



The International Society of Hypnosis

NEWSLETTER

Building Bridges of Understanding

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Letter from the President



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PhD

President's Letter

Translator:
Sarah Combette

A few days ago, I drafted the preface to a book that will be published in May for the « Hypnosis and Pain » congress in Saint-Malo (France):

Medical hypnosis: a tool to improve cancer patient support? We are all concerned by the use of the most beneficial medical techniques for these patients and we all agree that hypnosis is one of these major tools. This book contains a wealth of information and will quickly become a reference in the French-speaking world of health. Over and above the general theme, what strikes me as essential in this book is the fact it is the fruit of 19 health professionals under the guidance of two doctors and a psychologist. The two doctors are Professors Roelants and Watremez from the Catholic University of Louvain; they work as anaesthetists in Brussels. This psychologist/anaesthetist combination is somewhat surprising in itself. Even more surprising is the team, which comprises several doctors, a psychologist and a number of nurses. They have all received training in hypnosis. The doctors are anaesthetists, GPs, gynecologists, experts in chronic pain, radiologists, radiotherapists, experts in palliative care, ... One of the nurses is a qualified psychotherapist in France, another works in a paediatric ward, and the third in an X-ray department.

Ever since I first trained in hypnosis in 1986, the same question has arisen: who is entitled to learn hypnosis, who is authorized to practice hypnosis? One of the missions of the ISH is to give thought to the matter and to propose guide-lines to its members based on the experiences and traditions observed in many countries.

One initial answer is clearly shared: hypnosis is a treatment that must only be entrusted to recognized, qualified health professionals in each country. Hypnosis is like a complementary skill that enables us better to carry out our original profession.

A second answer is proposed by this book: hypnosis must be practiced by all health professionals, whose mission is patient well-being. In this case, a doctor, psychologist, nurse. We could have found articles by a midwife, a dentist and a psychotherapist as well, because the French-speaking Confederation of Hypnosis and Brief Therapy, which issues guidelines on hypnosis in France and in Belgium, agrees to teach hypnosis to all these health professions.

The position is different in other countries, which have chosen to restrict the practice of hypnosis to a more limited number of health professionals. It is in the case of nurses that the discussion is most open. They are the care-givers most in direct contact with the patient; their impact on the physical and mental health of the patient is considerable. All those who have undergone major treatment, with complex examinations, hospitalizations and sleepless nights, know this for a fact. In other words, we all know this full well, either because we have been along this pathway ourselves, or because we have a family member or friend who has. This attitude maintains that a nurse should have the best technical skills from both a physical and a psychological and relational stance, in order to help the patient here and now. This position also considers that it is essential to provide continuity in hypnotic care from the beginning to the end of the therapeutic process, that each professional who helps a patient should be able to reinforce the work of the preceding professional and prepare the work of the professional to come,

that each word, each attitude, each projection into the future is important and that if all the professionals unite with the same therapeutic tools, the patient's chances will be improved.

Yet certain countries have chosen not to teach hypnosis to nurses, and invoke powerful reasons. Practicing hypnosis goes beyond the skills required for nursing.

When nurses receive training in hypnosis, they are tempted to indulge in psychotherapy with patients, in the hospital ward.

Nurses trained in hypnosis leave the hospital to work as psychotherapists.

These are but a few aspects of this matter, but we can already see that positions may differ widely. Yet everyone is convinced of the fact that hypnosis is essential to relieve patient suffering.

What is the future for the ISH? The first rule is to respect the diversity of each country and each culture; therapeutic procedures and the limits of professional practice vary so widely for the same profession depending on the country and culture. However, it behooves the International Society of Hypnosis to help each and every one of us to give thought to the arguments and experiences of others to confirm the choices already made or to begin to evolve.

In this respect, may I remind you of the survey conducted by Franck Garden-Brèche, our president of member societies, in order better to understand the different models. We have already received one third of the answers. I would like to thank all those who have taken the time to fill in the questionnaire, and all those who will be doing so in the days to come. The ISH is truly meaningful when the voices of its member societies are heard.

For my part, I believe that part of the answer will come from the response to another question: what is hypnosis? What lies behind this word? An active method of psychological care like I learnt at the very beginning and as I have taught for years? A process of immediate change of consciousness which makes it possible effectively to carry out very painful surgical and therapeutic procedures with fewer drugs and less pain for the patient? An organic process that makes it possible to treat colon disease? A dynamic treatment to ease chronic pain? A technique that makes it possible to mobilize the back of a patient suffering from sciatica? A method of sedation to carry out a foetal MRI with a calm baby? A technique that makes it possible to treat a child suffering from cancer?

