



The International Society of Hypnosis

NEWSLETTER

Building Bridges of Understanding

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Letter from the President



December 2015

Claude Virot
PhD

President's Letter

Translator:
Maria Escalante

Good morning to everyone,

As this year 2015 ends, the end of the year festivities are being prepared.

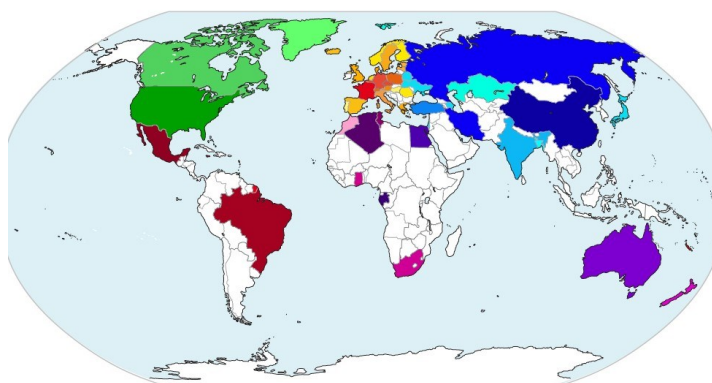
This will be an im-

portant time for interchange between families and friends. There is in my heart, just like in yours, pain because of the attacks in Paris this November. It will take time to heal. Both Franck (COR CHAIR) and myself in France, and Nicole (BOD member) in Belgium have particularly suffered to see our countries, our streets, our restaurants and our theaters reached touched by scenes of indiscriminate violence. We know that all those who work every day for peace and rapprochement of cultures were shocked as we were. In welcoming countries from all cultures and religions around the world, we can be proud to be members of the International Society of Hypnosis and to participate, like all peaceful international organizations do, in these exchanges, these and meetings that allow each other to better understand one another and to respect our differences.

The best representation in this solemn commitment of the ISH "Building Bridges of Understanding" is this map. These are the 56 nations that were represented at the Paris congress in August. Whenever I look at the map, I measure better am

able to better measure the importance of our association and the links it creates among us.

One of the great values of hypnosis is to contribute to this ideal of human understanding because practicing hypnosis requires one to adapt to others, to their ways of operating and their own values. It is through this fundamental attitude that we can help each other to reconnect with the universal resource of life and allow it to move from a destructive attitude to a constructive one.



My dearest fondest wish is that in each of these 56 countries, the seeds of hypnosis continue to germinate and grow, to see all institutes teaching hypnosis to health professionals, to all those who dedicate their lives and energy to relieve suffering and increase the potential for freedom. The mission of the ISH is to help you develop yourself--. To set up teaching, to organize a meeting, a conference, to create a research project, to strengthen the ethical framework. The ISH brings together experts in all these areas and can help you find the human resources who are prepared to make themselves available to you.

Each one of you can also help ISH in this mission by letting us know about your successes as well as your difficulties. It is for this reason that we send you questionnaires, like the one Franck Garden Brèche, president of the Council of Representatives, sent you, regarding education and ethical codes that you utilize. Your response is very important so that

we can build on what is common to all societies and adapt to what is specific to each.

One of our next calls will concern the involvement of young people in your society, what education they need, what support they receive... Connecting with young health professionals is one of the fundamental ways for the future. It is for this reason that we began thinking about creating a 'youth' committee to integrate students and young professionals in the evolution of the ISH.

I hope each of you will enjoy your family together with your friends and that you will share moments of joy and security.

Claude Virot

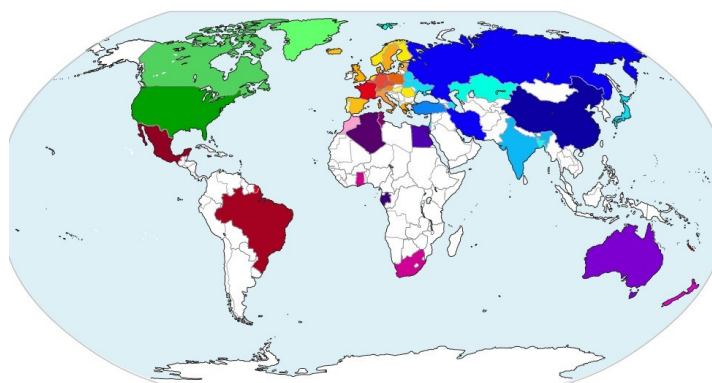
Lettre de la présidente

French

Bonjour à tous,

Alors que cette année 2015 se termine et que se préparent les fêtes de fin d'année qui vont être un temps important d'échanges pour les familles et les amis, il y a dans mon cœur comme dans le vôtre une blessure depuis les attentats du mois de Novembre qui prendra du temps à guérir. Même si Franck et moi-même en France, tout comme Nicole en Belgique avons particulièrement souffert de voir nos pays, nos rues, nos restaurants, nos salles de spectacle atteints par des scènes d'une violence aveugle, nous savons que tous ceux qui œuvrent chaque jour pour la paix et le rapprochement des cultures ont été choqués autant que nous. En accueillant des pays de toutes cultures et de toutes religions à travers le monde, nous pouvons être fiers comme membres de la Société Internationale d'Hypnose de participer, comme toutes les organisations internationales pacifiques, à ces échanges, ces rencontres qui permettent à chacun de mieux comprendre l'autre et de le respecter dans sa différence.

Le meilleur témoignage dans cet engagement solennel de l'ISH : «Building Bridges of Understanding» est cette carte. Ce sont les 56 nations qui ont été représentées au congrès de Paris au mois d'Août. À chaque fois que je la regarde, je mesure mieux l'importance de notre association et les liens qu'elle crée entre nous. Une des grandes valeurs de l'hypnose est de contribuer à cet idéal de compréhension humaine car pratiquer l'hypnose nécessite de s'adapter à l'autre, à son fonctionnement et à ses propres valeurs. C'est par cette attitude fondamentale que nous pouvons aider l'autre à reprendre contact avec les ressources universelles de la vie et lui permettre de passer d'une attitude destructive à une position constructive.



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Gedanken der Präsidentin

Translator: Reinhild Draeger-Muenke
German

Mon vœu le plus cher est que dans chacun de ces 56 pays, les graines de l'hypnose continuent à germer et à se développer pour voir partout des instituts, pour enseigner l'hypnose aux professionnels de santé, à tous ceux qui consacrent leur vie et leur énergie à soulager la souffrance et augmenter le potentiel de liberté. La mission de l'ISH est de vous aider à vous développer chaque fois que vous en avez besoin. Pour mettre en place l'enseignement, pour organiser une réunion, un congrès, pour créer un projet de recherche, pour renforcer le cadre éthique. L'ISH réunit des compétences dans tous ces domaines et peut vous aider à trouver les ressources humaines qui sont prêtes à se mettre à votre disposition.

Chacun de vous peut aussi aider l'ISH dans cette mission en nous informant de vos succès comme de vos difficultés. C'est dans ce but que nous vous envoyons des questionnaires, comme celui que vous a adressé Franck Garden-Brèche, président du Council of Representatives, à propos de l'enseignement et des codes éthiques que vous utilisez. Votre réponse est très importante afin de s'appuyer sur ce qui est commun à toutes les sociétés et de s'adapter à ce qui est spécifique à chacune.

Un de nos prochains appels concernera l'implication des jeunes dans votre société, quel enseignement leur est nécessaire, quel soutien ils reçoivent... Se rapprocher des jeunes professionnels de santé est une des voies essentielles pour notre avenir. C'est dans ce but que nous avons commencé une réflexion sur la création d'un comité «jeunesse», pour intégrer des étudiants et de jeunes professionnels dans l'évolution de l'ISH.

Je souhaite à chacun de vous de profiter de vos familles et de vos amis et de partager ensemble des moments de joie et de sécurité.

Claude Virot

Einen guten Tag, Ihnen allen.

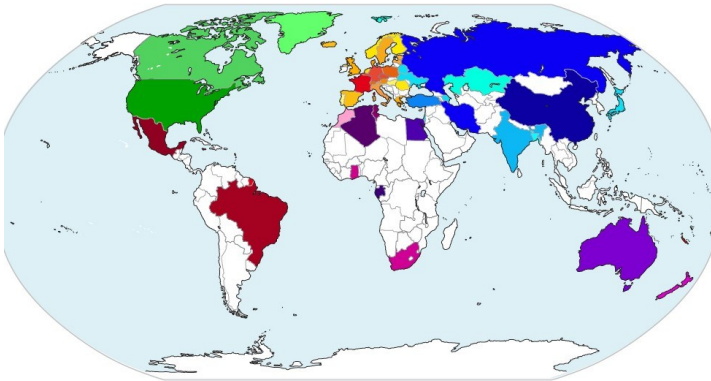
Das Jahr 2015 geht zuende, und die Vorbereitungen für die Festivitäten zum Jahresende beginnen, eine wichtige Zeit des Austausches für Familien und Freunde. Aber seit den Attentaten im November ist in meinem, wie wohl auch in Ihrem Herzen eine Wunde, die ihre Zeit zum Heilen brauchen wird. In Frankreich haben Franck und ich, und Nicole in Belgien, darunter gelitten, dass wir zusehen mussten, wie unsere Länder, unsere Strassen, unsere Restaurants und Veranstaltungssäle von den Szenen blinder Gewalt verdunkelt wurden. Und wir wissen, dass alle, die jeden Tag für den Frieden und für die Annäherung verschiedener Kulturen arbeiten, genauso fassungslos gewesen sind. Als Mitglieder der Internationalen Hypnosegesellschaft heissen wir Länder aller Kulturen und aller Religionen der ganzen Welt willkommen, und wir können stolz darauf sein, dass wir, wie alle internationalen pazifistischen Organisationen, an diesen Austauschfahrten teilnehmen, diesen Treffen, die jedem erlauben, andere besser zu verstehen und sie in ihren Unterschieden zu respektieren.

Die weiter unten abgebildete Landkarte ist das beste Zeugnis der feierlichen Verpflichtung „Brücken der Verständigung zu bauen“, zu der ISH sich bekennt. Auf ihr sind die 56 Nationen eingezeichnet, die im August beim Kongress in Paris zugegen waren. Jedemal, wenn ich mir diese Karte ansehe, kann ich die Bedeutung unserer Organisation klarer ermessen, sowie die Verbindungen, die sie zwischen uns bildet.

Einer der grossen Werte der Hypnose liegt darin, dass sie zu dem Ideal der menschlichen Verständigung beiträgt, denn Hypnose zu praktizieren macht es notwendig, sich auf andere einzustellen, und ihre Beweggründe und persönlichen Werte zu verstehen. Mit dieser Grundeinstellung können wir anderen helfen, Kontakt mit universellen Lebensressourcen aufzunehmen, und sie motivieren, von einer destruktiven zu einer konstruktiven Haltung hinüberzuwechseln.

Mein wichtigster Wunsch ist, dass in jedem der 56 Länder die Keime der Hypnose kontinuierlich wachsen und sich entwickeln, damit überall Institute entstehen, die Hypnose an Gesundheitsfachleute vermitteln, an alle diejenigen, die ihr Leben und ihre Energie dazu einsetzen, Leiden zu lindern und das Freiheitspotential zu vergrössern. Die Mission der ISH ist es, Ihnen dabei zu helfen sich weiterzubilden.

den, wie es Ihnen notwendig erscheint. Um die Weiterbildung zu ermöglichen, um eine Versammlung zu organisieren oder einen Kongress, um ein Forschungsprojekt ins Leben zu rufen, um unsere ethischen Richtlinien zu verstärken, versammelt die ISH Fachkräfte in allen Gebieten und kann Ihnen somit dabei helfen, Menschen als Ressourcen zu finden, die bereitstehen, Sie zu unterstützen.



Jede(r) von Ihnen kann auch der ISH bei dieser Mission beistehen, indem Sie uns von Ihren Erfolgen sowie von Ihren Schwierigkeiten berichten. Aus diesem Grund schicken wir Ihnen Fragebögen wie denjenigen, den Franck Garden-Breche, der Präsident der Abgeordnetenversammlung, Ihnen über Ausbildung und Ethikrichtlinien zugesandt hat. Ihre Beantwortung dieser Fragen ist sehr wichtig, damit wir auf dem aufbauen können, was allen Gesellschaften gemeinsam ist, und uns an das Besondere in jeder Gesellschaft anpassen können.

Eines unserer nächsten Anliegen betrifft die Einbeziehung junger Leute in unsere Gesellschaft, welche Ausbildung sie benötigen, welche Unterstützung sie erhalten... Sich jungen Fachleuten in den Heilberufen zuzuwenden ist einer der wichtigsten Wege für unsere Zukunft. Aus diesem Grunde überlegen wir, ein Komitee „Junge Leute“ zu gründen, um Studenten und Berufsanfänger in die Weiterentwicklung der ISH zu integrieren.

Ich wünsche jedem von Ihnen, dass Sie Zeit mit Ihrer Familie und Freunden genießen können, und dass Sie miteinander Momente der Freude und Sicherheit teilen können.

