only with technical skill, but also with heart. There's so much more advice I'd love to offer, but these two points will have to be enough for now.

Thank you for the chance to do this interview.



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## Building Bridges of Understanding

### Clinical Relevance of Research Findings

**In each 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...**

#### VISUAL IMAGINATIVE SYNCHRONY

Katalin Varga S. &  
Katalin Varga

In the clinical practice most of us frequently face the experience of having the same image, feeling, or sensation that the patient is reporting. This phenomenon is very nicely described by Hammer:

*"My mental posture, like my physical posture, is not one of leaning forward to catch the clues, but of leaning back to let the mood, the atmosphere, come to me – to hear the meaning between the lines, to listen for the music behind the words. As one gives oneself to being carried along by the affective cadence of the patient's session, one may sense its tone and subtleties. By being more open in this manner, to resonating to the patient, I find pictures forming in my creative zones; an image crystallizes, reflecting the patient's experience. I have had the sense, at such times, that at the moments when I would pick up some image of the patient's experience, he was particularly ripe for receiving my perceptions, just as I was for receiving his. An empathic channel appeared to be established which carried his state or emotion my way via a kind of*



*affective 'wireless'. This channel, in turn, carried my image back to him, as he stood open in a special kind of receptivity"* (Hammer, 1990, cited by Schore, 1994, p 452, emphasis added).

The following report is about the attempt to reproduce and describe this almost mysterious phenomenon in a well-controlled laboratory context.

Following the interactional framework of the Budapest hypnosis laboratory, introduced by Éva Bányai, a new type of interactional synchrony has been documented. Visual Imaginative Synchrony (VIS) is an interactional concordance phenomenon that is a typical form of adjustment involving the harmonizing of imaginative processes of interactional partners recognizable even by external observers. For objective measurement of VIS a standardized research situation has been developed, applicable for both waking and hypnotic states.

In this article, after a brief summary of the operational VIS and the research results, we will discuss why it is both important and beneficial for a clinical professional to understand the nature of this connecting feature.

#### 1. Interactional Synchrony

What is meant by the term interactional synchrony is the synchronizing of various individual rhythms in an interpersonal situation, and their coordination in time, synchronization which plays a central role in the formation of human relationships (Zucker, 1983; Warner, 1991). In addition to behavioral elements these can be shown in subjective experiences and in physiological variables (Biró, 2003). These elements appear in all close human relationships and are posited to influence intensively the experiences of the participants in the interactions (Burgoon et al, 2003; Kimura and Daibo, 2006), and affect the quality of intimacy as perceived by the interactional partners.

This synchronization is an essential element of interpersonal behaviour (Burgoon et al, 1995; Brunel and Martiny, 2000), and is of adaptive value for the individual. The role of interactional synchrony is central to the formation of intersubjectivity and self-regulation (Baker, 2000; Biró and Bányai, 2007). In a harmonic interaction the participants experience bonding, safety, and social adaptation; they can handle and correct interactional errors or misunderstandings that may occur (Tronick, 1990).

The theoretical and practical aspects of hypnosis provide an ideal frame for the examination of the



elements and rules of interactional synchrony, for during hypnosis the hypnotist and subject experience a close and intimate relationship – the social-psychobiological model of hypnosis considers this as the key momentum of the therapeutic benefit (Bányai, 2002). Even though the hypnosis is induced by the hypnotist, the newly created subjective reality is built by both the hypnotist and the subject in co-operation. The quality and degree of their synchronization in the formation of synchrony influences the therapeutic prevalence of hypnosis as well. During hypnosis, not only the patient, but the hypnotist may become deeply involved in the process (Varga et al, 1999) so that the experiences of the hypnotist are worth examining.

The process of interactional synchrony is mainly examined during the course of parent-child interaction, primarily in mother-child and father-child relations (Skuban et al, 2006; Wahler et al 2001; Feldman, 2003; Feldman, 2006; Feldman, 2007; Feldman and Eidelman, 2004; Moore and Calkins, 2004; Barber et al, 2001; Gratier, 2003; Hane et al, 2003; Harris and Waugh, 2002; Keown and Woodward, 2002; Lundy, 2003; Lundy, 2002). These developmental psychology studies concentrate mainly on behavioral and physiological elements as there is no possibility to examine the subjective accounts of the child. Several forms of interactional synchrony have been studied during the course of adult-adult interactions as well, including the physiological level, for example the harmony appearing in simultaneous muscular toning, the behavioral level, including the mirror and micro-movements (Wiltshire, 2007; Brunel and Martiny, 2000; Pelech, 2002; Sagaguchi et al, 2005; Grammer et al, 1998; Richardson et al, 2005), and the phenomenological side of the interactional synchrony (Grammer et al, 1998; Kimura et al, 2006).

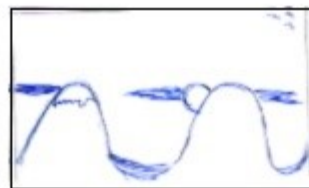
Our study concentrates on the experiential side of interactional synchrony, the measurement of subjective experience of imaginative synchrony and its evocation under laboratory circumstances all have been attempted. In the study we report earlier results of our efforts, we present the method developed after different attempts, the frequency of occurrence of VIS detected in waking and hypnotic states, as well as relations with certain feature, state and interactional measures.

## 2. The operationalization of Visual Imaginative Synchrony

This phenomenon of interactional synchrony means a form of attunement in imaginative activity. The research was inspired by some instances of spontaneous accord in situations of therapy, where patient and therapist experienced the same or similar visual imagery.

The laboratory study of VIS aimed at finding out if VIS can be elicited under controlled circumstances, if imaginative activity can be reproduced in drawing and/or in descriptions, and if perhaps harmony can be judged by independent judges more reliably.

In order to elicit the phenomenon under controlled circumstances, words of motifs were used that proved to be moderate in their ability to elicit images with respect to detail, verisimilitude, and stability in preliminary measurements. These words were: TOWER, EARTH, BALL (formal gathering), WALK, VALLEY, SHIP, LANDSCAPE, ROAD, MUSIC, and AUTUMN. After saying it aloud, experimenter and subject inspected their arising internal images, then drew and wrote down (explained) what they had just seen in front of their mind's eye on an empty, A4 size sheet of paper with a ball point pen. The emerging drawings and descriptions could thus become subjects of rating by independent judges.



VIS was identified by presenting the drawing of the subject of a motif, together with four of the experimenter's drawings of the same motif (one being the picture drawn simultaneously with the subject).

Three independent judges had to make similarity ratings (ranking the pictures) without receiving any clue as to what to base their judgments on. Re-testing the similarity ratings of the presence of VIS with three new raters and putting three new random pictures of the same motif next to the real one, we considered the case to be real visual imaginative synchrony if the given pair of pictures proved to be the most similar in re-testing, too. In the above illustration, the corresponding pair of the picture in the top row is the fourth picture in the bottom row.

Besides the standardised measurement of VIS, we also aimed to map the intimate aspect of Visual Imaginative Synchrony that can hardly be defined and transmitted via paper and pencil questionnaires under laboratory circumstances. As opposed to the provoked, "here and now" nature of the standardised interactional process where imaginative activity is identifiable by external observers, the qualitative analysis of VIS examined spontaneous experiences in a rather subjective, retrospective manner based on free descriptions.

The newly developed VIS Questionnaire was filled out by 67 subjects. Three respondents defined more than one experience, therefore 71 questionnaires were analysed at the end. The questionnaire asks about the imaginary experiences, the situational context of VIS and about other possible comments. With the help of a newly developed coding sheet, the VIS questionnaire results have been analysed according to the following categories: relational context, interactional context, nature of experience, emotions and state of consciousness evoked by the recall of imaginary experiences. For the sake of reliability a coding sheet was filled out relating to each questionnaire by 3-3 independent raters. The results of the coding sheets relating to the questionnaires were processed and a prevalence analysis was executed on answers coded with high (2-3) level of inter-rater answers.

### 3. Findings with Visual Imaginative Synchrony

Visual attunement between the members of 48 dyads was studied with 5 stimulus words (i.e., 240 cases) in the waking state. In hypnosis, four hypnotists and five experimenters worked with 40 subjects in different category groups. The situations also included waking control, and instances when the "experimenter/hypnotist" left the room and VIS

was administered by an independent experimenter. The experiments were conducted in a standard and relatively stimulus-deprived experimental chamber.

VIS could be identified in 22.9% of the dyads and in 5.4% of the cases. This means that about one fifth of the dyads produced VIS, and that the same dyad produced VIS in response to some motifs, but not to others.

There were four different experimental situations in the research including hypnosis: waking or hypnosis, with the experimenter being the hypnotist or an independent experimenter (who entered the experiment and replaced the hypnotist for this period). VIS appeared in the following proportions:

|                                     |  |
|-------------------------------------|--|
| In hypnosis, with the hypnotist:    | 23.8% of the dyads, 4.8% of the cases; |
| In hypnosis, with the experimenter: | 35.3% of the dyads, 8.3% of the cases; |
| In waking, with the hypnotist:      | 33.3% of the dyads, 6.7% of the cases; |
| In waking, with the experimenter:   | 11.1% of the dyads, 2.2% of the cases. |

As can be seen, VIS is not specific to hypnosis, and it can be evoked with a new interactional partner; thus, it is not sensitive to the stability of the relationship. The appearance of VIS was not related to trait-like features (Vividness of Visual Imagery Questionnaire – VVIQ – by Marks, 1973; Reading from the Eyes Test by Baron-Cohen, Wheelwright, and Hill, 2001, aimed at measuring empathy), or to how the persons rated the quality of their own state of consciousness (as measured by PCI by Pekala, 1982).