Hypnosis is all that, in addition to many other different dimensions. And this is the very reason why hypnosis is becoming an inter-disciplinary tool that brings together therapeutic teams with a common language and modalities in any number of hospitals in France and Belgium. Will hypnosis be taught to all health professionals one day, rather like the common knowledge imparted in anatomy or physiology?

Claude Virot

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Lettre de la présidente

French

Bonjour à tous,

Il y a quelques jours, j'ai rédigé la préface d'un livre qui sera publié en mai, lors du congrès « Hypnose et Douleur » à Saint-Malo (France): L'hypnose médicale: un outil pour améliorer l'accompagnement des patients porteurs d'un cancer? Nous sommes tous concernés par la mise en œuvre des techniques médicales les plus utiles pour ces patients et nous sommes tous d'accord pour dire que l'hypnose fait partie de ces outils majeurs. Cet ouvrage est très riche et sera rapidement un livre essentiel dans le monde de la santé francophone. Au-delà de la thématique générale, ce qui me paraît essentiel dans ce livre est qu'il est le fruit de 19 professionnels de santé réunis sous la direction de deux médecins et d'un psychologue. Les deux médecins sont les Pr Roelants et Watremez de l'Université Catholique de Louvain ; elles exercent comme anesthésistes à Bruxelles. Cette association psychologue/ anesthésiste est déjà un peu surprenante. Le plus surprenant est que l'équipe est composée de plusieurs médecins, d'un psychologue et de plusieurs infirmières. Tous sont formés en hypnose. Les médecins sont anesthésistes, généralistes, gynécologues, experts de la douleur chronique, radiologues, radiothérapeutes, experts en soins palliatifs... L'une des infirmières a un statut de psychothérapeute en France, une autre travaille dans un service de pédiatrie, la troisième est dans un service d'examens radiologiques.

Depuis que j'ai fait ma première formation en hypnose en 1986, la même question revient: qui est autorisé à apprendre la pratique de l'hypnose, qui est autorisé à pratiquer l'hypnose? C'est une des missions de l'ISH de réfléchir à cette question et de proposer à ses membres des orientations basées sur les expériences et traditions observées dans de nombreux pays.

Une première réponse est clairement partagée: l'hypnose est une technique de soin qui ne doit être confiée qu'aux professionnels de santé reconnus et diplômés dans chaque pays. L'hypnose vient comme une compétence complémentaire permettant de mieux exercer son métier d'origine.

Une deuxième réponse est proposée par ce livre: l'hypnose doit être pratiquée par tous les professionnels de santé dont la mission est le bien-être d'un patient. Ici médecin, psychologue, infirmière. Nous aurions pu y trouver des articles venant d'une sage-femme, d'un dentiste, d'un psychothérapeute

puisque la Confédération Francophone d'Hypnose et de Thérapie Brève qui donne les orientations de l'hypnose en France comme en Belgique, accepte d'enseigner l'hypnose à toutes ces professions de santé.

Cette position est différente dans d'autres pays qui ont choisi de limiter la pratique de l'hypnose à un nombre plus limité de professionnels de santé. C'est pour les infirmières que le débat est le plus ouvert. Ce sont pourtant les soignants qui sont le plus au contact direct avec le patient ; leur influence sur le bien-être physique et mental du patient est considérable. Tous ceux qui ont dû vivre un parcours thérapeutique majeur avec des examens complexes, des hospitalisations, des traitements lourds et des nuits d'insomnie le savent bien. Autrement dit, nous le savons tous ; soit parce que nous avons vécu ce parcours, soit parce que nous avons un proche, un membre de la famille, un ami qui l'a vécu. Cette attitude consiste à dire qu'une infirmière doit disposer des meilleures compétences techniques sur le plan corporel comme sur le plan relationnel et psychologique. Pour aider le patient ici et maintenant. Cette position considère aussi qu'il est essentiel d'assurer la continuité des soins hypnotiques d'un bout à l'autre du processus thérapeutique. Que chaque professionnel qui aide un patient doit pouvoir renforcer le travail du professionnel précédent et préparer déjà le travail du professionnel suivant. Que chaque mot, chaque attitude, chaque projection vers le futur est importante et que si tous les professionnels s'unissent avec les mêmes outils thérapeutiques, les chances du patient sont améliorées.