Claude Virot

Lettera del presidente

Translator: Consuelo Casula
Italian

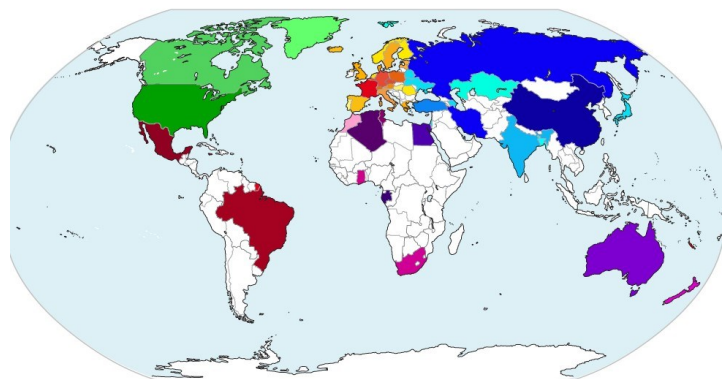
Buongiorno a tutti,

Dato che il 2015 sta per terminare ci prepariamo per le festività di fine d'anno. In questo importante momento di comunione tra famiglie e amici c'è dolore nel mio cuore, come nel vostro, a causa degli attentati di novembre. Ci vorrà del tempo per guarire. Franck e io in Francia, e Nicole in Belgio, abbiamo particolarmente sofferto nel vedere il nostro paese, le nostre strade, i nostri ristoranti, e teatri oggetto di scene di violenza indiscriminata: sappiamo che tutti coloro che lavorano ogni giorno per la pace e per il ravvicinamento delle culture sono turbati come lo siamo noi.

Come membri della Società Internazionale di Ipnosi possiamo essere orgogliosi di accogliere i paesi di tutte le culture e religioni del mondo, e di partecipare, come tutte le organizzazioni internazionali pacifiche, con i nostri scambi, perché sono questi incontri che permettono di capirci meglio reciprocamente nel rispetto delle differenze.

La migliore testimonianza del solenne impegno della ISH di "Costruire ponti di comprensione" è questa mappa. Queste sono le 56 nazioni presenti al congresso di Parigi nel mese di agosto. Ogni volta che la guardo, capisco meglio l'importanza della nostra associazione e dei legami che crea tra di noi.

Uno dei grandi valori dell'ipnosi è di contribuire a questo ideale di comprensione umana, in quanto praticare l'ipnosi richiede di adattarsi all'altro, al loro funzionamento e ai loro valori. E' attraverso questo atteggiamento fondamentale che possiamo aiutarci a vicenda per riconnetterci con le risorse universali della vita e permettere di passare da un atteggiamento distruttivo a una posizione costruttiva.



Columna de la Presidencia

Translator: Teresa Robles
Spanish

Il mio più grande desiderio è che in ciascuno di questi 56 paesi, i semi dell'ipnosi continuino a germogliare per vedere crescere tutti gli istituti dove si insegna l'ipnosi agli operatori sanitari e a tutti coloro che dedicano la loro vita ed energie per alleviare le sofferenze e aumentare il potenziale di libertà. La missione della ISH è di aiutarvi a svilupparvi ogni volta che ne avete bisogno: per impostare l'insegnamento, per organizzare un incontro, una conferenza, per creare un progetto di ricerca, per rafforzare la componente etica. La ISH riunisce le competenze in tutti questi settori e può aiutarvi a trovare le adeguate risorse umane da mettere a vostra disposizione.

Anche tu, anche ognuno di voi può aiutare la ISH in questa missione facendoci conoscere i vostri successi e le vostre difficoltà. E' per questo che vi mandiamo i questionari, come quello che vi ha mandato Franck Garden Brèche, presidente del Consiglio dei Rappresentanti, che riguarda l'istruzione e i codici etici utilizzati. La vostra risposta è molto importante e ci consente di costruire su ciò che è comune a tutte le società e di adattarci a ciò che è specifico per ognuno.

Uno dei nostri prossimi inviti riguarda il coinvolgimento dei giovani della vostra società, di quale istruzione hanno bisogno, che tipo di sostegno ricevono... Avvicinare i giovani professionisti della salute è uno dei obiettivi fondamentali per il nostro futuro. E' per questo motivo che abbiamo cominciato a pensare di creare un comitato di 'giovani' per integrare studenti e giovani professionisti nell'evoluzione della ISH.

Spero che ognuno di voi si goda la propria famiglia e gli amici e che condividiate momenti di gioia, al sicuro.

Claude Virot

Hola a todos,

Este año, 2015, está terminando. Nos preparamos para las fiestas de fin de año, que serán un momento importante de convivencia en familia y con los amigos. Yo, igual que ustedes, tengo una herida en el corazón, por los atentados que acaban de ocurrir: una herida que tardará en sanar. Si bien Franck y yo en Francia y Nicole en Bélgica, hemos sufrido directamente al ver cómo escenas de una violencia ciega tocaban nuestros países, nuestras calles, nuestros restaurantes, nuestras salas de espectáculo, sabemos que todos los que actuamos cada día en pro de la paz y el acercamiento entre diferentes culturas, han sido tocados como nosotros.

Como miembros de la Sociedad Internacional de Hipnosis podemos estar orgullosos porque nosotros, como todos los organizadores de intercambios internacionales pacíficos, acogemos países de todas las culturas y religiones en el mundo. Y son estos encuentros los que permiten que cada uno de nosotros pueda comprender mejor al otro y respetarlo como diferente.

El mejor testimonio de este compromiso solemne de la ISH es la carta: « Construyendo puentes para el mutuo entendimiento ». Y eso fueron las 56 naciones que estuvieron representadas en el Congreso de París en agosto pasado. Cada vez que miro nuestra Sociedad, me queda más clara la importancia de los vínculos que crea entre nosotros.

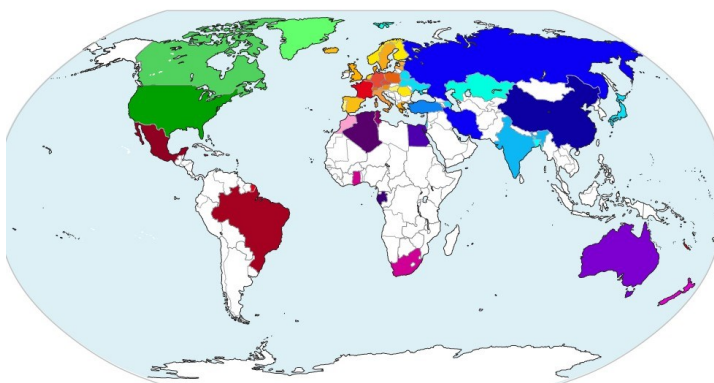
Uno de los grandes valores de la hipnosis es contribuir a este ideal de comprensión humana, porque para practicarla, es necesario adaptarse al otro, a su funcionamiento y a sus propios valores. A través de esta actitud fundamental podemos ayudar a los demás a volver a entrar en contacto con los recursos universales de la vida y permitirles pasar de una actitud destructiva a una posición constructiva.

Mi mayor deseo es que en cada uno de estos 56 países las semillas de la hipnosis germinen y se desarrollen para que en todos los institutos se entrenen profesionales de salud, se entrenen todos aquellos que consagran su vida y su energía a calmar el sufrimiento y a aumentar el potencial de libertad. La Misión de la ISH es apoyarte para que continúes desarrollándote siempre que lo necesites. Para realizar un entrenamiento, para organizar una reunión, un congreso, para crear un proyecto de investigación, para reforzar los principios éticos. La ISH contiene todas las competencias en todos estos

Visit ISH Video Library by clicking below.



dominios y puede ayudarte a encontrar los recursos humanos que están listos para ponerse a tu disposición.



Tú también, cada uno de ustedes, puede a su vez ayudar a la ISH en esta Misión informándonos de tus éxitos y de tus dificultades. Para esto, enviamos cuestionarios como el que les mandó Franck Garden-Breche, Presidente del Consejo de Representantes, sobre la forma en que ustedes transmiten y enseñan los códigos de ética. Su respuesta es muy importante, para que podamos apoyarnos en lo que es común a todas las sociedades y adaptarlo a lo que es específico de cada una.

Una de nuestras próximas llamadas será para preguntarles sobre la forma en que ustedes incluyen a los jóvenes en su sociedad: qué entrenamiento necesitan, que apoyo reciben. Acercarse a los profesionales de salud jóvenes es uno de los caminos esenciales para nuestro futuro. Por esta razón, hemos iniciado una reflexión sobre la creación de un Comité “Juventud” que integre estudiantes y profesionales jóvenes a la evolución de la ISH.

Deseo a cada uno de ustedes que disfruten a sus familias y amigos y compartan con ellos momentos felices, con seguridad.

Claude Virot



THE INTERNATIONAL
SOCIETY OF HYPNOSIS

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.](#)

OR

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Letter from the Editor



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

Paris...

...the host city of the XXth International Congress of Hypnosis, and a couple of weeks later a city in terror. When we have to understand and process such sharp contrasts, one of the coping possibilities is to keep on...

Run our therapy sessions, conduct our experiments, write our research reports and work for our society, our professional and friendly community.

Of course ISH president, **Claude Viot**, is also addressing this situation in his **Letter from the President**. The map his letter presents is really remarkable, and reflects our strength and possibilities.

In the **Main Interview** we introduce the other new BoD member – as you might remember the earlier issue introduced Enayatollah Shahidi. This time we meet **Nicole Ruysschaert**, the Immediate Past – President of the ESH, the European Society of Hypnosis. Her genuine smile reflects female energy that she will bring to the BoD of ISH.

In the column of **Meeting our Mentors** I had the privilege to get answers to my questions from **Dabney M. Ewin**. I have been amazed by his work for decades – since I first met him in an ISH meeting. Now I am impressed by his preciousity as he worked clarifying all the details and dates mentioned in this interview.

We keep on “building bridges” between the clinical and research fields of hypnosis in the **Clinical Relevance of Research Findings**. In this issue we present a summary of the Research Update held in Paris, organized by M.E. Faymonville and M. P. Jensen. **Athena Demertzi** who is summarizing her fascinating studies on the brain's intrinsic activity during hypnosis and altered states of consciousness.

Colleagues and friends of Claire Frederick submitted an “In Memoriam” writing remembering this notable ISH member.

In the column of **“Findings of Note”** **András Költő**, summarizes some salient findings on hypnosis.

The new BoD will continue the “History” committee, now led by our “living memory”, Éva Bányai. As one of the first activities of this committee **Camillo Loredi** was asked about the 9 years he served as president-elect, president and past president of ISH. The video version of this interview is available at our [website](#)*.

In the **10 questions** section the person who answers our standardized 10 questions can name a new member to be asked and put a specific question to him / her. Krzysztof Klajs from Poland asked Jeffrey Zeig, who is “throwing the ball” to the newest individual member of our society.

In this issue, **Suzanne Malik** ISH Assistant Administrator is introduced, as a colleague who is working for ISH **“behind the scenes”**.

And the **News** we give more and more detail on Manchester and Montreal, the next meetings of ESH and ISH, respectively.



*President Viot meets the ISH Assistant Administrator,
Suzanne Malik, in Philadelphia.*

* The video version of this interview is available at our [website](http://www.ishhypnosis.org/media/video-gallery/):
<http://www.ishhypnosis.org/media/video-gallery/>

Interview



Dr. Nicole Ruysschaert M.D. is psychiatrist-psychotherapist and Immediate Past – President of the ESH – European Society of Hypnosis.

After her medical degree at the university of Ghent, she started specialisation in psychiatry. As a psychiatrist she worked in different mental health

centers and in a private practice, and took further training in CBT, hypnosis and EMDR.

She currently works fulltime in her private practice in Antwerp (Belgium). She is trainer and supervisor in hypnosis and in psycho-traumatology. She is actively involved in training and supervision in hypnosis – basic training, information sessions on hypnosis, training in hypnotic communication in medical practices and hospitals, specialized /advanced workshops in hypnosis.

She joined VHYP – the Flemish society of Hypnosis – BoD since her training in hypnosis in the 1983. 2002 she was elected as ESH Board of Directors member, was elected president 2008, took over presidency in August 2011, has been president ESH through October 2014. She has been ESH Newsletter editor 2005-2011 and co-editor 2011-2014. She is past-president of the VHYP, and after more than 20 years, I am still actively involved in the society.

In her private practice she offers individual therapy with integration of CBT, Hypnosis, solution-focused approach and EMDR for a variety of problems. Clients come to ask therapy for (posttraumatic) stress and stress related disorders (burnout, CFS, fibromyalgia), dissociative disorders, (phobic) anxiety, performance enhancement, pain control, psychosomatics, functional syndromes, habit control, social anxiety and depressive disorders.

She gives a basic training in hypnosis and some advanced training sessions on hypnosis for integrating hypnosis in psychotherapy, PTSD, stress, burnout, performance enhancement, functional disorders, pain control, resilience and happiness. She worked

out an 8 – days training on integrating Ericksonian hypnosis in solution-focused therapy and a training curriculum in hypnotic communication in medical settings. She published some papers on hypnosis for burnout, stress control, happiness.

She has lectured and has given workshops in many international hypnosis congresses and was invited to give workshops and training in many hypnosis societies in Belgium, Europe and all over the world in Dutch, English and French. She regularly reviews books on hypnosis.

She experiences how BoD member work is a source of energy, rewarding itself by the many contacts and friendships. She feels committed to continue contributing to the evolution and spread of hypnosis in practice and research. In this respect she is happy to be elected as ISH BoD member.

Replies to ISH Interview Questions
With Dr. Nicole Ruysschaert M.D.

At the 20th international conference in Paris the ISH CoR elected you as a new member to the Board of Directors. We would like to introduce you to our readers.

Can you please describe your professional background?