In the cases of dyads where VIS appeared in the waking state, the subjects characterized the interaction as less intimate, playful, and harmonious and higher in eroticism, while the experimenter/hypnotist reported low levels of dissociation.

In cases of dyads where VIS appeared in hypnosis, the subjects were found to report lower levels of negative archaic involvement, characterized the relationship with their interactional partner as higher in harmony and playfulness, and lower in eroticism, while the experimenter/hypnotists reported low levels of tension and eroticism, were less involved in the situation, were low in dependence need and were not afraid of negative evaluation. In hypnosis, VIS-positive cases were more typical between interactional partners of the opposite sex. The level of hypnotizability of either the subjects or the hypnotists showed no relationship with the appearance of VIS (see Varga S., 2008; Varga S. and

Varga, 2009a, 2009b, 2012 for more details).

Summarising the prevalence rates, according to the qualitative study characteristics of VIS experiences were:

- In most cases, interactional partners experience VIS in intimate interpersonal situations.
- Parties who are experiencing VIS are mostly in the same physical location.
- Parties consider VIS to be a peculiar but comfortable, and harmonious experience.
- In cases where the respondent described their experience while answering the questions, the most prevalent feeling was joy and wonderment.
- VIS is more frequently experienced in waking than in altered states of consciousness.

#### 4. Bridges of Understanding: Clinical Relevance of Research Findings

Our research results can be integrated into the theoretical and experimental framework of the literature on interactional synchrony. VIS is a new kind of interactional synchrony phenomenon, that's significance, as compared to the other interactional synchrony phenomena, is revealed both in the regulation and development of relationships and in the establishment of attachment. This harmonisation – the Visual Imaginative Synchrony along with other synchrony phenomena – relates to the relational experience and to the experienced intimacy (Bányai, 2000, 2002; Varga, 2004) in therapeutic processes as well.

The sense of intimacy is being strengthened by the presence and recognition of VIS. The sense of being connected, understood and open to understanding, appears in the subjective inner-self of both partners. This in turn develops the level of intimacy experienced by both partners, and ultimately the quality of their relationship.

The optimal level of synchrony provides a protected space for the patients which enables the corrective re-experiencing of basic relational models. VIS offers a new approach for the therapist in allowing greater emotional insight and a deeper understanding of the patients' internal world, its existence and nature convey diagnostic relevance both in terms of the therapeutic relationship and the patient's functioning. The observation of VIS experienced in both hypnotic and waking states, and the scientific research on its nature and on its proportional patterns manifested in relationships, help the therapists to work with experienced synchrony phenomena in a conscious and controlled way.

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## Findings of Note

### Prominent Papers in Clinical and Research Hypnosis

*A review by András Költő*



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

**and Experimental Hypnosis between since 2000. Hereinafter five papers are presented, representing a wide array of high-quality publications in hypnosis. Two of them address problems of the diaphragm and the digestive tract. These symptoms make millions of people suffer and disabled. Effective, rapid and affordable interventions are needed to eliminate them. A clinical case study and a meta-analysis of randomized controlled trials are presented as evidence for the efficacy of hypnotherapy in such diseases. Three articles are dealing with the evergreen topic of hypnosis research: hypnotizability. Responses to hypnosis emerge from an intricate network of brain areas. Thus, people may exhibit different hypnotic responses based on different patterns of brain activity. Hypnotic behaviour, attention, emotions and consciousness seem to influence each other interactively. This circular causality can only be fully understood if all components of hypnotic response are involved in theoretical models and basic research. Therapeutic work can also benefit from such a complex and integrative approach.**

#### **HYPNOTHERAPEUTIC APPROACHES OF HICCUP AND IRRITABLE BOWEL SYNDROME**

**LOBATO, E. F. (2013). *Persistent hiccup treated by hypnosis*. *Revista Médica de Minas Gerais*, 23 (2), 258–262. DOI: 10.5935/2238-3182.20130040**

The vast majority of hiccup episodes cease spontaneously or after simple eliminating techniques such as forced apnea (i.e., holding back the breath).

If the hiccup persists, however, it becomes quite disturbing. Chronic hiccup (defined as not ceasing in 48 hours) is debilitating and results in a serious disadvantage to everyday functioning of the patient. Dr. Lobato reports about a patient who underwent several pharmacological and other treatments before being referred to hypnotherapy. At the first interview, the 41-year old man exhibited serious hiccups and told about his suffering, anguish, apprehension, anxiety, profuse perspiration and an intense general discomfort. He related the onset of the persistent hiccup to moving to a new house – bought by mortgage –, and the passing of his father-in-law. Dr. Lobato gives a detailed description of the patient’s medical history and all of the examinations to exclude organic origin; it becomes clear, however, that the patient is suffering from the memories of an insecure childhood and emotional instability. Weekly hypnotherapy was offered to him, with formal hypnosis induction and suggestions targeted at the symptoms and to strengthen the patient’s ego.

Although some medication was prescribed to him (including small amounts of gabapentin, chlorpromazine, baclofen and domperidone), it was soon suggested to suspend taking any medicines. After 1 year of treatment, the patient reported gradual decrease in the symptoms. During the course of the second year, with some minor relapses, he gradually grew entirely symptom free.

This case demonstration has many virtues. First of all, Dr. Lobato emphasizes that in the present case, like in many others, a characteristic vicious circle was developed: symptoms compromise self-esteem, and low self-esteem, in turn, worsens the symptoms.

In the discussion, the author gives a detailed account on the medical treatment of hiccup; however he emphasizes that in the present case, the hiccup was psychogenic and associated with the patient’s adverse experiences and fragile personality. The hiccup – in a psychosomatic frame – is a symptom which expresses “cry for help,” indeed, it may occur as a somatic substitution for “crying shame” (Glazer, 2013). Hypnotherapy is a feasible tool to relieve the patient and to break the symptom-stress vicious cycle.

**LEE, H. H., CHOI, Y. Y., & CHOI, M. G. (2014). *The Efficacy of Hypnotherapy in the Treatment of Irritable Bowel Syndrome: A Systematic Review and Meta-analysis*. *Journal of Neurogastroenterology and Motility*, 20(2), 152–162.**

Irritable Bowel Syndrome (IBS) is a chronic functional gastrointestinal disorder, characterized

by recurrent abdominal pain or discomfort associated with altered bowel movements. Besides abdominal pain, its symptoms include diarrhoea or constipation; many times it is associated with chronic fatigue, disability, and depression. IBS is differentiated from other gastrointestinal disorders on the basis that it does not have organic origin. It is, however, one of the so-called somatization disorders, partly caused by a chronic alteration in the hypophyseal-pituitary-adrenal axis (Vidlock et al., 2009).

Although there had been systematic reviews on the efficacy of hypnotherapy in IBS (e.g. Tan, Hammond, & Gurralla, 2005; Gholamrezaei, Ardestani & Emami, 2006; and Wilson, Maddison, Roberts, Greenfield, & Singh, 2006), the work of Dr. Lee and his colleagues is outstanding, as this is the first review which is combined with a meta-analysis in this field. Besides listing all of the available randomized clinical trials, they use very rigorous methods to ponder the evidence on efficacy (or inefficacy) of hypnotic interventions.

They have used a refined search process including terms related to IBS and hypnosis. During the search, conducted in MEDLINE PubMed, Embase, PsycINFO, and the Cochrane Central Register of Controlled Trials (CENTRAL database), 139 studies were identified, of which 6 (presenting 7 randomized controlled trials) were met the criteria set by the researchers. The quality of data was assessed for possible risk of biases. For outcome variables, scores of abdominal pain, constipation and diarrhoea, overall gastrointestinal symptoms and quality of life were used, administered before treatment at 3 months and one year after the treatment. Compared to the control groups, hypnotherapy significantly lowered abdominal pain, at least at short-term follow-up. Hypnotic interventions were also beneficial for overall gastrointestinal symptoms.

The researchers however emphasize that evidence is insufficient for long-term effectiveness because a number of such studies were not eligible for analysis. Their study is a must-read for all clinicians who see patients with IBS, providing valuable suggestions for their work. It is also an encouragement to them to conduct further research on hypnotherapy for IBS.

## **HYPNOTIZABILITY REFLECTED IN THE BEHAVIOR AND IN THE BRAIN**

**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***

An essential feature of hypnosis is the change the hypnotized subject experiences in the voluntariness of her or his actions. According to Weitzenhoffer (1974), hypnotic state is indeed defined by the voluntary reactions—this is what he termed “classic suggestion effect”. In spite of that, up until now, little attention was paid to how hypnosis alters sense of agency (SOA). SOA is defined as the feeling that my actions are initiated, executed and/or controlled by me (Gallagher, 2000).