Et pourtant, certains pays ont choisi de ne pas enseigner l'hypnose aux infirmières. (Je parle ici des infirmières, mais c'est bien sûr la même chose pour les hommes infirmiers). Et les arguments sont forts également.

La pratique de l'hypnose est au-delà des compétences nécessaires pour ce métier.

Lorsque les infirmières sont formées en hypnose, elles risquent de faire de la psychothérapie avec le patient, dans le service hospitalier.

Les infirmières formées en hypnose quittent l'hôpital pour exercer comme psychothérapeutes.

Ce ne sont ici que quelques aspects de cette question mais nous voyons déjà que les positions peuvent être très différentes et très éloignées. Et pourtant tout le monde est convaincu que l'hypnose est essentielle pour aider les patients en souffrance.

Quel est l'avenir pour l'ISH? La première règle est de respecter chaque pays et chaque culture dans sa diversité ; les dispositifs thérapeutiques et les limites d'actions professionnelles sont tellement différentes pour le même métier d'un pays à l'autre. Mais c'est le rôle de la Société Internationale d'Hypnose d'aider chacun à réfléchir aux arguments et aux expériences des autres pour confirmer les choix déjà faits ou pour engager un processus d'évolution.

C'est en ce sens que je vous rappelle cette enquête dirigée par Franck Garden-Brèche, notre président des sociétés membres pour mieux connaître votre modèle. Nous avons déjà reçu un tiers des réponses. Je remercie tous ceux qui ont pris ces quelques minutes pour remplir ce questionnaire et je remercie à l'avance tous ceux qui vont le remplir dans les jours qui viennent. L'ISH a du sens quand les sociétés adhérentes prennent la parole.

Pour ma part, je pense qu'une partie de la réponse viendra de la réponse à une autre question: qu'est ce que l'hypnose? Que met-on sous ce mot? Une méthode active de soin psychologique comme je l'ai appris dans mes débuts et comme je l'ai enseigné pendant des années? Un processus de modification immédiate de la conscience qui permet de réaliser des actes chirurgicaux et des actes thérapeutiques très douloureux avec efficacité, moins de drogue, moins de douleur pour le patient? Un processus organique qui permet de soigner une maladie du côlon? Un traitement dynamique pour soulager un patient souffrant d'une douleur chronique? Une technique permettant de mobiliser le dos d'un patient souffrant d'une sciatique? Un méthode de sédation permettant de réaliser une IRM fœtale avec un bébé calme? Une technique permettant de réaliser un soin chez un jeune enfant cancéreux?

L'hypnose c'est tout cela et beaucoup d'autres dimensions différentes. C'est ce qui permet à l'hypnose de devenir dans de nombreux hôpitaux en France comme en Belgique un outil transversal qui rassemble les équipes thérapeutiques avec un langage et des modalités communes. Est-ce que l'hypnose sera un jour enseignée à tous les professionnels de santé, un peu de la même manière que sont enseignés des savoirs communs comme l'anatomie ou la physiologie?

Claude Virot

Gedanken der Präsidentin

Translator: Reinhild Draeger-Muenke
German

Einen guten Tag, Ihnen allen. Vor einigen Tagen habe ich das Vorwort zu einem Buch geschrieben, das im Mai auf dem Kongress „Hypnose und Schmerz“ im französischen Saint-Malo veröffentlicht wird: „Medizinische Hypnose Ein Hilfsmittel zur besseren Begleitung von Krebspatienten?“* Wir bemühen uns alle, die wirksamsten medizinischen Techniken für diese Patienten bereitzustellen, und wir sind uns einig, dass die Hypnose zur Gruppe der wichtigsten Hilfsmittel gehört. Dieses Werk ist eine reichhaltige Fundgrube, und wird sicherlich schnell zu einem der wesentlichen Bücher in der Welt des französischen Gesundheitswesens gehören. Was mir, neben der allgemeinen Thematik, an diesem Buch wesentlich erscheint, ist, dass es in der Zusammenarbeit von 19 Angehörigen des Gesundheitswesens unter der Leitung zweier Medizinerinnen und eines Psychologen entstanden ist. Die zwei Medizinerinnen, Professorinnen an der Katholischen Universität von Louvain, sind (Fabienne) Roelants und (Christine) Watremez, die als Anästhesistinnen in Brüssel arbeiten. Die Kombination Psychologie / Anästhesie ist schon etwas überraschend. Noch überraschender ist aber, dass das Team aus mehreren Medizinern, einem Psychologen und mehreren Krankenschwestern besteht. Alle sind in der Hypnose ausgebildet. Die Mediziner sind Anästhesisten, Allgemeinärzte, Gynäkologen, Experten in der Behandlung von chronischem Schmerz, Radiologen, Therapeuten in der Strahlenbehandlung, Experten in der Palliativversorgung.... Eine der Krankenschwestern ist ausserdem eine anerkannte Psychotherapeutin in Frankreich, eine andere arbeitet in einer Pädiatrie, die dritte ist in einer Radiologieabteilung beschäftigt.