After my medical degree at the university of Ghent, I started a specialisation in psychiatry as resident at the psychiatric hospital of the university. As a psychiatrist I worked in different mental health centers and in a private practice with a varied group of clients: from youngsters in crisis situations leaving home, to adults and the elderly. Some suffered from anxiety disorders, others were depressed or psychotic, or suffering from functional disorders or conversion disorders, eating disorders, habits they wanted to change. To meet the demands of this population I continued psychotherapy training and first chose CBT. Although practical and based on research and learning theories I felt something was missing. One of our teachers who had been trained in hypnosis introduced us to autogenic training and hypnosis, an approach which marked my future evolution.

How did you start to be involved in hypnotherapy?

After the first experiences with 'autogenic training' I applied for the training in hypnosis. I could start the training in 1983 and was asked to be the coordinator and representative for my group. Since then up

until now, I played an active role in my society VHYP, as board member, president, training coordinator, president at interim, and public relations person. I was lucky I regularly could visit the international congresses of ESH, ISH and Ericksonian since 1988 and enlarge my circle of connections in the field and meet with, and learn from, many masters in the field.

How would you briefly summarize your approach?

As I see clients with a variety of questions, needs, expectations, personalities and problems, my approach is quite individualized and varied. It ranges from symptom oriented and solution focused to more exploratory. Most of my clients come on their own initiative and ask directly for treatment in/with hypnosis. To find harmony between my medical background and the psychiatric approach the field of stress, stress-related disorders and burnout attracted my attention. I see many clients with PTSD, complex trauma, even dissociative disorders – for some of them EMDR is useful. The past years the importance of attachment disorders in this field drew my attention, to find out more about what hypnosis could do. I also got interested in positive psychology, 'resiliency' as a concept and a protective factor, and how/where hypnosis could be integrated. As medical illness exposes people to many possible traumatizing events, I wanted to create the opportunity to teach medical staff about hypnotic communication to prevent traumatization in medical settings. Some years ago we started training hypnotic communications skills in medical settings, and got opportunities to teach medical students in hypnosis. For many years I offered group therapy for assertiveness training, stress control with self-hypnosis and self-hypnosis for pain control. I worked at European institutions, where I was asked for training courses in stress-management and time-management.

For the moment I divide my time between private practice and training of students in hypnosis and psychotraumatology. I am involved in basic and advanced training in hypnosis and psychotraumatology and have trainees in supervision. The request for treatment in/with hypnosis is high, and we don't have yet enough professionals trained to meet the demands. I give workshops on hypnosis in burnout and burnout prevention, resiliency, PTSD, stress, functional disorders, pregnancy, happiness, integration of hypnosis in psychotherapy, personal development and performance enhancement. As an ESH Board of Directors member and president I travelled to different constituent societies to learn to know our societies do some teaching and to strengthen

connections between the ESH and the societies' members. A big part of my 'leisure' time is devoted to the field of hypnosis, as a VHYP BoD member, a member of the education committee, an ESH past president, and by preparing and updating workshops and lectures on hypnosis and writing some papers.

You have just finished your Presidency in ESH, and immediately continue working for the ISH. It seems to me a deep devotion...

Yes, indeed. The field of hypnosis and the promotion of it, have an important place in my life and in my dedication. I like to inform and exchange, making connections among societies, and societies and board, to know what's going on in the field, following the evolution in research, what local societies are doing, where they have some facilities and resources, where they encounter problems to get hypnosis promoted.

What is your connection to ISH? What was the first ISH meeting you attended to?

I became individual ISH member in 1989. The first ISH CoR meeting I attended was 1996, a meeting during the ESH congress in Budapest, Hungary. I followed the activities, regularly met with ISH BoD members, and at some points talked about some common and different issues where ESH and ISH had to deal with. I regularly attend ISH congresses and the last years I translated the ISH president's letter for ISH NL which kept me posted about what is going on in ISH.

As a new BoD member: what do you think you can contribute to the most?

With the contributions from research, medical imaging and the emphasis on mind/body issues booming interest in many countries, I think we now have the best moment to further grow and flourish. I would like to contribute to this enlargement in Europe and worldwide.

I have a long experience as a BoD member in VHYP, in the Flemish society of psychiatrists-psychotherapists, as an ESH BoD member since 2002 with presidency 2011-2014. I travelled to many different societies where I could learn about the diversity in training, cultural diversity and local problems. I like travelling around and meeting with different people, societies and languages and to do some teaching. I like to network, and find how ESH and ISH can benefit from some mutual cross-fertilisation or work together on common issues or goals, without losing their own identity. I have some language skills. I

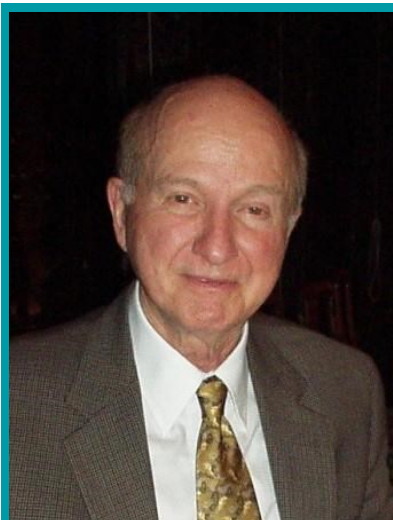
don't know yet which specific tasks / objectives ISH has for the next future, but I am quite flexible and can bring in my experience in different fields of interest.

I experienced how being a BoD member work is a source of energy, rewarding its self by the many contacts and friendships. I feel committed to contributing to the evolution and spread of Hypnosis in practice and research.

Nicole Ruysschaert
20th September 2015

Meeting Our Mentors

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



DABNEY M. EWIN, MD, FACS is clinical professor of surgery and psychiatry at Tulane Medical School, and clinical professor of psychiatry at Louisiana State University Medical School.

He is Past President of both ASCH (American Society of Clinical Hypnosis) and the American Board of Medical Hypnosis, and

a Fellow of SCEH (Society of Clinical and Experimental Hypnosis). He has received the Milton Erickson award of ASCH, the Roy Dorcas Award of SCEH, and the Pierre Janet Award of ISH (International Society of Hypnosis) for clinical excellence.

He gave teaching seminars and scientific presentations on many topics, including hypnosis in the treatment of burns, psychosomatic disorders, hypnotherapy of warts, subconscious hearing under anesthesia, hypnosis as part of pain management, emergency hypnosis, and many others.

He has an active private practice treating psychosomatic disorders by hypnoanalysis.

Dabney M. Ewin, MD answered the questions of Katalin Varga, for the International Society of Hypnosis Newsletter, June 25, 2015

Please describe your first contact with hypnosis.

My first encounter with hypnosis was in childhood, listening to stories about a great-uncle in a distant city who was a lay hypnotist. He had séances with table liftings and contacts with spirits of the dead. It was drilled into me like a post-hypnotic suggestion - "Never let anyone hypnotize you." Naturally, as a young physician I attended the first weekend workshop available, in order to find out what hypnosis was all about. My intention was to simply be an observer, and not to participate in the group hypnosis that was done. In spite of my resistance, I went into trance, then promptly became ill and vomited. Thus I learned the lesson that one can violate a post-hypnotic suggestion, but only at the expense of an anxiety attack.

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

I was the plant physician at the Kaiser Aluminum plant near New Orleans and we had molten metal at 900 degrees Centigrade. I learned that burn pain could be controlled by hypnosis. This was reported by Chevreul in 1888, and my contribution was to get it out of the library and into the Emergency Room where it could help these poor sufferers.

Who was (is?) your personal master(s)?

My hero was fellow surgeon David Cheek, whose credentials were impeccable. He trained at the prestigious Johns Hopkins Medical School, and as an Obstetrician he did ideomotor regressions to birth, and could tell from an adult's body movements what the birth record would show as the presentation of the head at birth. I had to abandon my skepticism about birth memories, and have had some remarkable cures regressing asthmatics to an anoxic birth and reframing the fear. His book written with Leslie LeCron "Clinical Hypnotherapy" is concise and authentic.

Please characterize briefly your carrier, and your current work.

I am too old now for surgery, and have a full time practice using hypnosis to treat psychosomatic disorders. I use ideomotor signals regularly for accurate diagnosis. I urge my students to "Listen in literal,"

and pick up the subtle cues that a patient gives on intake.

I do not accept payment from insurance companies or government. "The man who pays the Piper calls the tune" has not changed over the centuries. My patients pay cash, and are motivated to focus and get well. A person who smokes two packs of cigarettes a day is spending \$300 a month. When I started, I used to treat fellow physicians free of charge (Oath of Hippocrates), and got poor results. When I started charging regular fees, my results skyrocketed. I put the money in escrow, and if they were still abstinent after one year, the money was donated to the charity of their choice, and they got the charitable tax deduction.

I think I have left a legacy with young Dr. Stephane Radoykov of Paris, and predict that in the future he will be a significant contributor to the hypnosis community.

Can you please tell us the story how the „cool and comfortable” suggestion was created? Was it an immediate solution or you had to try various forms?

My deceased wife Marilyn was a red head, with delicate skin, and when she began to turn red from a sunburn, it was a bad omen. One hot August weekend we were at our Plantation home in central Louisiana, and she ventured out to the pool because it was a cloudy day and she felt safe. Her legs started to burn and redden, and we feared the worst. I had brought no medicine from the city, and she uncharacteristically (the control issue, you know) allowed me to hypnotize her. Since it was hot and painful, I had her visualize the opposite by sitting in a cool mountain stream, and experiencing it as "cool and comfortable." Within a half hour the redness cleared and she felt normal.

The most interesting thing happened the following weekend. We returned to the countryside and brought a friend. He was a Catholic Priest who had not been out in the sun at all. He had a hearty lunch and a couple of relaxing drinks, and fell asleep at the pool under the hot August sun. I was away on an errand, and Marilyn said "Father, do what Dabney taught me ..." and he dutifully went upstairs to bed to do it. Next morning he came down for breakfast in shorts with one foot in a shoe and sock, the other leg looking like a red lobster, foot swollen and in a slipper. He said "The water was too cold. I couldn't get but one leg in it." I have never been able to replicate that controlled experiment, but that's when I went to the library and found the reference to Chevreul's paper.

Recently you summarized in a small but very „strong” book the „101 things I wish I'd known when I started using hypnosis”. Most of us read this book as a Bible of hypnosis, hypnotherapy (and even in a broader sense). Please tell us how this book was born? Did you collected these key elements for years or was it a „quick” summary of your experiences?

I started teaching an elective course in hypnosis in the Psychiatry Department at Tulane Medical School in 1970. I was flattered to receive the student Owl Club award for the Best Elective three times. It was jokingly presented to "the only professor who put us all to sleep." Over the years I made notes of various thoughts and insights to improve the course, and typed them as a handout for my students. The number grew over time, and I finally decided to publish it under an honest title.

What is your connection to ISH? How do you see the role of these organizations today?

My first ISH meeting was in Philadelphia in 1976, and I have attended every one since then*. Milton Erickson was there in his wheelchair, and I believe it was the last one he attended.

My concept of psychotherapy is that all of the approaches have the same ultimate goal – CHANGE AN IDEA. Whether it's classical analysis, CBT, Gestalt, conditioning, ego state, etc., the goal is the same - change an idea. And the easiest, most efficient way to change an idea is to have a correct diagnosis (ideomotor analysis) of what needs changing, present choices (in hypnosis), and the patient will choose health over illness. While drugs can alter some physiologic disorders caused by bad ideas, I've never encountered a drug that could change an idea.

I believe that ISH and our national organizations have the potential to ultimately make mental health and its physical corollaries available and affordable to all humanity, and I'm grateful to be part of it.

Recently you summarized your laws of suggestions (apart from that of Coue and Cheek). Could you share your ones with us?

A patient/client tends to go as deep as he/she needs to go to solve a problem. A patient/client tends to

* In a later email dr. Ewin added:

"While I think of myself as having attended all ISH meetings since 1976, I recall that I had to cancel my plans for Oxford because Marilyn was diagnosed with cancer. Please correct my misstatement re having attended ALL meetings since 1976."

stay as light as necessary to protect him/her self. When I encounter what is usually referred to as “resistance,” I search for a fear of being manipulated, or losing control. I point out that this is a teacher-student relationship, and my job is to teach you what to do to get well. We know this as Coue’s Law of Autosuggestion, that basically says all SUGGESTION is self-suggestion, and a subject still has a choice to accept (self-suggest) or reject a new idea. (Note – he did not say all HYPNOSIS is self-hypnosis). With these patients I add to my induction “You are safe in this place – I won’t let anything happen to you, and it’s all right to go as deep as you need to go to solve this problem.” At the next visit I ask for an ideomotor response to “Would it be all right for you to go as deep as you need to go to solve this problem TODAY?” A ‘Yes’ answer to that means resistance is gone. Trust in the therapist is the major issue.

Dabney M. Ewin, MD, FACS
June 25, 2015

Building Bridges of Understanding

Clinical Relevance of Research Findings

In this section of the NL we introduce you to a summary of recent research with short and easy explanations of some research concepts. Scientific reports are more and more complex and complicated, only a small portion of hypnosis experts enjoy them. For the majority of professionals it can even be frightening or boring.

The aim of these letters is to bring researchers and clinicians closer together, to highlight the clinical relevance of research findings of hypnosis in a very simple user-friendly way.

Clinicians are also encouraged to propose questions to be studied, clinically relevant phenomena to analyze, and hypnotic processes to be understood.

Let’s build the bridges of understanding together...

Athena Demertzi is a researcher in cognitive and clinical neuroscience. She graduated from the Faculty of Psychology at the Aristotle University of Thessaloniki, Greece, in 2005.