It is currently one of the “hottest” topics in philosophy, psychology and neuroscience of consciousness. The study of Dr. Polito and his colleagues presents how a short self-report measure, the Sense of Agency Rating Scale (SOARS) was developed to tap into how hypnosis changes the subjects’ SOA. Although they label this change a “disruption”—given that in most subjects, perceived control of the actions is decreased compared to their waking state—it may be more accurate to call this change “alteration”, as there might be some subjects who feel they have even more control in hypnosis than in the alert state. Such observations led Banyai to develop active-alert hypnosis (Banyai & Hilgard, 1976).

The work of Polito and his colleagues, however, is an excellent example of how a self-report questionnaire should be developed. They present the steps of this process in a clear way, empowering other researchers to follow their example. First a preliminary questionnaire was constructed, with 48 items referring to the perceived control of their actions, administered to 370 subjects after they had been hypnotized with the Harvard Group Scale of Hypnotic Susceptibility (Shor & Orne, 1962). Then, based on an exploratory factor analysis, a shorter, 10-item version was constructed. The items are organized into two factors, “Involuntariness” and “Effortlessness”. In the last phase of the study, the Stanford Hypnotic Susceptibility Scale, Form C (Weitzenhoffer & Hilgard, 1962) was administered to 113 subjects, who subsequently filled in the 10-item SOARS and were interviewed about their experiences under hypnosis, with an emphasis on how they perceived the control of their behavior while being hypnotized, compared to their waking state. The confirmatory factor analysis of the short SOARS verified the two-factor solution.

Both Effortlessness and Involuntariness factors showed significant associations with the hypnotizability scores. In the open interviews, those subjects who scored low on the SOARS factors



reported that the control of their actions was not influenced by hypnosis. The SOARS is not just a great research tool: It may help us to better understand how hypnotherapy can work in disorders like depression, obsessive-compulsive conditions, schizophrenia and addictions, where the patient is having problems with the voluntary control over her or his actions.

**YARGHOLI, E., & NASRABADI, A. M. (2014). Recurrence quantification analysis of electroencephalograph signals during standard tasks of Waterloo-Stanford group scale of hypnotic susceptibility. *Journal of Medical Engineering & Technology, Early Online issue, 1-9*. DOI: 10.3109/03091902.2014.973616**

This is a pioneering paper, providing a brilliant demonstration of the untapped possibilities of electroencephalography (EEG) research in hypnosis. EEG seems to be a bit old-fashioned in the light of more recent brain imaging techniques. Dr. Yargholi and Dr. Nasrabadi, however, show how much insight we can still get from applying creative mathematical analysis of the unenhanced brain wave signals. Hypnotic state, given that it is relatively easy to induce and is associated with specific changes in the brain, has been thoroughly studied by electrophysiology. However, not much attention has been given to the differences between specific EEG patterns related to different hypnotic suggestions; and most electrophysiological studies were inevitably limited by the errors due to the fact that while EEG is a non-stationary signal, methods of signal analysis treated the electric waves emerging from the brain as stationary.

The authors applied a new way of analysing the EEG that eliminates limitations of stationarity, length and noise. This is the so-called recurrence quantification analysis (RQA). With refined mathematical models, it enabled the researchers to compute such features of EEG activity as recurrence rate, determinism, average and longest diagonal length, laminarity, trapping time, and longest vertical length. To check whether the system's behaviour is really or just factitiously chaotic, amplitude-adjusted surrogate signals were also analyzed. Thirty-three physicians, pre-tested for their hypnotizability, served as subjects. The authors recorded the EEG signals of the Ss' brain activity according to international EEG standards in waking resting state, and for the first 10 suggestions of the WSGC. The recording interval was two minutes for each phase.

There is one point in the study I do not understand. The authors emphasize that Waterloo-Stanford Gro-

up Scale of Hypnotic Susceptibility (WSGC, Bowers, 1998) was used as the experimental situation because it offers a wider variety of suggestions (in their wording, "mental tasks") than other measures of hypnotizability. The individual version of WSGC, Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C, Weitzenhoffer & Hilgard, 1962) contains functionally the same suggestions, and it is for just one subject. It would not make sense if a group of subjects were examined by EEG at the same time, in the same room—so why did they use WSGC instead of SHSS:C?

Apart from this ambiguous methodological issue, the results are intriguing. The authors conducted analyses of variance to compare the quantified recurrence between low, medium and highly hypnotizable subjects. In general, the highest difference was not between the RQs of highs and lows, but between the low and medium hypnotizable subjects!

The authors interpret this result as meaning that the medium hypnotizables are more affected by hypnotic induction and suggestions than either lows or highs because lows were not involved in an hypnotic state, while the highs tended not to coincide with the actual suggestion, therefore their brain activity was not necessarily reflected by the presenting stimuli. Although the authors emphasize that this was the first attempt to apply RQA technique to hypnosis, the results give a novel way of understanding the differences between brain activity of low, medium and high hypnotizable subjects.

**HOEFT, F., GABRIELI, J. D., WHITFIELD-GABRIELI, S., HAAS, B. W., BAMMER, R., MENON, V., & SPIEGEL, D. (2012). Functional brain basis of hypnotizability. *Archives of General Psychiatry, 69*(10), 1064–1072.**

In the above referred work of Yargholi and Nasrabadi, the specific brain activity of low vs. medium vs. high hypnotizables was discussed. Hoeft and her colleagues approach the question from a different perspective: in their study, lows and highs are compared with modern brain imaging techniques. Based on previous brain imaging studies, they hypothesized that there are functional differences between these groups in and between brain networks that are responsible for attention and executive control. Hypnosis, at least in high hypnotizables, seems to reduce or even eliminate some forms of interference, as hypnotic suggestions help the highs to filter out the irrelevant stimuli.

This phenomenon is thought to be associated with

the strong functional connectivity between the dorsolateral prefrontal cortex and the dorsal anterior cingulate cortex. In addition, the authors highlight the role of three specific brain networks.

The default mode network is involved in episodic memory recall, self-reflection, mental imagery and stream-of-consciousness processing. The salience network detects, integrates and filters relevant somato-sensory, autonomic and emotional stimuli.

The executive-control network selects and maintains the needed pieces of information for preparation of the next action. (In a very simplified way, we could say, they are the “Who?” “What?” and “How?” networks.) Twelve low and twelve high hypnotizable participants (6-6 from each gender, respectively) were selected, as pre-screened with the Hypnotic Induction Profile (Stern, Spiegel, & Nee, 1978-79).

They applied three of the most up-to-date technologies for the comparison: functional magnetic resonance imaging (fMRI) to study the networks at resting state; structural T1 magnetic resonance imaging to assess the regional volume of gray and white matter in the subjects’ brains, and diffusion tensor imaging (DTI) to unfold differences between the white matter microstructure in lows’ and highs’ brains. In other words, the fMRI identifies the components of the relevant brain networks at work; the structural imaging is a morphometric assessment of the volume of brain structures; and DTI maps the neural fiber tracts. It is important to note that during the brain imaging process, the subjects did not get any specific instructions apart from being told to lay still, with their eyes closed.

Therefore we can assume that the findings reflect the differences between low and high hypnotizables when they are in relaxed waking state. The authors found that highs, compared to the lows, had an increased functional connectivity between their dorsal anterior gyrus cinguli and the left dorsolateral prefrontal cortex. This neural pathway is an essential part of the salience network. No differences were found in the functional connectivity within the default-mode and the executive-control network.

Also no volumetric differences were found in their brain structure, including overall or regional measures of white and gray matter. The DTI analyses did not reveal any differences between “wiredness” (organization, density and volume of finer tracts) of low and high hypnotizable subjects’ brains. These findings clearly indicate that the

ability to experience deep hypnosis is associated with modulation of sensory input via intensively focused attention and a highly coordinated interaction between brain structures that integrate attention, emotion, action and intention. Dr. Hoeft and her colleagues conclude that hypnosis, based on these findings, can be described as “conflict-free attention and intention”. The findings also fit into the theoretical models which define hypnosis as an altered state of consciousness that is caused by dissociation, and—despite the limitations the authors discuss—support that there is difference between the operation of low and high hypnotizables’ brains, even in their waking alert state.

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## Book Review

### **Dancing with Pain, a film by Leora Kuttner, PhD**

(with Judith Marcuse)

*Review by Julie H. Linden, PhD*

Many years ago I had a dissociative client and one of her parts was named Dancer. Dancer was a teenage ego state who had experienced many types of physical and emotional trauma in her life and yet was an amazing survivor. This ego state was full of the joy of life and clearly wise beyond her years. When introduced to this new groundbreaking film, *Dancing with Pain*, I felt awe and wonderment at the ways in which archetypes present in our unconscious. Dancer seemed reincarnated in Kuttner's epic feat of storytelling- a story of 4 teenagers modern dance with pain. It is a story of heroes and heroines, who learn one day at a time what it means to cope, to survive, and to live beyond the boundary of pain.

Dr. Leora Kuttner, a clinical psychologist, who is already well known for her two previous films on the use of hypnosis in pediatric cancer treatment, has carefully crafted a poetically scientific film that conveys volumes in its brief 20 minutes.

This film begins with a simple statement "Pain is a deeply integrated experience of body and mind" setting the stage for what is to come: Meta-levels of communication about mind, body, integration and pain. The film asks and answers important questions about the experience of pain, its durability and what we can do about our experience of pain. And at its deepest level, the film forces us to feel what others are living with and to want to help and to face those times when we are impotent to help.

The audience is introduced to the Body-Self neuromatrix and 4 teenagers, each of whom has experienced life-altering pain. Their pain is hidden to the outside observer- and certain sources of chronic pain are especially hidden.