Seit ich 1986 meine erste Ausbildung in Hypnose gemacht habe, stellt sich immer wieder dieselbe Frage: Wer hat das Recht, in der Hypnose ausgebildet zu werden, wer hat das Recht, Hypnose anzuwenden? Darüber nachzudenken ist eine Aufgabe für die ISH, um dann ihren Mitgliedern eine grundsätzliche Orientierung vorzuschlagen, die auf den Erfahrungen und Traditionen der zahlreichen Mitgliedsländer basiert.

Eine erste Antwort ist klar: Die Hypnose ist eine Heilungstechnik, deren Ausübung nur dem anerkannten und diplomierten Fachpersonal im Gesundheitswesens eines jeden Landes anvertraut werden sollte. Die Hypnose ist eine komplementäre Kompetenz, die es erlaubt, den ursprünglichen Beruf besser auszuüben.

Das oben erwähnte Buch schlägt eine zweite Antwort vor: Hypnose sollte von allen Fachkräften im Gesundheitswesen praktiziert werden, deren Ziel die Gesundheit des Patienten ist. In diesem Fall von Arzt, Psychologe, Krankenschwester. Wir hätten in diesem Buch auch Artikel von einer Hebamme, einem Zahnarzt, einem Psychotherapeuten finden sollen, weil die Französische Vereinigung für Hypnose und Kurzzeittherapie, die in Frankreich und Belgien Einführungskurse in die Hypnose gibt, es akzeptiert, alle diese Berufsangehörigen im Gesundheitswesen in der Hypnose auszubilden.

Diese Position ist anders in den Ländern, die sich entschieden haben, die Ausübung der Hypnose auf eine limitierte Anzahl von Fachkräften im Gesundheitswesen zu beschränken. Die Debatte ist am deutlichsten, wenn es um die Krankenschwestern geht. Sie sind es, die als Pflegekräfte den engsten Kontakt zum Patienten haben: ihr Einfluss auf das körperliche und seelische Wohlbefinden des Patienten ist beachtlich. Alle diejenigen, die wesentliche medizinische Behandlungen mit komplizierter Diagnostik, Krankenhausaufenthalt, belastenden Anwendungen und durchwachten Nächten durchlebt haben, wissen das gut. Anders ausgedrückt, wir kennen das alle. Entweder, weil wir so eine Behandlung selber durchlebt haben, oder jemand, der uns nahesteht, ein Familienmitglied oder ein Freund, so etwas durchgemacht hat. Diese Einstellung sagt ganz klar, dass eine Krankenschwester die besten technischen Kompetenzen auf dem Gebiet der körperlichen, psychologischen, und beziehungs-mässigen Versorgung besitzen muss, um dem Patienten hier und jetzt beistehen zu können. Diese Position berücksichtigt auch, dass es wesentlich ist, die Kontinuität der hypnotischen Versorgung von einem Ende des therapeutischen Prozesses zum anderen zu garantieren. Dass jede einzelne Fachkraft, die einem Patienten zur Seite steht, in der Lage sein sollte, die Arbeit der vorhergehenden Fachkraft zu bestärken, und schon die Arbeit der nächsten Fachkraft vorzubereiten. Dass jedes Wort, jede Einstellung, jede Zukunftsprojektion wichtig ist, und dass alle Fachkräfte vereint mit denselben therapeutischen Werkzeugen arbeiten, um die Heilungschancen des Patienten zu verbessern.