Soon after, she pursued the Research Master’s in Cognitive Neuroscience, Neuropsychology, and Psychopathology, at Maastricht University, The Netherlands.

She graduated in August 2007 and has next joined the Coma Science Group as a doctoral student.

Under supervision of Prof. Steven Laureys, she has investigated attitudes of healthcare workers towards medico-ethical issues concerning patients with disorders of consciousness, such as pain perception and end-of-life.

Realizing the persistence of such controversies in the medical community, she aimed to increase the understanding of the underlying pathophysiology of these patients by means of objective neuroimaging tools.

Using functional magnetic resonance imaging (fMRI) she has investigated resting state brain function both in healthy volunteers in waking conditions and hypnosis and in patients with disorders of consciousness.

She received her PhD in Medical Sciences from the University of Liège in 2012. For two years she was appointed with the FNRS postdoctoral fellowship to continue her work at the Coma Science Group.

Since October 2014 she is a postdoctoral researcher at the Institut du Cerveau et de la Moelle épinière (ICM) in Paris working with Prof. Lionel Naccache.

The brain's intrinsic activity during hypnosis and altered states of consciousness

Demertzi Athena

Institut du Cerveau et de la Moelle épinière (ICM), Paris, France & Coma Science Group, GIGA Research and Cyclotron Research Center, Liège, Belgium

Even when the mind is free to rest and do nothing, spontaneous cognition tends to gravitate toward thoughts and feelings. This means that the apparently idle brain is constantly active. Using functional magnetic resonance imaging (fMRI), the brain's activity at rest is characterized by low-frequency fluctuations in the range of 0.01-0.1Hz. Such fluctuations organize the brain in various networks or systems. These systems can subserve the functioning of sensory modalities, such as auditory, visual, somatosensory or can represent higher-order function, such as attention and mind wandering (Raichle et al 2001).

Particular consideration has been paid to two networks that function in an antagonistic manner (Fox et al 2005). Specifically, there is a default mode network (encompassing mainly medial anterior and posterior regions) that has been linked to self-related cognition. And an anticorrelated network of mainly frontoparietal areas that is otherwise active during task performance (**Figure 1**).

In short, these can be described as intrinsic and extrinsic brain systems that support the notions of

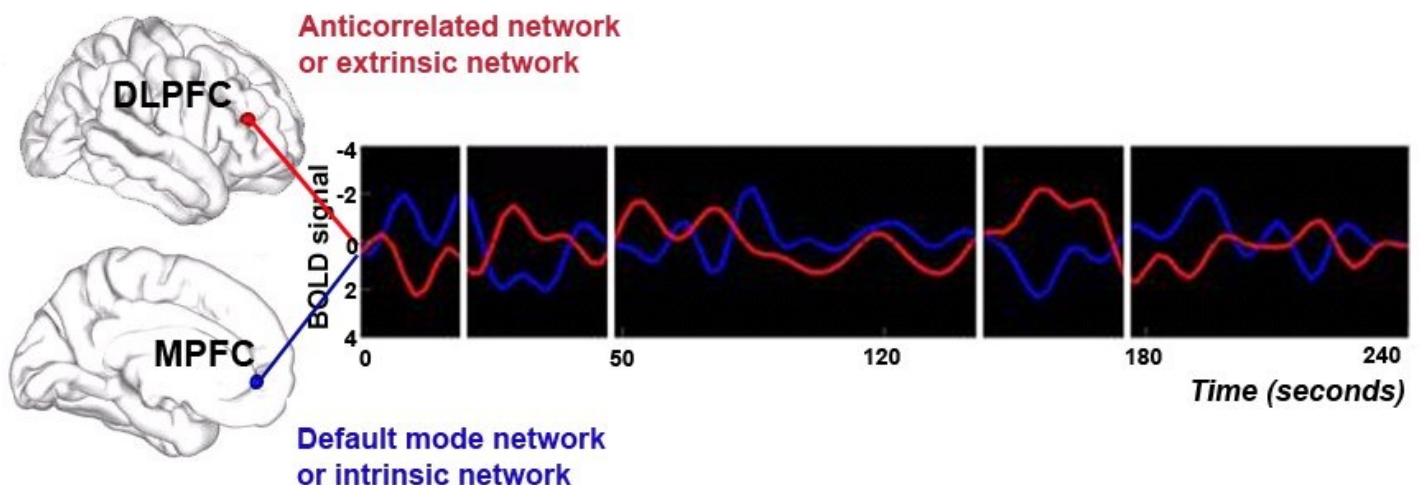
internal and external awareness respectively (Vanhaudenhuyse et al 2011). Specifically, external awareness refers to everything we perceive through our senses (what we see, hear, feel, smell and taste) and internal awareness refers to stimulus-independent self-related thoughts.

Because the resting state paradigm does not require sophisticated experimental setup and surpasses the need for subjects' collaboration, it is an ideal means to study cognitive function of subjects and patients who are unable to communicate in a functional way. To test the hypothesis that the anticorrelations are linked to conscious reportable awareness we first aimed at quantifying how the intrinsic and extrinsic systems are modified under an altered subjective state, such as hypnosis (Demertzi et al 2011). In our experiment, healthy subjects were scanned with eyes closed under three conditions with counterbalanced order, namely under normal wakefulness, during autobiographical mental imagery (i.e., subjects were recollecting own pleasant memories) and hypnosis (i.e., subjects had to revive these pleasant memories after hypnotic induction). We found that, compared to autobiographical mental imagery, in hypnosis there were profound reductions in the brain's functional connectivity in the anticorrelated or extrinsic system. Interestingly, these reductions were parallel to subjective ratings of increased sense of dissociation from the environment and reduced intensity of external thoughts, next to a relatively lower connectivity of the intrinsic system (**Figure 2**).

With regards to the clinics, the resting state fMRI paradigm has been proven to be particularly appeal-

Figure 1.

During resting state, the brain's activity as measured by functional MRI shows an antagonistic functionality between two networks. The default mode network or intrinsic network represents mainly self-related cognition and anticorrelates with an extrinsic network mainly subserving orientation to the external world through sensory perception. The panel illustrates the fMRI BOLD signal anticorrelated activity across time between key regions of each network, namely the dorsolateral prefrontal cortex (DLPFC) of the extrinsic the medial prefrontal cortex (MPFC) of the intrinsic (figure adapted from Demertzi & Whitfield-Gabrieli 2015).



ing. This is because after severe brain injury patients may end up in coma or post-comatose non-communicating condition widely known as disorders of consciousness. Disorders of consciousness represent a devastating spectrum of clinical conditions involving profound disruption in consciousness level due to massive brain damage (Posner et al 2007). For example, patients in a vegetative state, also known as unresponsive wakefulness syndrome (UWS; Laureys et al 2010) retain wakefulness as evidenced by eye-opening but their behavioral repertoire is restricted to reflexive motor activity; therefore, they do not exhibit signs of awareness of themselves and/or their environment. When patients show signs of fluctuating yet reproducible non-reflex behavior (e.g., visual pursuit, command following) but remain unable to communicate in a functional manner, they are considered to be a minimally conscious state (MCS; Giacino et al 2002). Emergence from the MCS is denoted when patients are able to accurately communicate with their surroundings and/or use objects by executing movements which are generally compatible with the object's specific

function (Giacino et al 2002).

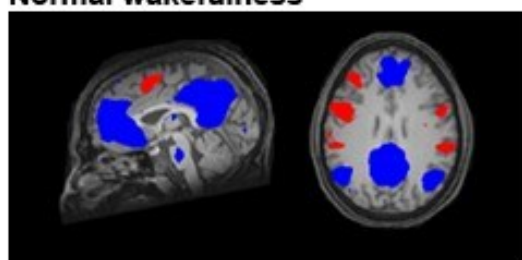
The boundaries between UWS and MCS are not always sharp. Typically, to tell whether patients hold some sort of consciousness, clinicians examine their responsiveness. This can be done behaviourally by asking them to make simple movements or by observing non-reflex behaviours, like when they track their faces in a mirror. It can also be done with brain imaging technologies, when brain activity is either measured after applying a physical stimulus (e.g. auditory, tactile) or when patients are asked to imagine a certain scenario in their minds, like they are playing tennis. Patients, however, may suffer from blindness, deafness, language or attention deficits or motor paralysis. Consequently, they may not be able to respond to these techniques and as a result their level of consciousness will be underestimated, leading to an erroneous diagnosis.

In terms of spontaneous fMRI brain function, it has been found that the default mode network was indistinguishable between controls and patients with

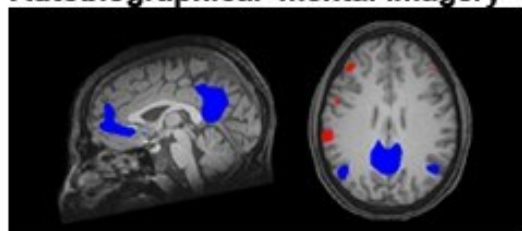
Figure 2.

Hypnosis modulates brain's intrinsic activity. The functional connectivity of the default mode network (in blue) is relatively preserved but the extrinsic system (in red) shows profound reductions in functional connectivity moving from normal wakefulness, during autobiographical mental imagery and disappears after hypnotic induction. Interestingly, such brain-level modifications are accompanied by altered subjective reports where subjects self-rate higher levels of absorption and dissociation as well we lower levels of external thoughts when in hypnosis (figure adapted from Demertzi et al 2011).

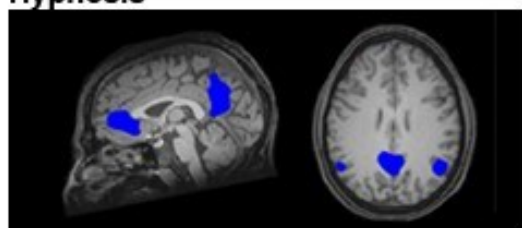
Normal wakefulness



Autobiographical mental imagery



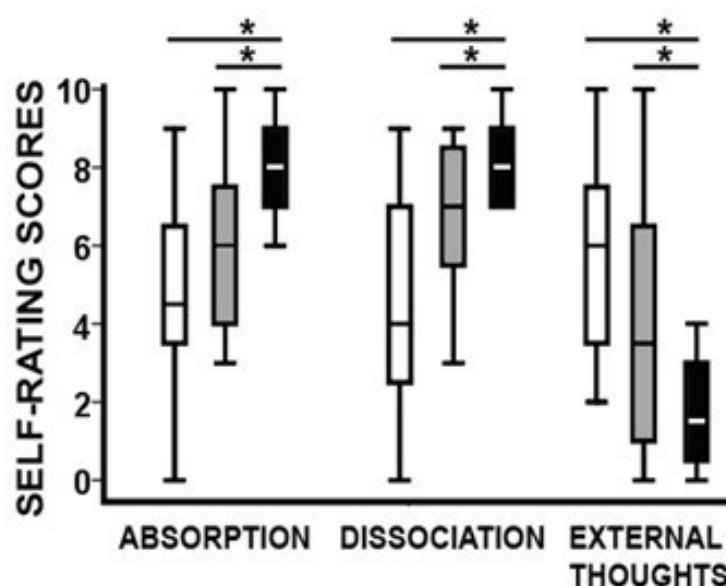
Hypnosis



□ Normal consciousness

■ Autobiographical mental imagery

■ Hypnosis



locked-in syndrome (i.e., conscious but severely paralyzed), relatively preserved in patients in MCS, significantly reduced in patients in UWS (Demertzi et al 2014, Vanhaudenhuyse et al 2010) and could not be identified in brain death (i.e., irreversible coma with absent brainstem reflexes) (Boly et al 2009).

More recently, we aimed to determine the clinical utility of intrinsic brain activity by diagnosing patients in an automatic way. In particular, six brain networks that are classically identifiable during resting state were tested if they can separate patients into the two clinical groups. It was found that all networks managed to categorize patients with high accuracy (>80%). This means that the classification matched the behavioral diagnosis. Nevertheless, it was the auditory network that achieved the highest accuracy. The regions of the network included both auditory and visual areas (**Figure 3**). An automatic procedure was then trained to “recognize” the connected auditory-visual areas as the characteristic pattern of patients in minimally conscious state and classify those patients who did not show it as in vegetative state. The procedure was finally tested on 22 patients assessed in the two other clinical centers. This automatic classification accurately discriminated 20 out of these 22 patients (**Figure 3**) (Demertzi et al 2015).

Taken together, research in resting state fMRI suggests a tight link between intrinsic anticorrelations

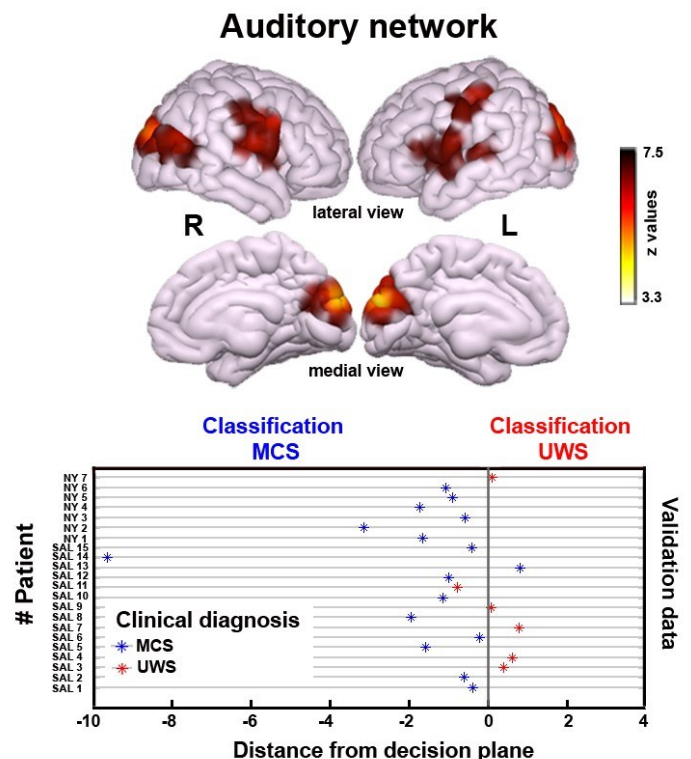
and reportable subjective awareness (Demertzi et al 2013), indicate that the modified contents of awareness can be measured behaviorally, and provide leverage for investigations of more challenging altered conscious states, such as anesthesia, sleep and pathological disorders of consciousness.