Unlike the broken arm in a cast that we know will heal, chronic pain is the missing leg that will never return and leaves the observer helpless and distant. But the intensity of this film, is that what is hidden is transformed into a visceral experience as expressed through the incredible choreography of a dancer. A dancer who seems herself to be a mere teenager.

We are led through the way stations of pain. The confusion when it does not get better and others do not believe us; coming to grips with the pain that seems here to stay and wracks the body so that it feels betrayed; Discovering the power of the mind to help the body as we learn to breath anew, to relax, to distract, to distance from the pain and seek comfort in our fantasies and visualizations; Finding hope in something and someone that things will get better; Coping with isolation an especially challenging task for teens who are just learning to navigate the social network and norms; Digging out from under the burden of pain, and the anxiety and depression which accompany it, with new energy and finally, Acceptance that we will survive and be changed, matured, and stronger for the experience.

This is not a journey of seconds, but of months and sometimes years.

The teens tell us the hard truths--what medicines do not work, when doctors fail them, when they doubt, when they are ready to give up and when they finally find what works. The film intersperses the problems each youngster has suffered with the solutions the youngsters have discovered.

And Dancer highlights and interprets each of these dilemmas, each of these felt experiences. We hear the adolescents' words, and see and feel the pain through the dancers movements.

They tell us in their own words, each word punctuated with the dancers interpretation and we are left with a universal language that evokes and elicits a response in the viewer. After watching this film you will ask 'If each person in pain could dance their experience, how much sooner would they be understood and helped in their search for relief?'

Poet Fathieh Saudi, who has used another means of expression for her pain, writes:

My heart, exhausted, whispers to my being:

***"Give your thoughts freedom, dance with words, breathe with alphabets, reach out, surrender to the ocean even if you can't swim." "Trust me, trust me, my heart whispers."\****

The creative mind seeks solutions when the rational mind falters, especially when it experiences pain. *Dancing with Pain* is an archetypal contribution for all in the field of pain management. It breathes life into the discussion on helping those with chronic pain. The film itself is hypnotic, absorbing and entrancing, and seeding the suggestion that there is



much each of us can do to aid those in chronic pain, especially in giving them the gift of learning self-hypnotic skills.

This is a film that should be a mandatory tool for training all health care workers about the experience of chronic pain management and the role of hypnosis in treatment.

\* excerpted from Birth of a Poem, from F. Saudi, 2012, Daughter of the Thames, Glasgow: Lotus Foundation by permission of the author.

## History of ISH

**12 years ago**  
*in the Newsletter of ISH we could see:*



February 1974, Ernest Hilgard, Professor of Psychology with subject in experiment.

[Read the background of this photo here.](#)

## Remarkable Moments

Paris 2015 Team was in Strasbourg for the CFHTB Forum.



Paris 2015 Committee at the last meeting in July... in the heart of Paris!



## What Is Your Opinion?

We invite you to share your opinion. In each newsletter issue everyone can “**vote**” on a hypnosis related question.

We started with the topic of hypnosis induction techniques (2014 September issue), now we have a look at a new question.

**WHAT DO YOU THINK IS THE KEY ELEMENT OF HYPNOSIS?**

**[A short internet questionnaire is available on this link \(click here!\).](#)**

The next issue will report the findings.

## 10 Questions

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

The question of David Wark: **“How do you maintain your energy to bring hypnosis to American pediatrics?”**

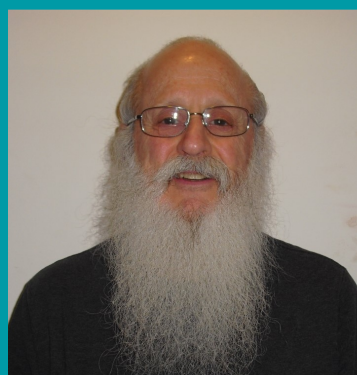
This is an easy answer: It’s all about expectations and enthusiasm, and surrounding myself with like-minded people (e.g. our NPHTI – National Pediatric Hypnosis Training Institute – Faculty). All are knowledgeable and experienced child health clinicians who know and understand child development and intimately know child hypnosis and what an impact learning self-hypnosis has for so many children and families. Seeing our colleague child health clinicians (pediatricians, psychologists, social workers, nurse clinicians, etc.) develop the “Aha..!” look and belief on their faces during workshops, seeing the smiles and evolution of children as they develop their self-regulation skills, and hearing the thank-yous of parents – how could I NOT maintain my energy?!

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

As a College student (1965) I attended a Fraternity “Party” for potential new members. The “entertainment” was a “stage Hypnotist”, a PhD Psychologist. I “responded” to a group hypnotic exercise, and was invited to the front for more demonstration. The following day I discovered my picture on the front page of the University’s newspaper, looking very much “asleep”, captioned as “hypnotized”. I was embarrassed. I remember all of the experience.

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

In a workshop (1979) Dr. Milton Erickson provided a demonstration. He selected 5 women, saying “Yes, you..” I was in trance watching, listening. He ad-



**Daniel P. Kohen, M.D.**

“Dr. Dan” is a developmental-pediatrician who recently retired (Spring, 2013) after 35 years on the Faculty of the University of Minnesota Medical School. In that academic position Dr. Dan had a

clinical practice about 60% time. He was Professor of Pediatrics and Family Medicine & Community Health, and Director of the Fellowship Program and Residency Training Program in Developmental-Behavioral Pediatrics in the Department of Pediatrics.

Since “retirement” he is in a half-time private practice, Partners-in-Healing of Minneapolis, and the only physician amongst several social workers, psychologists, nurse practitioners, and a craniosacral therapist. The rest of his time is devoted to the continued evolution of NPHTI, the National Pediatric Hypnosis Training Institute.

dressed the 2nd woman with astonishment: “What is your head doing at the back of the room?!” My trance was intense: I have vague, very positive, memories of suggestions: being a planet in outer space, use of inner space, being “a head (ahead)” of things...Whew!

*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?*

My first Workshop teacher, best mentor, dear friend, Master of Language, and one of the kindest, most creative people and clinicians I’ve been lucky to have known and honored to have been a friend – Dr. Kay F. Thompson – may she rest in peace.

*4. What is your favorite book?*

This is a very difficult question!! Uncommon Therapy (Jay Haley)

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

Recreation: Running. Biking. Both restore my energy and my mood.

Relaxation: Being with my wife of 45+ years, whether leisurely sightseeing in new places never before visited, or sitting near the ocean and enjoying the sound and sights of the changing sky and water, or listening to our son and grandson perform music.

Restoration: Watching my favorite sports teams (baseball, football) in person or on TV.

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

To read more, more often, and faster.

*7. Which human feature do you admire the most?*

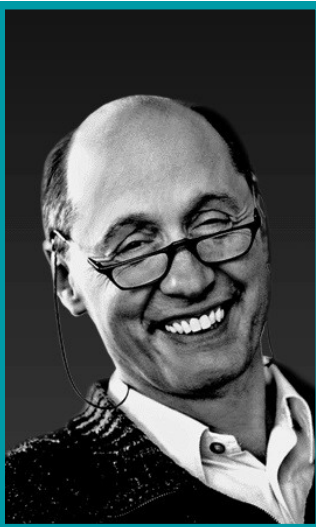
Compassion.

*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.)*

- Being funny! Love to tell stories, jokes.
- Running – commitment to daily workout
- Photography
- Playing the Harmonica (at least I think so!! I don't know that others would agree!)

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

Continued excitement in creatively growing our NPHTI group, the National Pediatric Hypnosis Training Institute. We plan to expand our workshop training opportunities to several times each year, and to expand our "reach" to offer training throughout the U.S., as well as reaching out to offer training in Europe and other countries around the world.



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

**Bernhard Trenkle – Rottweil, Germany**  
**"HOW do you DO all that you DO?!"**

## Individual ISH Membership

Membership benefits include:

- Reduced fees for all ISH International Congresses and other scientific events sponsored by ISH
- A certificate acknowledging your membership
- A reduced-fee subscription to The International Journal of Clinical and Experimental Hypnosis, the most prestigious publication in the field of hypnosis.
- Free subscription to the ISH E-Mail Newsletter
- Automatic access to the Hypnosis Listserv
- Eligibility to vote in elections and to run for office
- Access to the Members Only Video Library, as well as the ability to participate in and access the Members Directory
- Invitations to participate and to present in the Triennial Congresses, and other scientific events

[For list of memberships please visit the International Society of Hypnosis website.](#)

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## ISH Board in Sorrento





## 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, profession, country, town, affiliation).*

My name is Maria Escalante de Smith, I am an Ericksonian Psychotherapist. I got my Masters Degree from the Centro Ericksoniano de Mexico. I was born in Mexico City where I lived for 42 years. Nowadays, I live in the USA, in Cedar Rapids, Iowa. I am a member of

the ISH.

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

I have been connected with the ISH since 1997 when I attended the XIV ISH Congress in San Diego, CA, in 1997. This happened when I was ending my training to become an Ericksonian Psychotherapist at the Instituto Milton H. Erickson de la Ciudad de Mexico. This was the first time I was in an international conference and it was an eye opening experience because I had never had the opportunity to meet so many high quality professionals in the field and learn from them.