Trotzdem haben sich einige Länder dazu entschieden, Krankenschwestern (und Krankenpflegern gleichermassen) kein Hypnosetraining anzubieten. Und auch dazu gibt es starke Argumente: Die Ausübung der Hypnose übersteigt die nötigen Kompetenzen zur Ausübung dieses Berufs. Wenn Krankenschwestern in der Hypnose ausgebildet sind, laufen sie Gefahr,

Patienten während des Krankenhausdienstes psychotherapeutisch zu behandeln. Die in Hypnose ausgebildeten Krankenschwestern verlassen das Krankenhaus, um als Psychotherapeuten zu arbeiten.

Das sind hier nur einige Aspekte dieser Frage, aber man sieht schon, dass die Positionen sehr unterschiedlich und sehr weiträumig sein können. Und dennoch ist alle Welt davon überzeugt, dass die Hypnose wesentlich dazu beiträgt, das Leiden von Patienten zu vermindern.

Wie sieht die Zukunft für die ISH aus? Die erste Regel ist, jedes Land und jede Kultur in ihrer Vielfalt zu respektieren. In ein und demselben Beruf sind die zur Verfügung stehenden therapeutischen Mittel und die jeweiligen Beschränkungen in der Berufsausübung von Land zu Land sehr unterschiedlich. Aber es ist die Aufgabe der ISH, jedem dabei zu helfen, über die verschiedenen Gesichtspunkte und die Erfahrungen der anderen nachzudenken, um entweder die schon getroffenen Entscheidungen zu bekräftigen, oder um sich um Weiterentwicklung zu bemühen.

In diesem Sinne erinnere ich Sie an die Umfrage, die Franck Garden-Brèche, Präsident der Mitgliedsgesellschaften, initiiert hat, um Ihr Arbeitsmodell besser kennenzulernen. Wir haben schon ein Drittel der Antworten erhalten. Ich bedanke mich bei allen, die sich die Zeit (ein paar Minuten) genommen haben, den Fragebogen auszufüllen, und ich bedanke mich schon jetzt bei denen, die ihn in den nächsten Tagen ausfüllen werden. Die ISH bekommt ein besseres Verständnis, wenn sich die beigetretenen Gesellschaften zu Wort melden.

Was mich anbetrifft, so denke ich, dass ein Teil der Antwort von der Antwort auf eine andere Frage abhängt: was ist Hypnose? Was versteht man unter diesem Wort? Eine aktive Methode der psychologischen Versorgung, wie ich sie in meinen Anfängen gelernt habe, und wie ich sie für Jahre unterrichtet habe? Ein Prozess der unmittelbaren Bewusstseinsveränderung, der es erlaubt, chirurgische Eingriffe und schmerzhaft therapeutische Anwendungen wirksam auszuführen, mit weniger Medikamenten und weniger Schmerzen für den Patienten? Ein organischer Prozess der es erlaubt, eine Darmerkrankung zu behandeln? Eine dynamische Behandlung, die es einem Patienten, der unter chronischen Schmerzen leidet, leichter macht? Eine Technik, die es erlaubt, den Rücken eines Patienten zu mobilisieren, der unter einer Ischias Attacke leidet? Eine Beruhigungsmethode, die es erlaubt, ein

foetales MRT (Kernspintomographie) mit einem ruhigen Baby durchzuführen? Eine Technik, die es erlaubt, ein kleines Kind mit Krebs gut zu versorgen?

Die Hypnose ist all das und noch viel mehr in anderen Dimensionen. Was es der Hypnose erlaubt in zahlreichen Krankenhäusern in Frankreich und Belgien als ein übergreifendes Werkzeug zu funktionieren, welches die therapeutischen Teams unter einer gemeinsamen Sprache und gemeinsamen Modalitäten vereinigt. Wird die Hypnose eines Tages allen Fachkräften im Gesundheitswesen beigebracht werden, so ähnlich, wie anderes Allgemeinwissen, zum Beispiel die Anatomie und die Physiologie, gelehrt wird?