References:

- Boly M, Tshibanda L, Vanhaudenhuyse A, Noirhomme Q, Schnakers C, et al. 2009. Functional connectivity in the default network during resting state is preserved in a vegetative but not in a brain dead patient. *Hum Brain Mapp* 30: 2393-400
- Demertzi A, Antonopoulos G, Heine L, Voss HU, Crone JS, et al. 2015. Intrinsic functional connectivity differentiates minimally conscious from unresponsive patients. *Brain* 138: 2619-31
- Demertzi A, Gómez F, Crone JS, Vanhaudenhuyse A, Tshibanda L, et al. 2014. Multiple fMRI system-level baseline connectivity is disrupted in patients with consciousness alterations. *Cortex* 52: 35-46
- Demertzi A, Soddu A, Faymonville M-E, Bahri M-A, Gosseries O, et al. 2011. Hypnotic modulation of resting state fMRI default mode and extrinsic network connectivity. *Prog Brain Res* 193: 309-22
- Demertzi A, Vanhaudenhuyse A, Bredart S, Heine L, Di Perri C, Laureys S. 2013. Looking for the

Figure 3.

The visual-auditory crossmodal interaction supported by the auditory network was present in patients in minimally conscious state (MCS) and severely constrained in patient in vegetative state/unresponsive wakefulness syndrome (UWS). This pattern was a sensitive feature to discriminate automatically 20/22 independently assessed patients scanned in two other clinical centers. The lower panel summarizes the connectivity values of each of these new patients and their distance from the decision plane of the classifier which determined the discrimination between the two clinical populations (figure adapted from Demertzi et al 2015).



self in pathological unconsciousness. *Front Hum Neurosci* 7: 1-6

- Demertzi A, Whitfield-Gabrieli S. 2015. Intrinsic brain activity and consciousness. In *The Neurology of Consciousness*, ed. S Laureys, O Gosseries, G Tononi, pp. 95-105: Academic Press
- Fox MD, Snyder AZ, Vincent JL, Corbetta M, Van Essen DC, Raichle ME. 2005. The human brain is intrinsically organized into dynamic, anticorrelated functional networks. *Proc Natl Acad Sci U S A* 102: 9673-8
- Giacino JT, Ashwal S, Childs N, Cranford R, Jennett B, et al. 2002. The minimally conscious state: definition and diagnostic criteria. *Neurology* 58: 349-53
- Laureys S, Celesia G, Cohadon F, Lavrijsen J, Leon-Carrion J, et al. 2010. Unresponsive wakefulness syndrome: a new name for the vegetative state or apallic syndrome. *BMC Medicine* 8: 68
- Posner J, Saper C, Schiff ND, Plum F, eds. 2007. *Plum and Posner's diagnosis of stupor and coma*. New York: Oxford University Press. 4th ed.
- Raichle ME, MacLeod AM, Snyder AZ, Powers WJ, Gusnard DA, Shulman GL. 2001. A default mode of brain function. *Proc Natl Acad Sci U S A* 98: 676-82.
- Vanhaudenhuyse A, Demertzi A, Schabus M, Noirhomme Q, Bredart S, et al. 2011. Two distinct neuronal networks mediate the awareness of environment and of self. *J Cogn Neurosci* 23: 570-8
- Vanhaudenhuyse A, Noirhomme Q, Tshibanda LJ, Bruno M-A, Boveroux P, et al. 2010. Default network connectivity reflects the level of consciousness in non-communicative brain-damaged patients. *Brain* 133: 161-71

Findings of Note



Prominent Papers in Clinical and Research Hypnosis

A review by András Költő
kolto.andras@gmail.com

The “Findings of Note” section serves as a review of current hypnosis literature published not in the hypnosis journals but in the wider scientific – medical

and psychological – domains. It continues the tradition of the “Salient Findings” appearing in the International Journal of Clinical and Experimental Hypnosis between 2000 and 2007.

It is a pleasure to report to you that I find a constantly increasing number of extramural publications on hypnosis, in many high quality journals of clinical areas and experimental sciences. In the last “Prominent Findings”, four articles were reviewed, on the effect of hypnotic suggestions on sleep quality, on enhancement of coping in sclerosis, on reduction in dental anxiety and on relaxation of the jaws (also essential in dental interventions).

In the current issue, you will find the summary of four articles, demonstrating the diversity of ideas in state-of art hypnosis and consciousness research. The first paper is a review which summarizes the similarities and differences of hypnosis and meditation. The second one presents a research project, where changes of internal and





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external awareness between normal waking state and hypnotic state were analyzed. The third paper is a stage of an ongoing discussion on whether we can differentiate “high hypnotizable and high dissociated” versus “high hypnotizable and low dissociated” latent classes. Finally, the fourth paper is not directly on hypnosis, but is offering a computation technique of EEG signals to discriminate between mental states, which may have deep impact on the future of hypnosis research.

These pieces – published in journals on psychophysiology, consciousness and computing – clearly show that there is an increasing interest in “extramural” hypnosis research; but also shed light on the many mysteries of hypnosis (e.g. the problem of dissociation, or recognizing the hypnotic state) that are still not resolved. Although these findings do not bear direct conclusions for clinical hypnosis, many aspects of them may prove fruitful in hypnotherapy, too.

De Benedittis, G. (2015). Neural mechanisms of hypnosis and meditation. *Journal of Physiology-Paris* (Online Preview), 1–13. DOI: [10.1016/j.jphysparis.2015.11.001](https://doi.org/10.1016/j.jphysparis.2015.11.001)

Following group hypnosis sessions in the laboratory, I always encourage the subjects to share their experiences. One of the “facilitating” questions is whether the experience was totally new, or it was similar to any previous episodes in their life. In almost every group, there will be at least one or two subjects who had already tried (or have been regularly practicing) meditation techniques. They report that their experiences of meditation are comparable to those under hypnosis. We already have some summaries on meditative and hypnotic states (e.g. Holroyd, 2003), and experimental reports by colleagues in hypnosis research (e.g. Halsband, Mueller, Hinterberger, & Strickner, 2009). Still, we lacked a concise and up-to-date review on the scientific study of meditation and hypnosis, analyzed in parallel. De Benedittis gives a precise and exhaustive summary of the neurophysiological and neuroimaging investigations of the “Hypnotized Brain” and the “Meditative Brain.” A particularly valuable part of his review is the detailed classification of different meditative styles, and the introduction of the related concepts. Most meditative styles use either a concentrative (Samadhi) or a mindfulness-based (Vipassana) method to modulate the meditator’s attentional processes. Although electrocortical and neuroimaging studies on meditation are much more scattered and sparse than investigations on hypnosis, these pieces of evidence give an adequate empirical basis to the argumentation of De Benedittis, namely that these

two techniques have much in common with each other. Western hypnosis and Eastern meditation (especially its concentrative types) are largely similar in regard to the attentional and concentration practices they utilize; to the experiential world of hypnotized subjects and meditators; and to their neurophysiological background mechanisms. In both techniques increased theta and gamma activity can be observed; the anterior gyrus cingulum and the frontal cortex are both regions where elevated regional blood flow was detected. Both concentrative meditation and deep hypnosis lead to decreased thought flow, emotional reactivity and bodily sensations, thus resulting in an “equanimous” state, characterized by peace, calmness and absorption. Their differences can be attributed to their different goals and expectancies. Hypnosis utilizes an external guide, suggestion, while meditation is based on an internally initiated process, mindfulness. The principle behind hypnosis has much to do with healing, prevention and restoration of balance, while meditation is focused on life-long goals like serenity, gaining insights, and spiritual liberation.

Nevertheless, it is important to notice, that hypnotic trance is not only concentrated and focused attention, but it also increases “ego-receptivity” (Brown and Fromm, 1986), while meditation has a lot to do with concentrating the attentional processes. De Benedittis emphasizes that we should not view either of them as a superior to the other. He calls attention to the issues related to the recent introduction and popularization of meditative techniques in the West. According to him, adopting these profound and esoteric methods in a prevalently non-monastic, non-contemplative but profit oriented and “impatient” society may degenerate these practices. We can, however, turn this problem into an opportunity, with adapting and transforming Eastern techniques into an idiosyncratic Western way, through a close, respectful and open-minded dialogue between representatives of meditation and hypnosis. A good example for this integration is the work of Yapko (2011), who suggests applying mindfulness in hypnotherapy.

Demertzi, A., Vanhaudenhuyse, A., Noirhomme, Q., Faymonville, M. E., & Laureys, S. (2015). Hypnosis modulates behavioral measures and subjective ratings about external and internal awareness. *Journal of Physiology-Paris* (Online Preview), 1–7. DOI: [10.1016/j.jphysparis.2015.11.002](https://doi.org/10.1016/j.jphysparis.2015.11.002)

In our normal waking state, there is a necessary correlation between wakefulness and awareness: we have to be awake in order to be aware (Zeman, 2001). But how are these two components related to

each other when we are in an altered state of consciousness? Awareness itself is a very complex phenomenon, although we can deconstruct it into an external component – i.e., perceiving and sensing stimuli coming from the environment –, and an internal component – built by self-related thoughts, and independent of the actual environment. In the alert waking state, these are anticorrelated: if the internal awareness is stronger, the external component weakens, and vice versa. In the everyday waking conscious state, these components seem to switch every 20 seconds on average (Vanhaudenhuyse et al., 2011). Demertzi and her colleagues searched for a reliable behavioral indicator of these elements to probe into the level of their anticorrelation during the waking state and hypnosis. They selected hypnosis on the basis that it is a clearly different way of conscious cognitive processing than the normal alert state, but the subjects remain responsive under hypnosis (unlike anesthesia, for instance). They hypothesized that in hypnosis, subjects will tend to report about more internal and less external awareness compared to the waking state; that external and internal awareness ratings will show a decreased anticorrelation; and that the switches between the two components will be less frequent (alongside with longer reaction times).

To test these hypotheses, they examined the awareness ratings of eleven right handed, adequately hypnotizable subjects. First the subjects had a familiarization session, where they tried hypnosis and practiced the rating technique. Hypnosis was induced in the same way as it is used for surgeries (Faymonville, Meurisse, & Fissette, 1999). Then, in a randomized order, the subjects participated in an alert and a hypnotic condition. In both conditions, an irregular beeping sound signaled that they had to indicate their external (left hand) and internal (right hand) awareness on a 4-grade scale. They indicated the level of external and internal awareness by four fingers (respectively from the index finger to the little finger) of the respective hand. In both conditions, 66 responses were obtained. The subjects also gave subjective reports on the key dimensions of hypnotizability (arousal, absorption and dissociation).

The data were analyzed with various statistical techniques, ranging from Spearman's rank correlation to spectral analysis. During normal wakefulness, the two indicators showed a relatively high anticorrelation ($r = -.41$); in hypnosis, this level was decreased ($r = -.24$), albeit not to a significant degree. However, switches between external and internal awareness became significantly less frequent in hypnosis; the subjects showed longer latency and more lapses in key presses than in the waking state.

These results shed light on how our consciousness operates on the basis of metacognition, which can be modified by suggested change in allocation of attention (during hypnosis). This feature of consciousness may be utilized during hypnoanalgesia and hypnoanaesthesia, and may provide future insight into the disorders of consciousness. With acknowledgement of the pioneering work, I hope the authors consider integrating standardized hypnotizability scores (e.g. obtained with the Stanford Hypnotic Susceptibility Scale, Form C) as a possible moderator into their future research projects.

Kihlstrom, J. F. (2015). Patterns of hypnotic response, revisited. *Consciousness and Cognition*, 38, 99–106. DOI: 10.1016/j.concog.2015.11.001

We tend to think of high hypnotizable subjects or patients as a relatively homogenous group – they are easy to hypnotize, they experience remarkable alterations during hypnosis, and they are readily exhibit a variety of hypnotic phenomena. But do they really constitute a homogenous class?

Performing different types of hypnotic suggestions usually shows high correlation, which gives justification to using a single score to classify subjects on their hypnotic susceptibility. It has to be noted, however, that there might be different “types” of high hypnotizables, because the different factors of hypnotic response tap into distinct component abilities. We can make at least two kinds of differentiation within this group. First, it is possible that more latent groups can be isolated based on their response to a large variety of suggestions. Second, those who show highly involved hypnotic behavior are not necessarily highly dissociated. To tackle these issues, Terhune (2015) conducted latent profile analysis on a sample of 155 subjects, investigated by Lauer (1965), in order to establish a standard for the Stanford Profile Scales of Hypnotic Susceptibility (SPSHS, Hilgard, Lauer, & Morgan, 1963).