*What is your current “job” / task here?*

Dr. Consuelo Casula, invited me to contribute with the ESH Newsletter by writing a column named “Children’s Corner”. At that time I was also writing book reviews for the Milton H. Erickson’s Founda-

tion Newsletter. As this was happening, Dr. Casula asked me if I would be interested in translating the President’s letter into Spanish and I agreed. I love both speaking and writing in English and Spanish, my mother tongue. I also like doing this because I believe these letters need to reach the Spanish speaking community, so that its members will eventually attend ISH conferences and become familiar with this organization’s activities.

*When not for ISH: what is your professional work?*

I got my MA degree as an Ericksonian Psychotherapist in Mexico. I moved to the USA and even though I had gotten this degree I was not allowed to practice here immediately. Doing psychotherapy or mental health counselling in the USA as a foreigner is not easy at all. In order to get licensed in the USA you need to go through a lot of legal procedures, for instance apply to the state, and, most likely, take additional classes and then sit for the licensing test. I will be taking the test in a short time and hopefully I will be licensed soon so that I will be able to practice again here.

Nevertheless, I have done some volunteer work at an agency named Birthright where women who get pregnant unexpectedly receive emotional support and access to local resources so that they can have their babies. The agency also gives them the opportunity to have a free pregnancy test where a committed volunteer will help them by providing them with information, for example about doctors. At times I also give speeches in churches about this organization’s goals. Every time I have done this I have thought that if after the speech one life is saved or if one soul is touched ... the time I spent there was really worth it!

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

One of the things I really like to do when I have free time is singing. My love for music began really early when I was a child when my father played Johann Sebastian Bach’s music on an old organ we had at home in Mexico City. Once I was in elementary school I joined the school choir. Years later I joined other groups that were more professional where members would sing music composed by authors such as Mozart, Verdi and Beethoven. I will always remember when I took part in a concert where the choir I had joined sang Beethoven’s 9th Symphony in German.

I love spending time with dogs, my best furry friend is my chocolate Labrador, named Max.

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

One of the aspects of my work I like the most is working with children because it really breaks my heart to see them when they are experiencing emotional distress. I believe that by using psychotherapy and hypnosis their suffering can be reduced, and if we also provide them with tools and strategies in order to help them cope with their

current pain, they will be better equipped with resources in case they experience suffering or emotional difficulties in the future.

I will always remember Diego, a 5 year old that I treated several years ago. He was sick with a very serious form of cancer. Thanks to the medical treatments and hypnosis he was able to heal. So in summary, the aspect of my work that I prefer the most is to know that I can contribute so that my clients can feel better, ease their pain, and achieve their goals.



Probably most of you have seen our ISH Banner, that has the year and the name of the cities where each of the ISH Congresses took place. Imagine, that this particular object /piece participated in many of our conferences, travelling from continent to continent...

**...and almost did not make it to Bremen, by way of Wigry (that is a fun story).**

ISH is interested in learning the names of the people who helped to create and sew the Banner on which all of the ISH congresses and the flags of the countries are displayed. If you have any information about the originator of this wonderful banner, its history and its seamstresses, please let us know: [ishofficeusa@gmail.com](mailto:ishofficeusa@gmail.com)

**Let us start with a story from Julie Linden:**

An interesting story about the banner, involved my attachment to it. I was freshly out of graduate school and seriously involved in learning everything I could about using hypnosis clinically. So, I registered for the ISH congress in Toronto in 1985, and that is the first time I saw the banner.

Maybe it was the cold medicine I was on, having arrived terribly ill, and having confused the date of my hotel reservation so that I had no hotel room upon arrival, whatever the cause, it was love at first sight. The redness of the banner with each of the locations, the country flags and the sense of such a profound reach of the ISH and its homemade quality- I love primitives- started an attachment that has only grown with intensity. Much later I learned that I was not alone in the attachment.

After the congress in Rome, now a member of the ISH Board, I fretted, and nagged the then President Camillo Lorio, to be sure that the banner would be updated for Bremen. "Someone has to stitch on the new name, the flag and the date" I pleaded, "and surely Italy of all places, home of fashion, must have excellent tailors". He studiously ignored my emails. I was frustrated and concluded I was only the one that loved the banner. The

board was meeting in Wigry, Poland for a conference and meeting prior to Bremen. Once again I sent an urgent email, and once again I was ignored. "Ok, let it go", I said to myself.

Much to my chagrin, Camillo surprised me with the completed banner, as attentive to my emotional attachment as any excellent therapist could be. This is the story behind the website picture where all the Board is holding the beautiful banner outside of the conference center in Wigry.

My angst for the safety of the banner did not lessen however, and I began to lobby (nag) Bernhard and his staff for its safe passage to Bremen.

The beautiful red-haired staff member brought her backpack to me, and packed the flag assuring me it would be in Bremen-"do not worry, Julie, we know how important it is."

Of course, I wrote (nagged) prior to Bremen and asked about the banner, and was told – do not worry. When I arrived in Bremen the banner was not there.

I discovered that the beautiful red-head had gotten pregnant, was not feeling well and was not going to come to Bremen. But when she realized that she had the banner still in her backpack, which she had promised would get to the congress, she arranged to come to Bremen! Everyone was wringing their hands about this and wondering where this banner would end up, if it would get lost, that it was not as important of course as her health, etc, etc, etc- she arrived and personally made sure that the banner was hanging, because she wanted her promise to be good.

And the Banner was proudly displayed in Bremen, with few knowing its uncertain and long European journey from Italy via Wigry to Bremen. And hanging there, I wondered if it touched the heart of new attendees the way it had touched mine, back in 1985.

## Smiles – Humor and Hypnosis

### Three bagatelles from the microcosm of hypnotherapy

Paper presented at the Annual Meeting of the Hungarian Association of Hypnosis (Szeged, Hungary, May 25-27, 1990)  
Zoltán Ambrus Kovács

Dear Colleagues,

“Music from the beginning of the beginning” – wrote



Béla Bartók about Microcosm, a collection of brief, increasingly complex opuses serving the purpose of learning to play the piano. As a perhaps immodest, but evident analogy, the microcosm of the theoretical foundations of hypnotherapy may be composed of brief, anecdote-like stories we all have from our practice. These stories lead to

aphoristic morals and knowledge inductively, highlighting - often wittily - a successful or unsuccessful element in therapy, rather than presenting a full case study. Now, let me present three such stories from my own collection.

#### No. 1

My patient was in a deep hypnotic state. He enjoyed the gently suggested pleasant environment on the turf of his imagination. I myself, having been catarrhal for a few days, tried to suppress the urge-to-cough. I was afraid that if I coughed, I would disturb the patient. But the urge was strangling me. What was to be done? I coughed. I was relieved to see that this did not bother the patient. His features remained calm; he was resting undisturbed. At the end of the session he said: “This resting was excellent, except for once, a choking cough tortured me, and I thought I would suffocate...”

I asked if I understood correctly, but there was no mistake: He really did not know about my coughing. Instead, he perceived it as his own, while he showed no external sign of it whatsoever.

Moral: In the intensive relationship between hypnotist and patient, the latter accepts and experiences suggestions that originate in the hypnotist and are mediated by the voice of the hypnotist. In deep hypnosis, the boundaries of the

self may also be altered – this is a special depersonalization.

#### No. 2

My patient had wonderful imaginations. After her dynamic images and rich symbolism it was especially reassuring for me when she noticed the ocean and finally wanted to take a rest. She reclined on the fine sand spit...

At this point, it occurred to me that it would be nice to start the cassette-player, so that the music of the ocean could deepen her experience. It would have been nice! But, I was not prepared for this turn of the events, and I was not sure if the correct tape was in the player. I did not want to take the risk; I did not want to ruin the situation.

All in all, my patient reclined in the fine sand spit, and in lack of music, I tried to heighten the experience with my words. The ocean was murmuring... the playful waves sprayed fine mist into the salty air... seagulls drifted in the air... cool breeze was stroking... But the cassette annoyed me nevertheless! Which music would we hear if I ventured to turn it on?

I waited for the end of dehypnosis impatiently, and when my patient looked fully awake, I hurried to identify the cassette: I pressed the play button and we could hear the music of the ocean.

My patient listened somewhat drowsily, then said in an astonished voice: “My goodness, did this thing record what I dreamt?”

Moral: In altered states of consciousness, the relationship toward reality is altered, critical thinking diminishes, and the boundary between imagination and reality may be blurred. Further lessons could be learnt about impatient therapists and hasty dehypnosis...

#### No. 3

Mrs. F. had not had sexual contact with her husband for years. In the course of therapy, her desire to approach him could be sensed, but she was still ambivalent about renewing their relationship.

In hypnosis, her conflict emerged in a walk in the woods. Meeting her husband, they started to walk together. Their path was paved with tall straight poplar trees, and Mrs. F. tested the proximity of her husband with careful reservation.

At this point, I used a carelessly chosen expression in encouraging her: “Take in this experience” – I said, not considering what this expression may mean for her. Mrs. F. exhibited all the signs of anxiety in a few minutes. Fortunately, the process of hypnosis was not broken, so she could be relaxed again.

Moral: Increased suggestibility in hypnosis also carries the possibility of increased vulnerability.



Hypnotists must consider the full semantic spectrum of words, expressions, and sentences – possibly before uttering them.