Claude Virot

Lettera del presidente

Translator: Consuelo Casula
Italian

Buongiorno a tutti,

Alcuni giorni fa, ho scritto la prefazione di un libro che verrà pubblicato a maggio per il congresso di Saint-Malo (Francia) su «Ipnosi e Dolore»: Ipnosi medica: uno strumento per migliorare l'assistenza di pazienti oncologici. Siamo tutti coinvolti nell'uso delle tecniche mediche più vantaggiose per questi pazienti e siamo d'accordo che l'ipnosi è uno dei principali strumenti. Questo libro è ricco di informazioni e diventerà presto un punto di riferimento nel mondo della salute francofono. Al di là del tema generale, ciò che considero essenziale in questo libro è che è frutto di 19 operatori sanitari sotto la guida dei due medici e uno psicologo. I due medici, Roelants e Watremez, sono professori presso l'Università Cattolica di Lovanio; lavorano come anestesisti a Bruxelles. Questa combinazione psicologo/anestesista è un po' sorprendente in sé. Ancora più sorprendente è la squadra che comprende diversi medici, uno psicologo e un certo numero di infermieri. Tutti hanno una formazione in ipnosi. I medici sono anestesisti, generalisti, ginecologi, esperti di dolore cronico, radiologi, radioterapisti, esperti di cure palliative... Uno degli infermieri è un psicoterapeuta qualificato in Francia, un altro lavora in un reparto pediatrico, e il terzo in un servizio di esami radiologici.

Dopo aver fatto il mio primo training ipnosi, nel 1986, la stessa domanda ritorna: chi è autorizzato a imparare la pratica dell'ipnosi, che è autorizzato a praticarla? Una delle missioni della ISH è di riflettere su questo tema e di proporre ai suoi membri linee guida basate sulle esperienze e sulle tradizioni osservate in molti paesi.

Una prima risposta è chiaramente condivisa: l'ipnosi è un trattamento che non deve essere confinato solo agli operatori sanitari riconosciuti e qualificati di ogni paese. L'ipnosi è una competenza complementare che permette di svolgere meglio la professione originaria.

Questo libro propone una seconda risposta: l'ipnosi deve essere praticata da tutti gli operatori sanitari la cui missione è il benessere del paziente. Quindi medici, psicologi, infermieri. Abbiamo anche trovato articoli di un'ostetrica, un dentista e uno psicoterapeuta, dato che la Confederazione Francofona di Ipnosi e Terapia Breve, che fornisce gli orientamenti sull'ipnosi in Francia e in Belgio, è d'accordo sull'insegnare l'ipnosi a questi professionisti della salute.

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Questa posizione è diversa in altri paesi che hanno scelto di limitare la pratica di ipnosi a un numero più ristretto di operatori sanitari. Per ciò che riguarda gli infermieri, la discussione è ancora aperta. Eppure essi sono i caregiver a diretto contatto con il paziente per la maggior parte del tempo; la loro influenza sul benessere fisico e mentale del paziente è notevole. Tutti coloro che hanno subito un percorso terapeutico importante, con esami complessi, ricoveri, trattamenti intensivi e notti insonni, lo sanno bene. In altre parole, lo sappiamo tutti, sia perché noi stessi abbiamo vissuto questo percorso, sia perché abbiamo un amico o un familiare che lo hanno vissuto. Questa posizione consiste nel dire che un infermiere deve avere le migliori competenze tecniche sul piano corporeo, psicologico e relazionale, per aiutare il paziente nel qui e ora. Questa posizione ritiene inoltre essenziale garantire la continuità nella cura ipnotica dall'inizio alla fine del processo terapeutico. Che ogni professionista che aiuta il paziente debba poter rinforzare il lavoro del professionista precedente e preparare quello del professionista che segue. Che ogni parola, ogni atteggiamento, ogni proiezione nel futuro è importante e che, se tutti i professionisti si armonizzano con gli stessi strumenti terapeutici, le probabilità del paziente sono migliorate.

Pertanto, alcuni paesi hanno scelto di non insegnare l'ipnosi a infermieri (parlo di infermieri ma è la stessa cosa per le infermiere), e adducono argomenti potenti quali:

La pratica dell'ipnosi va oltre le competenze necessarie per questa professione.

Quando gli infermieri ricevono una formazione in ipnosi, rischiano di fare psicoterapia con i pazienti all'interno del servizio ospedaliero.

Gli infermieri addestrati in ipnosi lasciano l'ospedale per lavorare come psicoterapeuti.

Questi sono solo alcuni aspetti di questo problema, ma possiamo già vedere che le posizioni possono variare considerevolmente. Eppure tutti sono convinti che l'ipnosi sia essenziale per alleviare le sofferenze del paziente.