Terhune identified four latent classes behind SPSHS responses. One of these groups consisted of subjects with moderate hypnotic susceptibility. Another pattern – constituted of high hypnotizables – showed a relatively balanced pattern of different hypnotic subskills. Two other groups, also made up of high hypnotizables, differed in the performance on Agnosia (and, to a smaller extent, Amnesia and Posthypnotic Compulsion) items. This suggests that high hypnotizables are more similar to, than different from, each other. Another analysis, with different methods and focus, but also resulting in a cluster structure of hypnotic response (Brenneman & Kihlstrom, 1986), suggested that there are indeed differences within highly hypnotizable subgroups, e.g. based on

whether they perform better on motor or on cognitive-perceptual items. Finding the latent groups or categories between multivariate structures is a hard nut to crack; these examples show that based on the method and the focus, similar packs of data can result in different latent classes. This clearly suggests that further examinations should be conducted on whether there are subgroups within low, medium and/or high hypnotizables.

Another issue in “uniformity” of high hypnotizable groups is whether high hypnotic susceptibility and high levels of dissociation are bound together. Terhune’s answer, based on several research projects he and his colleagues conducted (e.g. Terhune, Cardeña, & Lindgren, 2011), is unequivocally no. They argue that there are “dissociative” and “non-dissociative” subtypes within high hypnotizables (and their counterparts can also be identified within medium and low hypnotizables). Kihlstrom, in the current article, emphasizes that we have to be cautious about such a distinction. If we measure these tendencies separately, we might become trapped by that we find in a group that shows high dissociation in non-hypnotic situations but not in hypnosis – we cannot decide whether it is because they are non-dissociative, or they are not hypnotizable in the first place. Secondly, the “dissociative” and the “non-dissociative” subgroups, however this possibility seems rational, cannot be translated one-to-one to the clusters revealed in the latent profile analysis.

Kihlstrom suggests further ways to investigate the level of dissociation under hypnosis; e.g. probing into the hidden observer, trance logic, explicit and implicit memory in posthypnotic amnesia, and the pattern of the subjective experience of (in)voluntariness of the subjects. The “hypnotizability and dissociation” problem would certainly benefit from future investigations, testing the above mentioned phenomena.

Vézard, L., Legrand, P., Chavent, M., Faïta-Aïnseba, F., & Trujillo, L. (2015). EEG classification for the detection of mental states. *Applied Soft Computing*, 32, 113–131. DOI: 10.1016/j.asoc.2015.03.028

This study is not directly about hypnosis. The findings of Vézard and his colleagues, however, may prove to be essential in recognizing whether somebody is in hypnotic state or not, based on analyzing just her or his EEG signals.

The central question raised by the authors was whether we can decide, based on EEG signal processing methods, if somebody is in a normal waking state or in a relaxed state. The authors applied refined and complex computational methods to answer

this question. The computation – following a decision tree – results in a binary “yes/no” answer to this question.

They obtained EEG signal series from 58 subjects in two alertness states (116 records). The subjects, after the calibration phase, completed a Contingent Negative Variation (CNV) task, which required sustained attention. Then a three-step relaxation phase took place, integrating autogenic training, progressive muscle relaxation, and mental visualization of a familiar and lovely place. (Although these do not necessarily result in a hypnotic state of consciousness, they can be considered as precursors of hypnosis.) Then there was a second CNV collection. In all phases, 3 minutes of EEG signals were recorded. Of the whole sample, 19 subjects’ data were analyzed. The authors created a genetic algorithm, to decide which subset of electrodes is the most ideal for the binary decision. They used common spatial pattern (CSP) coupled with linear discriminant analysis (LDA) to build a decision tree to predict the alertness of the subjects. They examined different subsets of electrodes, until they arrived at “the best compromise between the number of selected electrodes and the quality of the solution was obtained by considering 9 electrodes” (p. 113). Although this approach needs considerable computation time, it allows us to construct an algorithm that provides an accurate and fast prediction for whether an unseen individual is in the waking or relaxed state.

The authors notice that one possible reason for the relatively large proportion of omitted data (29 of the original 58 subjects) is that they couldn’t reach an adequately deep relaxation in the given time frame. Some subjects might have also been stressed due to the experimental setting and the relatively long length of the experiment. Apart from unraveling whether the same technique could distinguish between hypnosis and the alert state, applying hypnosis instead of relaxation would eliminate or at least reduce the above mentioned problems.

References

- Brennenman, H. A., & Kihlstrom, J. F. (1986). Patterns of hypnotic abilities. <<http://socrates.berkeley.edu/~kihlstrm/BrennenmanProfiles.htm>>.
- Brown, D., Fromm, E., 1986. Hypnosis and Hypnoanalysis. Hillsdale, NJ: Lawrence Erlbaum.
- Faymonville, M. E., Meurisse, M., & Fissette, J. (1999). Hypnosedation: a valuable alternative to traditional anaesthetic techniques. *Acta Chirurgica Belgica*, 99(4), 141–146.
- Halsband, U., Mueller, S., Hinterberger, T., & Strickner, S. (2009). Plasticity changes in the

brain in hypnosis and meditation. *Contemporary Hypnosis*, 26(4), 194–215. DOI: 10.1002/ch.386

- Hilgard, E. R., Lauer, L. W., & Morgan, A. H. (1963). *Manual for the Stanford profile scales of hypnotic susceptibility, forms I and II*. Palo Alto, CA: Consulting Psychologists Press.
- Holroyd, J. (2003). The science of meditation and the state of hypnosis. *American Journal of Clinical Hypnosis*, 46(2), 109–128.
- Lauer, L. W. (1965). *Factorial components of hypnotic susceptibility*. Doctoral dissertation, Stanford University.
- Terhune, D. B. (2015). Discrete response patterns in the upper range of hypnotic suggestibility: A latent profile analysis. *Consciousness and Cognition*, 33, 334–341.
- Terhune, D. B., Cardaña, E., & Lindgren, M. (2011). Dissociated control as a signature of topological variability in high hypnotic suggestibility. *Consciousness and Cognition*, 20(3), 727–736. DOI: 10.1016/j.concog.2010.11.005
- Vanhaudenhuyse, A., Demertzi, A., Schabus, M., Noirhomme, Q., Bredart, S., Boly, M., ... & Laureys, S. (2011). Two distinct neuronal networks mediate the awareness of environment and of self. *Journal of Cognitive Neuroscience*, 23(3), 570–578. DOI: 10.1162/jocn.2010.21488
- Yapko, M. D. (2011). *Mindfulness and hypnosis: The power of suggestion to transform experience*. New York: WW Norton & Company.
- Zeman, A., 2001. Consciousness. *Brain*, 124(7), 1263–1289. DOI: 10.1093/brain/124.7.1263

ISH History

The Latin expression "Historia est Magistra Vitae", taken from Cicero's De Oratore, suggests that "history is the teacher of life". The phrase conveys the idea that the study of the past should serve as a lesson for the future. The history of ISH can help us understand the roots of our current problems, and may give us ideas for reaching our goals.

Transcript from Kata & Camillo interview clips from Paris Congress 8/2015



Kata: Dear Camillo, You have just finished your term that covered nine years. Three years as president elect, then the presidency itself and three more years as the immediate past president. What are your feelings right now after this long period, because it is a long time from a person's life?

Camillo: It is a long time, and a lot of work. Probably people don't understand how much work is going on behind a society like this. We needed some kind of changes in this society because we wanted – and I pushed very strongly for this- we wanted to meet face-to face as a board, several times. I think this was a radical change because the relationship among board members became more of a unit. The meetings with Skype and other devices are useful but cannot beat friendship and the ability to work as colleagues and to understand the mood of other people. So that was an important change. That was a big amount of work but it was very nice and it is a kind of repayment for the efforts we gave. So I think in this 9 years the world of ISH has changed a lot because the group became a real group. Before it was kind of a meeting of people who like to prepare congresses. Now it's a meeting of people that like to work together and enjoy finding new ideas. So I think that was important. I am a bit relieved, never the less, that it is finished. But I think a good job has been done. Now the situation of the society is certainly healthy and a lot of people, young people, are coming in. So, I am confident for the future. I think it will be a very

good future for ISH.

Kata: Could you tell us the first contact you had with ISH as a society?

Camillo: That was a long time ago, before the 9 years. I was on the ISH board back in the 80's and 90's and I stopped for a while and came back again. So my first knowledge of ISH was back in the 80's. I was there, I was very young and I tried to get all I could. I was very curious about all the novelties.

There were many people that were mentors, and very helpful. It was also a period in which there was a big distance between the ISH and the Ericksonians. I remember at the time the younger participants were together with many other young people and it helped a lot. We were Ericksonian but we were ISH as well. We didn't understand why it should be divided. So there were some special conferences in which these two parts were together.

I think there was a joint meeting in Israel. It was an important moment. So I think since then many of the conflicts have been resolved. And now, I think when we think about hypnosis there are no more boundaries that separate Ericksonians and the classical hypnosis people.

Kata: I am sure you are a member of several societies. Can you see anything special about ISH as a society?

Camillo: Well, I find that in the last few years things have changed a lot. And I find this especially in the ISH. I feel like there is a network now, a connection all across the countries. Regardless of the nationalities, we meet and we are good friends and we know about each other. We correspond during the year, which is easy to do with the internet. I think it's something new and unusual in societies. Many societies usually are, or were, a political world to compete in and a place to be more important than the others. I think that is a very minimal part of ISH. Of course as a society we do have at the congresses such issues as 'the larger room is more important than the smaller one'. But, never the less, people come to these congresses because they want to meet the other people. And now I think it makes a big difference. It's like the rational part of hypnosis develops so well. People work as part of this society not to become selfish and to share with others their knowledge and to learn from others.

Kata: How do you now see the future of ISH and the future of your personal professional life without having these duties?

Camillo: Well, the future of ISH looks to me to be much easier than in the past and I see the

developments are very good. The Congress, the last congresses that we had were a success. We don't have serious internal problems. There had a lot of young people coming in. And hypnosis is now at the center of many of the researches that are made in the field of psychology, psychotherapy, medicine-- medical doctors will have a lot of help from this special discipline. So it is growing and I think will continue to grow for a long time.

For myself, I want to have more space for my research and my clinical work and to write some because I didn't have time during the last few years. I didn't have time enough to do that because I still continue to teach in my university. That is a lot of work of organizing teaching and then I am also a clinical researcher in the sense that I work continually with difficult cases especially anorexia bulimia and things like that. So it takes me a lot of time. So now I will have time to write more.

I have also some idea for the future of hypnosis that maybe would involve the ISH, because I think we cannot be happy only to have a society that produces congresses. Because then ISH is only dedicated to the people that are already inside the world of hypnosis, and we should open more to the other people who would benefit from learning about hypnosis. And to connect also with health professionals in nations in which they are less lucky and have less training.

So my idea would be that the international society could provide standards but also training. So not only to be the ones that control or suggest training standards but to be the teachers and trainers that go to some countries that have no trainers in hypnosis. Some people may have poor training because they don't know where to go, but the International Society could provide that. I think that could be a radical change. And also I am very upset seeing how many lay institutes train and say "I am international and you can have international license because I give it to you". And they are not able to teach at all and they can create disasters. But people can hang on the wall the certificate and say I am certified. So I think if ISH has the courage to go in this direction we can create a program, like a larger university in which you can have exams and you can have preparation. That's my idea but I don't know if the ISH would be interested in this but this is something that I would like to participate in and see what the future will be like, and allow us to do.

Kata: Thank you very much for the work you have done for the society and thank you for this interview.

Camillo: I trust you for the future.

Kata: Thank you.

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. Krzysztof Klajs chose you to be the next person to ask. Please find below the ten „standard” questions, and the special one for you.



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

In 1973 my supervisor hypnotized me. I was nervous and drummed my fingers on the arm of the chair. He suggested that I drum them faster. Then I would watch as they slowed

down. It was my first memorable experience of utilization in a professional setting. When I asked, he recommended reading Erickson.

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

I started seeing Dr. Erickson in 1973. His kindness was remarkable, as was his faith in human potential.

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?

Milton H. Erickson, M.D.

4. What is your favorite book?

The one I have read the most? The Little Prince. For Psychotherapy? Uncommon Therapy.

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

and mood?

Playing bridge on the Internet.

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

Being more perceptive of interpersonal responsiveness.

7. Which human feature do you admire the most?

Kindness.

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

I am a Life Master at bridge and an aerobatic sailplane pilot.

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

Personally: My granddaughter, Lily Beth, now three months old.

Professionally: Understanding codes in Art that promote the realization of concepts and “states,” and exploring how the “state” the clinician assumes is the mother of intervention. Effective clinician “states” can be developed experientially.

10. Question of Krzysztof Klajs: You are extremely active all your professional years. Would you describe or name an experience you really appreciated, that gave you a deep professional satisfaction?

I had a defining moment a few years ago in my living room with Alex Vesely, the grandson of Viktor Frankl. In no more than ten minutes he showed me how to understand the grammar that underlies filmmaking. That provided an essential tool for understanding Milton Erickson’s experiential approach.

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

Ask the newest member of ISH to talk about his enthusiasm for learning hypnosis: Dr. Patrick McCarthy



In Memoriam: Claire Frederick, M.D., 1932 - 2015



Claire Frederick, M.D., a beloved colleague, mentor, teacher, and friend passed away on October 6, 2015 in Natick, Massachusetts.

A few days before, she had presented an inspiring workshop at the Society for Clinical and Experimental

Hypnosis Annual Meeting in Orlando, Florida. Those who saw her there said that she was as full of life and humor as always. She has left us all too soon.