Dear Colleagues,

I believe that similar stories are born almost every day. Some of them fall into oblivion; others fall to the destiny of professional anecdotes. Collecting these stories and organizing them didactically would be rather useful, for we can hear no concerto without careful fingering and perfect passages. (Let this presentation be a pre-vocation - or provocation if you like - for the creation of a microcosm of this hypnosis group.)

Thank you for your attention.

## Interactive Corner

### News from the European Hypnosis Community



**We hypnosis professionals are in the very favourable situation that there is a close alliance between the International and the European hypnosis societies. To make our collaboration**

**even stronger, we have decided to make an “interactive corner” between the ISH and ESH Newsletters. We will regularly have one article from each News Letter (NL) published in the other society’s bulletin. We believe both associations will benefit from such an exchange. It can raise the awareness of our readers to what is happening on the international and European hypnosis scenes.**

### REVIEWS FROM XIII ESH CONGRESS (SORRENTO)

*Dr. Fabio Bacci Bonotti*

#### **Betty Alice Erickson (Dallas, TX, USA): Building Connections for More Effective Hypnosis**

Betty Alice recalled some of the fundamental concepts associated with some anecdotes from her professional experience. Here are her concepts. Hypnosis is the ultimate goal of good communication, and a state of focused attention, in

order to allow good concentration, ignoring stimuli less important and encouraging listening on multiple levels. When you share a connection, you share something. So with hypnosis you have a shared reality between the therapist and the client, “we share a reality between my unconscious mind and yours, sharing a playground where we interact with one another.” To achieve a good state of trance with the client, its important be in a trance. It is not important what you say verbally, you are communicating on a different level. It is important to know the techniques, but these alone are not enough if you do not “bring” yourself in some way, while you are putting someone into a trance. Because, when you are in a trance, you know exactly what to say and how to say it. One of the biggest fears that inhibits the opportunity for a good connection is the thought of not being good enough to do it. Hypnosis is the gateway to the unconscious without neglecting the personal contribution of the therapist beyond the technical. Another very important aspect is trust. More precisely, you do not know if what person is saying is true, the only thing you can do is trust because at that moment that is the truth. All I can offer is the best at that time, without expecting anything in return.

#### **Betty Alice Erickson (Dallas, TX, USA): The Essence of Non-Directive Hypnosis.**

“Once upon a time, a long time ago, a prince and a beautiful princess..”. With the rhythm of Erickson’s voice, Betty Alice demonstrates how many of the participants are still sitting in the chair waiting for a dragon, a battle, and a happy conclusion by showing how each of one of us can go to their own inner resources, feeling different, and expect the result in a conversational trance. She (and most of us, in actual practice probably) consider the indirect induction as the best technique, because if I tell you what to do or tell you what I want you to do, it is a distinct suggestion. With an indirect technique, you are more creative, so when you propose an indirect suggestion first you know at some level that, I believe, you are able to do so, and secondly, you are independent, you can choose the best “tool” for you. She has included the use of metaphors. For example, if you talk about a river in metaphoric way, it’s ambiguous, and it can mean many things. I don’t know what it’s meaning is to you, but when you make an ambiguous metaphor, you give me permission to make what I want it to be. People are afraid to use metaphor, because they think that there is a right or wrong metaphor. When you tell a metaphor to someone in a state of trance, there is no right or wrong metaphor, because when you are in trance, you can pick up what you want from the story that I tell to you. Betty Alice gave some practical examples at the end of the session.

## News Around the World

### ESH European Society of Hypnosis

Dear friends and colleagues,

It is my pleasure to inform you that after three years under the excellent leadership of Nicole Ruysschaert, the European Society of Hypnosis (ESH) has a new board that will serve for three years, 2014-2017, until the next ESH congress. The outgoing board thanks Nicole for her constant collaboration.

The new board has five women and four men: six members from the previous board, and four new entries. The members from the previous board chaired by the participative president Nicole have the main task to assure the continuity of the work done so far by past presidents, such as Nicole and Matthias Mende. Martin Wall is the new President-Elect, Gaby Golan has been confirmed Treasurer for the second term, and Kathleen Long is the Vice president. Martin keeps the chair of the Committee on Educational Programmes in Europe (CEPE), thus assuring the quality of teaching and learning of hypnosis in Europe.

The four new entries are two young women and two young men, whose main task is to enhance innovation, to promote change, and, above all, to inspire other young scholars to participate in ESH activities and congresses. You can read their curriculums in the ESH website (<http://esh-hypnosis.eu>).

The two women are Asa Ke Kockum from the Swedish Society of Clinical Hypnosis (SSCH) and Stefanie Schramm from the Milton Erickson Gesellschaft für Klinische Hypnose (MEG); Stefanie is the second vice president and Asa the chair of the strategic committee.

The two men are Andras Kolto from the Hungarian Association of Hypnosis (HAH), and Flavio di Leone from the Italian Society of Hypnosis (SII): Andras is the new editor of the ESH Newsletter, as you can see, and Flavio is in charge of renewing the website.

I consider myself lucky because the board is prepared to work effectively and efficiently to reach several goals by 2017.

Andras and Flavio will monitor research on the state of the art of research on hypnosis in Europe and also map the European universities where hypnosis is taught. In fact, we would like to have more University professors engaged in ESH, collaborating with us, and creating a network of exchanges among students and researchers scattered over different Constituent Societies. For this reason we need the collaboration of each CS, giving the information we need to create this network.

At the end of our mandate we would like to have a map of the state of the art of hypnosis in Europe, in research, in psychology and psychotherapy as well as in medicine and dentistry.

As you already know, one of the main tasks of each ESH board is to ensure the next congress, which in our case will take place in 2017. Until now we don't know where the next ESH congress will be held, and I promise to keep you informed of our work. Wish us luck.

*ESH President  
Consuelo Casula*

### CIICS Centro Italiano di Ipnosi Clinico-Sperimentale

The CIICS activity has undergone a great evolution in 2014, including a deep change in its constitution. In fact, the very name has been changed into "Istituto Franco Granone - CIICS", thus recalling Franco Granone, one of the greatest Italian hypnologists in the second half of last century and founder of CIICS in 1965; the renewed CIICS also includes a North East Italian section.

Further relevant changes involve our school of hypnosis which has been opened to all health professionals, like nurses, physiotherapists, dental hygienists, i.e. all professionals involved in clinical practice, whose competence in communication and counseling is essential to help the patient to properly face their problems.

As every year, on February 5th 2015 our one-year residential course on Clinical Hypnosis and Hypnotic Communication will start in Turin. Other CIICS activities are the following:

- In July 2014 Dr. Delogu and Sirigu, cardiologist

and radiologist, respectively, working at St. Martino Hospital in Oristano (Sardinia), successfully implanted an automatic defibrillator in hypnosis plus local anesthesia.

- Several one-day meeting reserved to CIICS members for supervision and discussion of difficult cases have been held by Dr. Somma and Dr. Regaldo
- An invited lecture on “Hypnosis in sedation resistant patients” has been presented by prof. Facco at the annual congress of the Society for the Advancement of Anaesthesia in Dentistry, London, September 13, 2014.
- A Seminar on Hypnosis in the frame of a Post-Graduation Course in Health Management for Nurses will be held at the University Hospital of Padua on December 6, 2014 by Prof. Casiglia.
- A Seminar on hypnosis in dentistry dedicated to the members of the Italian Association of Students of Dentistry (AISO) will be held at the University Hospital of Padua on December 20, 2014 by Prof. Facco
- Two course on techniques of fast induction of hypnosis will be held in Padua and Turin, in February and March 2015, respectively, by dr. Regaldo.

In the second half of 2015 (date to be defined) the congress of the North East Section of CIICS will be held in Padua, where the “Trattato Italiano di Ipnosi e Altre Modificazioni di Coscienza” (Italian Handbook of Hypnosis and Other Modified States of Consciousness”), E. Casiglia (Ed.) will be officially presented. The list of authors includes both CIICS members and external internationally recognized experts in the field.

The following two new books have also been published:

- Facco E (2014). *Meditazione e Ipnosi tra Neuroscienze, Filosofia e Pregiudizio* (“Meditation and Hypnosis between Neurosciences, Philosophy and Prejudice”), Altravista, Lungavilla (PV), Italy
- Cardena E, Facco E (Eds.) (2014). *Non-Ordinary Mental Expression*. Front. Hum. Neurosci. ([http://www.frontiersin.org/books/all\\_books](http://www.frontiersin.org/books/all_books))

The articles published by CIICS members in 2014 are the following:

- Facco E, Ermani M, Rampazzo P et al.: Top-down regulation of left temporal cortex by hypnotic amusia for rhythm: a pilot study on mismatch negativity. *Int J Clin Exp Hypn* 2014; 62(2):129-144.
- Facco E, Zanette G, Casiglia E: The role of

hypnotherapy in dentistry. *SAAD Dig* 2014; 30:3-6.

*The CIICS representatives  
Enrico Facco and Maria Teresa Tosello*

## MEG

### Milton Erickson Society for Clinical Hypnosis

#### 26th Annual Conference

19—22 March, 2015

Bad Kissingen, Bavaria, Germany

HYPNOTHERAPY: Trance Phenomena in Therapy and Society

[www.meg-tagung.de](http://www.meg-tagung.de)

Speakers: Etzel Cardeña (engl.), Ernil Hansen, Woltemade Hartman, Julius Kuhl, Ortwin Meiss, Burkhard Peter, Gary Bruno Schmid, Gunther Schmidt, Bernhard Trenkle, Lars-Eric Uneståhl (engl.), Katalin Varga (engl.), Jeffrey Zeig (engl.) and more...