She was born on March 11, 1932, in New Orleans, to Albert and Irene Cobb. She received her Bachelor's Degree in Biology at Newcomb College, Phi Beta Kappa, at the age of nineteen. After earning her M.D. at Louisiana State University Medical School in 1955, she completed her residency in Neurology and Psychiatry at University of Virginia Hospital in 1958 and went on to become a Clinical Fellow at the National Institute of Mental Health. She received board certification from the American Board of Psychiatry and Neurology, the American Board of Forensic Medicine, and the American Board of Forensic Examiners.

Over the course of her career, she practiced clinical psychiatry in private practice in California, Massachusetts, and Maine and in the public mental health sector. Her fields of interest included hypnosis, ego-strengthening, developmental repair, trauma and dissociation, Ego State Therapy, loss and grief and death and dying.

Claire was a gifted teacher. Many who took her workshops or were mentored by her describe their experience with her as inspiring and transformative. Over the years, she held academic appointments at the Medical College of Virginia, Tufts University School of Medicine, and Harvard Medical School. Most recently, she served as Distinguished Consulting Faculty at the Saybrook Graduate School in the Colleges of Psychology and Humanistic Studies and Mind-Body Medicine.

After joining the hypnosis community in the 70's, Claire became active in numerous local, national and international hypnosis societies. These included ASCH, SCEH, NESCH, ISH and the Canadian Society, Alberta and Ontario Division. She was awarded honorary membership in the British Society for Medical and Dental Hypnosis/Scotland and the Canadian Federation of Clinical Hypnosis; Alberta Division. She was elected Fellow in ASCH and SCEH and the International Society for the Study of Trauma and Dissociation. She served as Editor of the American Journal of Clinical Hypnosis and Editorial Consultant to the International Journal of Clinical and Experimental Hypnosis.

A turning point in her career was when Claire met Jack and Helen Watkins in their workshop on Ego State Therapy in 1990. Subsequently, her professional endeavors reflected her commitment to developing and advancing the applications of Ego State Therapy. Her teaching, writing and mentoring in this area inspired other clinicians to make quantum leaps in Ego State Therapy.

Claire received numerous awards for her outstanding teaching, writing, and mentoring over her years of participation in various societies. Some of these included: the Crasilneck Award for excellence in writing in the field of clinical hypnosis, American Society of Clinical Hypnosis, 1994; American Society of Clinical Hypnosis Presidential Award, 1996; American Society of Clinical Hypnosis, Award of Merit, as an outstanding teacher, clinician, and author, 1998; Cornelia Wilbur Award for clinical contributions in the field of dissociation, International Society for the Study of Dissociation, 1998; American Society of Clinical Hypnosis, Award of Merit, for innovative contributions to the American Journal of Clinical Hypnosis and for dedicated mentoring, 2004; Society of Clinical and Experimental Hypnosis Annual Dorcus Award for the Best Clinical paper in the hypnosis literature, October, 2007.

On August 28, 2015 she was awarded the first Helen and Jack Watkins award for ISH.

She had moved to northern Maine several years ago to focus on her writing. From her encyclopedic knowledge she deftly wove together strands from philosophy, mythology and religion with psychology, medicine, and neuroscience. She wrote two books: *Healing the Divided Self: Clinical and Ericksonian Hypnotherapy for the Treatment of Post-traumatic and Dissociative Conditions* co-authored with Maggie Phillips (1995), and *Inner Strengths: Contemporary Psychotherapy and Hypnosis for Ego-Strengthening*, co-authored with Shirley McNeal (1999). She authored and co-authored five book chapters, over twenty-five peer-reviewed articles and a monograph, published in the Society for Clinical and Experimental Hypnosis journal (2005) titled "Selected topics in ego state therapy".

On the personal level, Claire's colleagues, students, and friends have many precious memories of their times with her. The deep connections she formed with people in her life provided her with a large "family" who loved her as dearly as she loved them. She was vivacious, outrageous, and fun to be with.

Claire Frederick, M.D., not only expanded our knowledge, but she also modeled the kind of caring which is the essence of all healing endeavors. We are the beneficiaries of her teaching and of her love and for this we are deeply grateful.

Respectfully submitted by:

Priscilla Morton, LCSW
Carol Ginandes, Ph.D.
Shirley McNeal, Ph.D.
Maggie Phillips, Ph.D.

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 Newsletter (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.



Consuelo Casula

Following the CoR meeting held in Paris, the ESH board is in a transition phase, distilling the results and preparing the next CoR meeting for the ESH congress in Manchester, August 2017.

The transition phase is characterized by the incubation of the ideas to

be developed in the coming years. In this phase, each member of the board remains committed to his/her proposals of new ideas to improve the ESH

community. Among others, Andras Kolto maintains his commitment to editing the ESH Newsletter and in organizing the research with Flavio di Leone, who is creating a new website. Martin Wall is always active with the CEPE and Nicole Ruysschaert is very generous in offering her wisdom to the group. The ESH board is very proud that she is now also member of the ISH board where she gives her inspiring contribution.

During 2016, the ESH board is preparing two on site meetings combined with lectures and workshops hosted by two national Constituent Societies. One will be in Copenhagen, 12-13 March, and the other one in Lausanne, 10-11 June.

The conference in Copenhagen is organized by Randi Abrahamsen, the president of the Danish Society of Clinical Hypnosis (DSCH). There each board member will present a plenary lecture of 1,50 hours including demonstrations and exercises. Randi asked the board to be mainly experiential offering demonstration and exercises.

In June 2016 the board has been invited by Michael Schekter, the president of the Swiss Medical Society for Hypnosis (SMSH) where each board member will present two three-hours workshops on “The Update, workshops in clinical hypnosis: from vulnerability to resilience”. Also Mike asked the board to offer mainly experiential, practical workshops.

ESH board is grateful to both DSCH and SMSH for their generosity in giving us the opportunity to share our knowledge and expertise with their members during their National congresses, and, at the same time, offering us their hospitality during our onsite meetings.

The board has experienced that the on site meetings are much more productive than the almost bimestrial phone or Skype meetings. Spending all day together facilitates the exchange of knowledge and emotions, and creates a climate where it is easier to share values and mission, to clarify methods and accomplish our tasks.

We hope other Constituent Societies are willing to offer a similar opportunity to the ESH BoD for the second half of 2016.

I wish you all a peaceful holiday season from the ESH community.

What can we learn from Chinese tradition?

Analogues of Chinese folk and religious rituals and Western hypnosis

by András Költő

Hypnosis is ancient. Even though not termed as “hypnosis”, hypnotic techniques seem to be as old as mankind. Although, we tend to think that the modern form of hypnotic techniques – as we use them nowadays – was initiated by Franz Anton Mesmer in the 18th Century. Many theorists, most recently, De Benedittis (2015, see Findings of Note in the present issue), however, argue that it can be traced back to ancient meditation methods. Beside meditation, hypnosis also bears similarity with the Shamanistic rituals, the tribal dances, and religious rituals such as praying or meditation. Such techniques seem to be found all around the world – and China is no exception.

In a symposium on Chinese hypnosis, held at the 20th ISH Congress in Paris, four colleagues gave striking and eye-opening evidence of how various rituals and techniques, stemming from ancient Chinese folklore, religion and philosophy are analogous to modern hypnosis. Apart from the obvious value of intercultural understanding, the Western hypnosis professionals cannot ignore the trend that Asia seems to be the “new Europe”. While the economical and the cultural advancements in Europe are definitely slowing down and lacking the potential to renew, the Asian countries are the engine of development and dictating a new pace.

The first speech, by Bin Hao, was about how the traditional Dao Yin techniques can be applied in hypnotic inductions. Dao Yin, an ancient school of thought and lifestyle, emphasizes the importance of conscious presence, body adjustment and breathing regulation – all essential in creating the hypnotic state. These three components reconstruct the imbalance caused by maladies by correcting the harmony of mind and body. The name “Dao Yin” itself sounds powerful for the Chinese, and it includes the meaning “seeking a higher future realm.” Dao Yin practices are transmitted through student-master relationships, in which mutual respect and trust are emphasized. This is similar to the relation of the client and the hypnotherapist. Dao Yin, like modern hypnotic induction, starts with focusing your attention on either a specific body part or process, or an element in the external environment. Dao Yin heavily relies on cultural symbols; in many cases, the healing process is based on simulating the posture and functions of an

animal. Those animals symbolize longevity, good fortune, power and other values. Dr. Hao presented a case of a 35-year-old professor, who, despite his young age, suffered from back and shoulder pain.

The “Turtle Breathing” technique was introduced to him. Turtles, as you know, live very long and they are resistant to poor health conditions. The patient was interested in Taoism so applying Dao Yin technique for him seemed obvious. He had to mirror the posture of a turtle, and imagine that he was actually a turtle. After some sessions with this imagining, the pain went away. Given that Yinshu (The Book of Yin, from 186 B.C.) contains about 86 different postures, you can envision that it offers refined therapeutic solutions for many ailments. Dao Yin and a related breathing technique, Ji Xi (Double Inspiration Breathing) can be seen as organic ways to induce the trance state, and help the patient to coordinate imagination and body adjustment. This method can be integrated into modern hypnosis, which is especially helpful to those patients who are afraid of hypnosis but are familiar with the concept of Dao Yin.

Next, Rudong Zhang presented Buddhist mantras and their therapeutic effects. A mantra is a sacred utterance, which can be a simple sound, a syllable, a word or a whole sentence. Dr. Zhang, who converted to Buddhism decades ago, has acquired 10 mantras from the many thousand types and forms. Typically, learning how to utter even a simpler mantra properly, may take up to 10,000 times. The first step of learning mantra meditation is for the student to be trained by an older Buddhist disciple, who is called “Brother in Religion”. After being instructed by his Brother, Dr. Zhang had to recite a simple mantra for three days. Reciting a mantra needs special preparations. After getting the initial training from the Brother, a Buddhist master usually gathers 6–8 students. They go to a calm environment (e.g. a Buddhist temple), where the statues of Buddha are erected. Before starting to recite the given mantra, the master rings a bell.

During the recitation, the students are required to do mentalization, in regard to the meaning of the given mantra. They also have to imagine the bodily impact of the mantra, for instance, that some syllables “enter” and impregnate their bodies. (Actually, the vibration induced by the elongated pronunciation, e.g. ‘OMMMMMM’, creates a distinct and specific sensation in the body.) After practicing the Om Mani Padme Hum mantra together, Dr. Zhang presented some cases where combining mantra and self-hypnosis helped the patients to improve emotional regulation, and to control their pain. Just as in the case of Dao Yin techniques, it is

striking to see how many similarities mantra and hypnosis have. For instance, Kirsch (1993) emphasizes the special communication style of the hypnotherapist. In everyday speech, it would sound strange or even nonsensical if we repeated ourselves many times. Hypnosis “allows” the therapist to repeat the key suggestions, which enhances their efficacy. Just think how effective a healing mantra can be, repeated 10,000 times!

The third speaker, Zhong Jiang introduced a hypnotherapeutic intervention of a traditional Chinese healing method used to treat “stolen soul” syndrome. According to the Chinese traditional approach, the psyche is considered to consist of 10 parts, three souls (Hun) and seven senses or spirits (Po). The body, according to this belief, is a container of these components, which are in constant interaction with each other. In Yunan canton, human illnesses are attributed to damage a “soul stealer” made in this system, by robbing one or more components of the Hun and/or Po, or by entangling their balance. Dr. Jiang recalled when he was 8 years old, making a trip to a nearby forest.

While walking, he noticed two mating snakes, which is considered to be a bad omen in China. Soon after this episode, he started to have nightmares, he lost his appetite and he became increasingly exhausted. His mother healed him with the method of “soul calling”, which resulted in a complete recovery in a week. According to Dr. Jiang, many elements of this method are functional equivalents of hypnotherapy.

The aim of “soul calling” is to find the lost soul part (s), or restore their balance. The soul calling is carried out by an older person to heal a younger one. A bowl, some rice, and an egg are needed for the ritual. The bowl symbolizes the body – as the container of the soul. The rice represents resources and nutrition for the missing soul part, while the egg stands for the wholeness and the integrity of the soul. The patient is sitting, while the healer is standing, holding in her or his hand the bowl, with the rice and the egg in it, calling back the missing element of the soul. When it happens, the healer changes the position of the egg, representing the restored balance and integrity. This ritual has a similar theoretical system as hypnosis. They both require a mutual attunement of the healer and the patient; their relationship must be based on trust. In both methods, the patient experiences alterations in her/his consciousness; many subjects describe the experiences of the healing process as being in a state of trance. Finally, the healer in the soul calling utilizes a thought which equals a posthypnotic suggestion: “All three Hun and seven Po are back in your body, and you won’t suffer again.” Let us notice

that the symptoms Dr. Jiang suffered from correspond to those of posttraumatic stress disorder. He reported that in his practice, combining hypnotherapy and soul calling proved useful in many cases of PTSD or other psychological problems.

The fourth paper was presented by Wei Ren (in lieu of Xin Fang). She introduced I Ching, a classical Chinese divination book (“The Book of Changes”), which has much psychotherapeutic relevance. Its main topics include harmony, clear thinking, longevity and health. These can be approached through logical principles, expressed with numbers. These have strong bearing on everyday Chinese life. For instance, the even numbers represent Yin, the negative, weak, soft side of life. (In the Yin-Yang symbol, it is the white colour: That is the reason Chinese wedding dresses are not white but red; the latter symbolizes happiness, good luck and youth.) In turn, odd numbers are attributes of Yang: the positive, lucky, strong side of life. If you check a Chinese dress, it will also have an odd number of buttons – the Mao suit had 5 of them –, thus bringing good luck to the owner.