#### Information & Registration:

Congress Organisation

Claudia Winkhardt

Griegstr. 32 a

D - 14193 Berlin

Tel: +49-(0)30 - 36 28 40 40

Fax: +49-(0)30 - 36 28 40 42

[mail@cwcongress.org](mailto:mail@cwcongress.org)

## GHYPS

### Society for Clinical Hypnosis Switzerland

**EARLY BIRD FEE EXTENDED TO 15.02.2015**

#### Workshop on strategies to prevent treatment failures

Scott Miller, Ph.D., Chicago, International Center for Clinical Excellence

in / à Berne

20. June – 21. June 2015

Snatching Victory from the Jaws of Defeat:

Improving the Outcome of your most Challenging Cases

Workshop Chair: Scott D. Miller, is a regularly invited presenter at the Ericksonian Evolution conferences in the US and author of numerous books, articles – for instance – *The Heart and Soul of Change* (with Bruce Wampold [2nd Edition, 2009]),

*The Heroic Client: A Revolutionary Way to Improve Effectiveness through Client-Directed, Outcome-Informed Therapy* (Revised, 2004).

Workshop Topics: (Scotts Abstract): Treatment failures. Every therapist encounters them. Few



books or workshops focus on identifying and preventing their occurrence. Such cases accumulate on clinician's caseloads and account for 60-70% of expenditures in behavioral health. Participants will learn a simple and practical method for identifying cases at risk for failure early in the treatment process. Results from a number of clinical trials show that using the approach reduces drop out rates by half while improving the outcomes of the most challenging cases by 65%.

Educational objectives:

- Therapists will learn a single common pathway that accounts for most drop out and poor treatment outcomes;
- Therapists will learn a simple and valid method for identifying people at risk for drop out or poor treatment response;
- Therapists will learn three empirically supported strategies for improving the outcome of people at risk for drop out or poor outcome.

Ort / lieu / Dates: Bern, SA 20.06. – SO 21.06.2015  
Conditions: Professionals of the psychotherapy – field. This is not a common training on hypnosis techniques, but provides the guidelines of a pantheoretical approach for evaluating and improving the quality and effectiveness of behavioral health and therapeutic services.

Registration Deadline: 28.02.2015  
Registration/Inscription: [www.hypnos.ch](http://www.hypnos.ch)  
Kosten / Coûts: CHF 600.- (Mitgl./Membres) / 650.- (Nicht-Mitgl./Non-Membres)  
Sprache / Langue: english (bei Bedarf Uebersetzung / traduction si necessaire).  
Please note: Early bird-Rabatt/-Rabais for registration extended until 15.02.2015: CHF 550.- (Mitgl./Mem.) / 600.- (Nicht-Mitgl./Non-Mem.)  
Information: T. Villiger, Psychotherapeut FSP, Murtenstrasse 26, CH - 2502 Biel / Bienne. [thomas.villiger@psychologie.ch](mailto:thomas.villiger@psychologie.ch) / [www.psychologiebiel.ch](http://www.psychologiebiel.ch) / +41 (0)32 322 83 15

## **ISCEH** **Indian Society for clinical and experimental hypnosis**

ISCEH was founded in 1974 by respected late Dr. H. Jana at Gujarat (India).

From the desk of ISCEH I would like to share a bit of knowledge and experience that I had when applied that. This article and script is dedicated to all hypnotherapist that what kind of instant results we can achieve.

A year and half back, I was going through a book named "In Search of Memory", by Dr. Eric Kandel (Noble laureate year 2000) and I came across an interesting experiment on mice about "learned safety". If fear can be learned, so can safety.

Then I felt that almost every hypnotherapist is offering "learned safety" to his/her clients to encounter fear or to provide relaxation or to make them happy or create a state of euphoria.

Due to sympathetic overdrive the recovery was delayed in all of them.

If one is relaxed and at ease then sympathetic overdrive (chronic stress) can't exist.

I designed a simple session that focuses on learning safety. It relieves one from the state of sympathetic over drive.

I used this strategy over a variety of hospitalized and outpatients who were having a component of sympathetic overdrive. Most importantly to save my time for these all case I used only same audio recording (19 minute duration), none of them received live sessions.

I am listing here the cases that have given amazing instant or overnight successful results as under: (Each case had a unique catchy story but here I am sharing in brief only).

Urine retention in many post decatheterised patients, Age related urine retention (multiple cases), Post dengue recovery, ICU psychosis, Insulin resistance, Acceleration of post CABG recovery; homeostasis (multiple cases), Acute and chronic Insomnia (multiple cases), Acute Renal colic, Immunity enhancement in general and ICU patients (few cases), Multiple cases of fever, headache, dysmenorrhoea, chronic constipation, acute bronchitis, examination anxiety, pre-op anxiety, anxiety relief in multiple case of myocardial infarction who were in sensitization mode and even after angioplasty they have a common complaint of chest pain, acute and chronic backache (multiple cases).

## **Script of session**

„Close your eyes and take few deep breaths... with each breath out you are gonna feel more and more relaxed... just feel it... now focus your attention on your lips... feel the sensation... Go upwards, focus on your nose... then eyes... by doing so, you will find that your closed eye lids are becoming heavier and heavier... now focus your attention on your forehead, feel the sensation... now concentrate on

top of your head ... now you will feel that your eyes are behaving like locked eyes ... very good... very nice... now try to get an entry in your head from top of your head... there you can visualize whole universe... with so many stars... galaxies... planets... universe always has a tendency to expand... so this universe is expanding in all your body parts in the form of relaxation... feel this relaxation over your scalp... forehead... nose... lips... cheeks... both ears... neck... shoulders... arms... elbow joint... forearms... wrist joint... palm of both hands... all ten fingers... chest... abdomen... upper back... lower back... now your whole upper body is relaxed and this relaxation is spreading into your lower body... over buttocks... thighs... knee joint... calf muscles... ankle joint... sole of both feet... all ten toes... your whole body is relaxed... now you are at ultimate state of peace, tranquility and serenity... your whole body is getting relaxed... this relaxation is reflecting your hidden potential... Now I am going to count from 10 to 1 , with each count all beautiful , sweet, pleasant, lovable

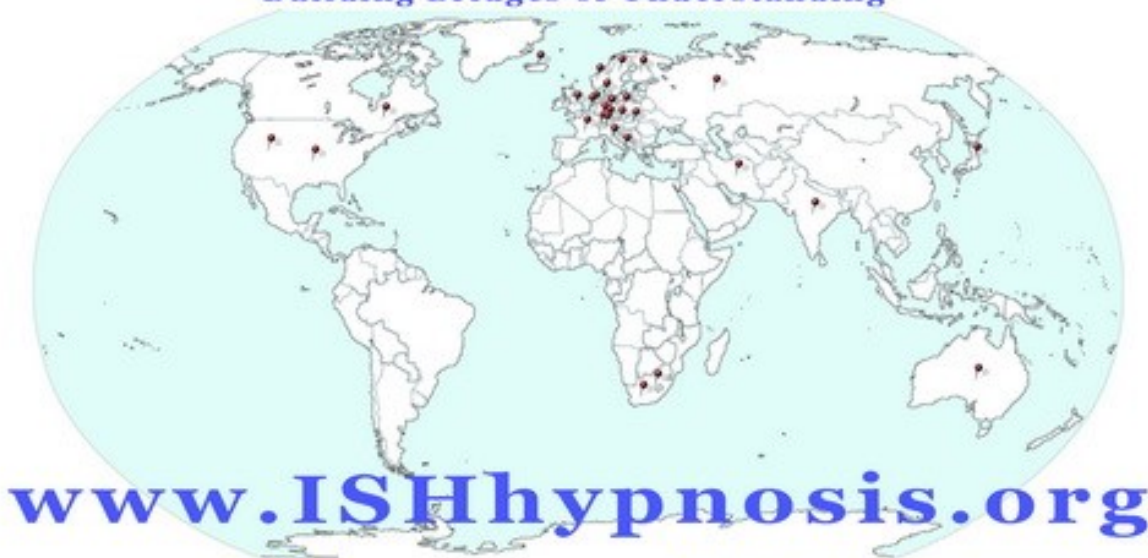
memories will appear in front of you... one by one... step by step... from this age to time of your birth... very good... very nice... now these all memories are encircling you in the form of a light... a divine light... and encircling you like a cocoon or like a bubble... you are free to choose its form... this cocoon or bubble or circle is giving you a feel or strength... safety... security... happiness... warmth... you are feeling very happy... this feeling is part of your nature... its within you... and it will stay with you... for forever...

Whenever you want to feel it then just close your eyes and visualize your-self in the same cocoon or bubble or circle of light... and by doing so you are gonna feel the same feeling and Day by day your health will also improve... very good... very nice... you have done really solid work...

I am going to count from 1-5, at the end of counting you can open your eyes with a sense of happiness and wellbeing..."