It has to be noted, however, that Yin and Yang are complementary, and are necessarily bound together. While in many Western countries, a “good” life is considered to be one that has as little negativity as possible, in Taoism, the balance of positive and negative aspects constitutes a “full” life. This thought leads us to another core principle of I Ching: One can be divided into two, while two can be combined into one. We can consider this principle to be the theoretical basis of the binary language used in modern computing devices. This thought proceeds to a next level: One creates two, two creates three, and three creates everything. You can see this logical principle behind many biological, chemical and physical processes. Unity, duality, trinity, and their interactions appear in many symbols of human civilizations. Just think about religious traditions: Divinity is a unique entity, but Good and Evil are also fighting with each other – this duality is archetypic across different peoples and cultures. God exists in three “persons” or aspects, not just in Jewish and Christian, but in Zoroastrian (Ahura), Buddhist (Trikaya) and in Hindu (Trimurti) religions, too. These principles, according to Dr. Ren, create analogues between I Ching and Ericksonian hypnosis, especially the communication techniques Erickson used to induce trance in his clients.

In my opinion, the papers presented in this symposium provided insights into traditional Chinese philosophy, spiritual practices and healing

techniques, and demonstrated that some elements of hypnosis – including interpersonal trust, attunement, holistic thinking and suggestion – are universal. If only we had more possibilities to learn and merge Eastern and Western resources of knowledge on hypnosis.

References

- De Benedittis, G. (2015). Neural mechanisms of hypnosis and meditation. *Journal of Physiology-Paris* (Online Preview), 1–13. DOI: 10.1016/j.jphysparis.2015.11.001
- Kirsch, I. (1993). Cognitive-behavioral hypnotherapy. In J. Rhue, S. J. Lynn, & I. Kirsch (eds), *Handbook of clinical hypnosis* (pp. 151–171). Washington, DC: American Psychological Association.

Société Québécoise d'Hypnose

Background on la Société québécoise d'hypnose

1 - Amongst the pioneers in hypnosis in Québec (Canada) from 1938 to 1983, it is important to mention Dr. Bernard Raginsky M.D., Montréal psychiatrist, who in 1938 published a major article entitled *Hypnotism and its relation to anesthesia*.

The article constituted the beginning of a long history of international contributions and collaborations. In 1959, he established the International Society for Clinical and Experimental Hypnosis, which in 1973 became the International Society of Hypnosis.

Important dates leading to the founding of la Société québécoise d'hypnose coincided with the development of hypnosis in Québec.

- In 1965, Germain Lavoie, Ph.D., professor at the Université de Montréal, undertook a longitudinal research project on hypnosis and psychopathology.
- In 1968, Campbell Perry, Ph.D., established a hypnosis research laboratory at Concordia University.
- In 1974, Montréal welcomed the Society for Clinical and Experimental Hypnosis Congress. The event gave impetus to the creation of la Société québécoise d'hypnose.
- In 1979, under the aegis of the Université de Montréal, André M. Weitzenhoffer, Ph.D., contributed to the development of hypnosis in Québec.

- In 1983, la Société québécoise d'hypnose (SQH) was officially incorporated under the presidency of Germain Lavoie, Ph.D.

The SQH members include the following health professionals: medical doctors, dentists, and psychotherapists holding permits from the Order of Psychologist of Québec.

The SQH offers continuing education in hypnosis, in addition to an annual scientific meeting. At mid-November 2015, the SQH has 235 members.

2 - Occasionnally, the SQH has collaborated with members of other Canadian societies.

3 - Germain Lavoie, Ph.D., founding President of the SQH, was also one of the fourth president of the International Society of Hypnosis (ISH) from 1982-1985. He is currently an honorary member and counsel to the SQH. It is hoped he will attend the 2018 Congress.

4 - The SQH is a French-speaking society, which operates within a North American context of several hundred million English speaking people.

In order to encourage exchanges relating to scientific studies and clinical applications of hypnosis, the SQH welcomes Canadian and international researchers as associate members.

With the view to maintaining a high standard in the practice of hypnosis, the Société québécoise d'hypnose has included in its regulations two permanent committees whose members are called upon to evaluate complaints against its members, wherein sanctions may apply.

The SQH will hold this fall its 28th annual scientific meeting and maintains an Internet site : www.sqh.info. The Society issues a members' journal semi-annually.

In addition, the SQH offers assistance to the public to help meet their needs in the choice of professionals practicing hypnosis. Finally, over the past many years, the SQH has regularly invited Canadian, American and European guest speakers.

Montreal is home to three university research centres on hypnosis, McGill University, Concordia University and Université de Montréal, headed respectively by the following: Amir Raz, Ph.D; Jean-Roch Laurence, Ph.D. and Pierre Rainville, Ph.D. Holding the Triennial ISH Congress in Montreal will contribute to fruitful exchanges between researchers and clinicians from here and abroad.

The SQH is honoured to host Triennial Congress of the ISH.

5 - The SQH has already begun planning the 2018 ISH Congress in Montréal.

As of January 2016, the SQH will maintain English and French websites in order to provide updates on the Congress.

Informations sur la Société québécoise d'hypnose

1 - Parmi les pionniers de l'hypnose au Québec (Canada) de 1938 à 1983, on trouve Dr. Bernard Raginsky M.D., psychiatre de Montréal, qui publie en 1938 un article majeur Hypnotism and its relation to anesthesia.

Ce fut pour lui le début d'une longue contribution sur le plan international. Il fonde en 1959 l'International Society for Clinical and Experimental Hypnosis qui deviendra à compter de 1973 l'International Society of Hypnosis.

Des dates marquantes, menant à la fondation de la Société québécoise d'hypnose, ont jalonné le développement de l'hypnose au Québec.

- En 1965, Dr. Germain Lavoie Ph.D., professeur à l'Université de Montréal, entreprend un projet de recherche continue sur l'hypnose et la psychopathologie.
- En 1968, Campbell Perry Ph.D. fonde à l'université Concordia un laboratoire de recherche sur l'hypnose.
- En 1974, Montréal accueille le congrès de la Society for Clinical and Experimental Hypnosis. Ce congrès donne l'impulsion qui mène à la fondation de la Société québécoise d'hypnose.
- En 1979, sous l'égide de l'Université de Montréal, le Dr. Weitzenhoffer Ph.D. collabore au développement de l'hypnose au Québec.
- En 1983, est constitué officiellement (incorporation) la Société québécoise d'hypnose sous la présidence du Dr. Germain Lavoie Ph.D.

La SQH regroupe les professionnels de la santé suivants: médecins, dentistes et psychologues ainsi que les détenteurs du permis de psychothérapeute reconnu par l'Ordre des psychologues du Québec.

La SQH offre un programme de formation continue en hypnose ainsi qu'un congrès scientifique annuel. A la mi-novembre 2015, nous comptons 235 membres.

2 - Occasionnellement, nous collaborons avec des membres des autres associations canadiennes.

3 - Le Dr. Germain Lavoie Ph.D., président

fondateur de la SQH, fut aussi l'un des premiers présidents de l'International Society of Hypnosis (ISH) 1982-1985. Il est actuellement membre honoraire et mentor de la SQH. Nous espérons sa présence avec nous au congrès de 2018.

4 - La SQH est une société francophone qui œuvre dans un contexte nord-américain de centaines de millions d'anglophones.

Afin de favoriser les échanges relatifs aux études scientifiques et aux applications cliniques de l'hypnose, nous accueillons au sein de notre Société, à titre de membres associés, des chercheurs canadiens et internationaux.

Toujours soucieuse de maintenir un haut standard de la pratique de l'hypnose, la Société québécoise d'hypnose a inclus dans ses règlements deux comités permanents dont les membres sont appelés à juger de plaintes portées à l'encontre d'un de ses membres. Des sanctions peuvent être appliquées.

Nous tenons cette année notre 28e congrès scientifique annuel. Nous avons un site internet (www.sqh.info). Nous publions pour nos membres un journal bisannuel. De plus, nous offrons au public une aide pour le choix d'un professionnel pratiquant l'hypnose, selon les besoins exprimés. Enfin, nous accueillons depuis plusieurs années des conférenciers internationaux (américains, européens et canadiens).

N'oublions pas que Montréal héberge des centres de recherche en hypnose dans trois universités: l'Université Mc Gill, l'Université Concordia et l'Université de Montréal, où œuvrent respectivement Dr. Amir Raz Ph.D, Dr Jean-Roch Laurence Ph.D. et Dr. Pierre Rainville Ph.D.

Dans ce contexte, la tenue à Montréal du congrès triennal de l'ISH va permettre davantage d'échanges entre les chercheurs et les cliniciens d'ici et d'ailleurs.

Nous sommes honorés d'être l'hôte du congrès triennal de l'ISH.

5 - Nous avons commencé à planifier l'organisation du congrès 2018 de l'ISH à Montréal.

Dès janvier 2016, nous prévoyons la mise en place des sites web anglais et français pour la transmission de l'information sur le congrès.



ISH Committees — 2015

Standing Congress Committee

Chair: Franck Garden-Brèche

Members: Brian Allen, Nicole Ruysschaert, Enayatollah Shahidi, Bernhard Trenkle

Awards Committee

Chair: Camillo Lorio

Montreal Congress Committee

Chair: Claude Viot

Members: Michel Landry, Julie Linden

Credentials Committee

Chair: Bernhard Trenkle

Members: Susanna Carolusson, David Wark

Education and Training Committee

Co-Chairs: Consuelo Casula, Enayatollah Shahidi

Member: Woltemade Hartman

Ethics Committee

Co-Chairs: Consuelo Casula, Franck Garden-Brèche

Member: Katalin Varga

Financial Committee

Chair: Mark Jensen

Members: Brian Allen, Julie Linden

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Chair: Eva Banyai

Members: Julie Linden, Camillo Lorio

Membership Committee

Chair: Bernhard Trenkle

Members: Brian Allen, Franck Garden-Brèche, Enayatollah Shahidi, Nicole Ruysschaert

Newsletter Committee

Chair: Katalin Varga

Members: Julie Linden

Nomination and Elections Committee

Chair: Julie Linden

Policy and Procedures Committee

Co-Chairs: Brian Allen, Julie Linden

Publications Committee

Chair: Nicole Ruysschaert

Members: Mark Jensen, Katalin Varga

Research Committee

Co-Chairs: Giuseppe DeBenedittis, Mark Jensen

Members: Katalin Varga

Website Committee

Co-Chairs: Julie Linden, Nicole Ruysschaert

Members: Franck Garden-Brèche

Welcome to ESH 2017

The British Society of Clinical and Academic Hypnosis (BSCAH) and The European Society of Hypnosis (ESH) would like to welcome you to Manchester in August 2017. The Hilton Deansgate is a great hotel and we are using the whole first floor which is a dedicated conference area.

There will be plenty of space for exhibition stands so if anyone has contacts with companies that might like to sponsor a stand to exhibit their wares do please get in touch. Why not decide to display a poster on your work or research?

We will be calling for applications to run workshops and present papers from early in the New Year.

XIV ESH congress
hosted by
**British Society of Clinical
& Academic Hypnosis (BSCAH)**
23rd – 26th August 2017
www.esh2017.org



We will also soon be taking bookings on the website.

Members of ESH constituent societies can book all four days of the conference at the very early bird rate of £325 (€455).

Students and those from B countries (see list on website to check) £225 (€315). Very early bird registration for non-members is £400 (€560).

We look forward to welcoming you to Manchester in August 2017!

For further information on the Congress please visit www.esh2017.org



Backstage

The Stage Crew

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

*Suzanne Malik
ISH Assistant Administrator
USA Philadelphia*

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

I have been working with ISH since mid August of this year (2015). I learned of ISH through Immediate Past President Julie Linden who I met in my role as Administrative Director for the Greater Philadelphia Society of Clinical Hypnosis. Julie contacted me about working with ISH and I was so pleased to get to know her and Mark in the process of taking on this role. I was able to spend some time with Gail in the transition and see how much she enjoyed her time here. I will benefit from the framework she has built. Julie has been a truly supportive and knowledgeable guiding hand as I learn the ropes!

What is your current “job” / task here?

As Assistant Administrator I assist the board members with their administrative work, as well as manage our member database and membership process, our website, and facilitate ISH publications.

When not for ISH: what is your professional work?

I am employed as an Operations Manager for a financial services firm that focuses on retirement planning. My position includes working with clients, integration of portfolios with

various software systems, as well as managing internal processes and compliance tasks. I enjoy my work, as well as the satisfaction of helping our clients create financial peace of mind for their retirement years.

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

I have four wonderful children aged 9-14 as well as a very supportive husband and a very sweet dog. All of which keep me very busy. All of my children are very involved in sports, specifically in ice hockey, and I spend endless hours in very cold ice rinks. So while I don't really have free time, I do fit in running or biking, and reading for relaxation whenever I can.

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

I have enjoyed very much engaging with the professionals in the Philadelphia region working in hypnosis through GPSCH. I have welcomed the knowledge that I have gained through my exposure to the GPSCH presenters and educators and I am excited to broaden my knowledge with an international group of respected hypnosis professionals.

I have received such a warm welcome from those I have worked with so far through ISH and I am looking forward to contributing to the mission and growth of the Society!



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