## The International Society of Hypnosis

Building Bridges of Understanding



2014 ISH

### Constituent Societies

**Australia** \* Australian Society of Hypnosis  
**Austria** \* Austrian Society for Applied Depth Psychology and General Psychotherapy  
**Belgium** \* Flemish Society of Scientific Hypnosis  
**Canada** \* Societe Quebecoise d'Hypnose  
**Denmark** \* Danish Society of Hypnosis  
**Finland** \* Finland Society for Scientific Hypnosis  
**France** \* Confederation Francophone d'Hypnose et de Therapies  
**Germany** \* German Society of Dental Hypnosis  
**Germany** \* German Society of Hypnosis and Hypnotherapy  
**Germany** \* Milton Erickson Society for Clinical Hypnosis  
**Hungary** \* Hungarian Association of Hypnosis  
**Iceland** \* Icelandic Hypnosis Society  
**India** \* Indian Society of Clinical and Experimental Hypnosis

**Italy** \* Italian Centre for Clinical and Experimental Hypnosis  
**Italy** \* Italian Society of Hypnosis  
**Iran** \* Iranian Scientific Society of Clinical Hypnosis  
**Japan** \* Japan Institute of Hypnosis  
**Netherlands** \* Netherlands Society of Hypnosis  
**Norway** \* Norwegian Society of Clinical and Evidence based Hypnosis  
**Poland** \* Polski Instytut Ericksonowski  
**Russia** \* National Society of Hypnosis of Russian Federation  
**South Africa** \* Milton Erickson Society of South Africa  
**South Africa** \* South African Society of Clinical Hypnosis  
**Sweden** \* Swedish Society for Clinical Hypnosis  
**Switzerland** \* Society for Clinical Hypnosis Switzerland  
**Switzerland** \* Swiss Medical Society of Hypnosis  
**United Kingdom** \* British Society of Clinical and Academic Hypnosis  
**United States** \* American Society of Clinical Hypnosis  
**United States** \* Society of Clinical and Experimental Hypnosis

## News Around the World – Paris, 2015

**Remember, Milton Erickson was in Paris 50 years ago for the 3rd World Congress of Hypnosis.**

**You have now the chance to attend to the 20th congress and meet with key international speakers from over 50 countries.**

### Call for papers

Since the end of our “call for papers”, the committee has been working on the 500 submissions received from all over the world.

What a pleasure to see how dynamic hypnotherapists are and how our discipline is actively bubbling with research and ideas.

Each person that submitted a proposal will receive an email during December so that he or she may make the necessary arrangements and preparations for the Paris congress.

### The Scientific Program

In February, the full program of ISH Paris 2015 will be available. Meanwhile, the Scientific Committee is happy to announce to you the short list of presenters- with 67 famous names from the international hypnosis community and 48 from the french-speaking hypnosis community.

Find the first presenters on the ISH Paris 2015 program here:

<http://www.cfhtb.org/congres-paris-2015/programme/>

In a few weeks you will receive a preview of the congress program and all of the information to subscribe to the one or all of the 6 conference days.

### For Your Stay in Paris

Visit our website and you will find the practical information you require to prepare your Parisian hypnotic stay.

The Abotel platform offers preferential prices to

book your room in the official hotel Le Meridien Etiole, as well as a selection of hotels near to the convention center, for all types of budgets. Abotel platform: <http://cfhtb.abotelcongres.com/>

Coming Soon: Information about the Gala dinner, a guide to Parisian activities, best places to visit, restaurants, museums and more.

### Call for Volunteers: translators and/or interpreters

The Committee wishes to make our congress truly international. That is why there will be simultaneous translation by professional interpreters for the plenary sessions in three languages (French, English, German).

This is an essential goal for the success of the congress and to share knowledge among all. For all workshops we need volunteer translators who are able to do consecutive translation.

We are looking for hypnosis practitioners who are bilingual, trilingual or more. If you qualify and wish to participate, please let us know by sending an email to: Amélie: [amelie@cfhtb.org](mailto:amelie@cfhtb.org) or Marion: [marion@cfhtb.org](mailto:marion@cfhtb.org).

### Your Registration

There is One (1) easy way to register!

Go to the website: [www.hypnosis2015.com](http://www.hypnosis2015.com) (with secure online payment)

NEW!- You can now pay for your registration via PayPal

### For any further information about ISH Paris 2015

As you have probably gathered by now, the two people to ask if you need assistance or information are:

Amélie: [amelie@cfhtb.org](mailto:amelie@cfhtb.org)

or Marion: [marion@cfhtb.org](mailto:marion@cfhtb.org).

We invite you to visit the website regularly to find out news about the 20th congress and CFHTB:

[www.cfhtb.org](http://www.cfhtb.org)

**AS A REMINDER – THE 20TH WORLD CONGRESS OF HYPNOSIS, CFHTB-ISH**

Date: from August 26-29, 2015





Place: Congress Center of Paris (Porte Maillot)  
Website: [www.hypnosis2015.com](http://www.hypnosis2015.com)  
Accommodation website: [http://cfhtb.abotelcongres.com/index\\_us.asp](http://cfhtb.abotelcongres.com/index_us.asp)  
Official languages: English, French, German  
Gala Dinner: August 28, 2015, city Hall of Paris  
Official hotel: Le Meridien Etiole



### Paris Organizing Committee

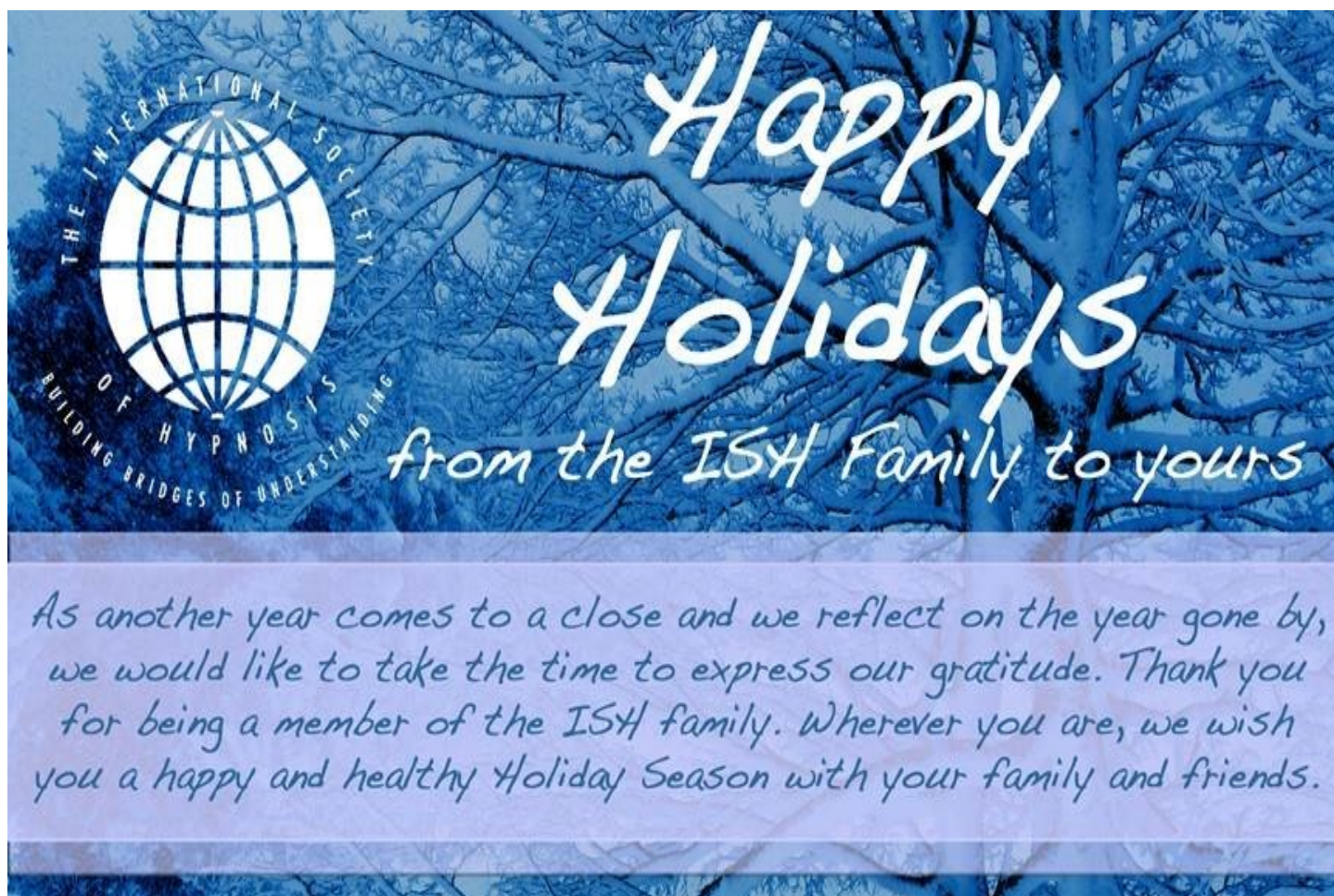
- Claude Viot, MD, Chair
- Marie-Elisabeth Faymonville, M. D.
- Thierry Servillat, M.D.
- Patrick Bellet, M.D.
- Franck Garden-Brèche, M.D.
- Mrs Joëlle Mignot
- Bernhard Trenkle, PhD, International Permanent Member

### ISH Congress Committee

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

### WATCH

Paris 2015 video  
<http://vimeo.com/101120644>



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