Qual è il futuro per la ISH? La prima regola è quella di rispettare ogni paese e ogni cultura per la sua diversità; i dispositivi terapeutici e i limiti della pratica professionale variano notevolmente per la stessa professione da un paese all'altro. Ma è il ruolo della Società Internazionale di Ipnosi di aiutare ciascuno a riflettere gli argomenti e le esperienze degli altri per confermare le scelte già fatte o per avviare un processo di evoluzione.

A questo proposito, ricordo la ricerca diretta da

Franck Garden-Brèche, il nostro presidente delle società costituenti, per comprendere meglio il vostro modello. Abbiamo già ricevuto un terzo delle risposte. Ringrazio coloro che hanno avuto il tempo di compilare il questionario, e tutti coloro che lo faranno nei prossimi giorni. La ISH ha senso quando le società costituenti prendono la parola.

Da parte mia, penso che parte della risposta verrà dalla risposta a un'altra domanda: che cosa è l'ipnosi? Cosa mettiamo in questa parola? Un metodo attivo di assistenza psicologica, come ho imparato all'inizio e come ho insegnato per anni? Un processo di cambiamento immediato di coscienza che permette di effettuare procedure chirurgiche e terapeutiche dolorose in modo efficace, con meno farmaci e meno sofferenza per il paziente? Un processo organico che permette di curare le malattie del colon? Un trattamento dinamico per alleviare il dolore cronico? Una tecnica che permette di mobilitare la schiena di un paziente affetto da sciatica? Un metodo di sedazione per effettuare una risonanza magnetica fetale con un bambino calmo? Una tecnica che permette di curare un bambino che ha un cancro?

Ipnosi è tutto questo, e molte altre dimensioni differenti. Questo è ciò che permette all'ipnosi di diventare uno strumento trasversale che riunisce le equipe terapeutiche di diversi ospedali in Francia e in Belgio attraverso un linguaggio e modalità comuni. Magari un giorno l'ipnosi verrà insegnata a tutti gli operatori sanitari, così come si insegna una conoscenza di base quali l'anatomia e la fisiologia?

Claude Virot

Columna de la Presidencia

Translator: Teresa Robles
Spanish

Hola a todos,

Hace unos días, redacté el prólogo de un libro que será publicado en mayo, con motivo del Congreso sobre “Hipnosis y Dolor” que se realizará en St. Ma-lo, Francia: La hipnosis médica: ¿un instrumento para mejorar el acompañamiento de pacientes con cáncer? Todos estamos comprometidos en desarrollar técnicas médicas que puedan ser de mayor utilidad para nuestros pacientes. Y todos estamos de acuerdo en que la hipnosis está entre las mejores técnicas.

Esta excelente obra pronto se convertirá en un libro esencial dentro del mundo de la salud para los hablantes de francés. Más allá de la temática que me parece esencial, es el resultado del trabajo de 19 profesionales de salud, reunidos bajo la dirección de dos médicos y un psicólogo. Los médicos son los profesores Roelants y Watremez de la Universidad Católica de Lovaina que ejercen como anestesistas en Bruselas. La asociación entre un psicólogo y dos anestesistas, me parece sorprendente. Pero es todavía más sorprendente que el equipo está compuesto por varios médicos, un psicólogo y varias enfermeras. Todos formados en hipnosis. Los médicos son médicos generales, anestesistas, ginecólogos, especialista en dolor crónico, radiólogos, radio-terapeutas, especialistas en cuidados paliativos... Una de las enfermeras es además psicoterapeuta, otra trabaja en un servicio de pediatría, la tercera en un servicio de exámenes radiológicos.

Desde que hice mi primera formación en hipnosis en 1986, ya se preguntaba: ¿Quién está autorizado para aprender hipnosis?, ¿y quién para practicarla? Una de las misiones de la ISH es reflexionar sobre estas preguntas y proponer a sus miembros orientaciones basadas en las experiencias y las tradiciones de muchos países.

Es claro que la primera respuesta que compartimos es: La hipnosis es una técnica que sólo debe ser confiada a profesionales de salud reconocidos y diplomados en cada país. La hipnosis es solamente una competencia complementaria que permite a estos profesionales ejercer mejor su profesión de origen.

Este libro propone una segunda respuesta: La hipnosis debe ser practicada por todos los profesionales de salud que tienen como misión el bienestar de sus pacientes. Médicos, psicólogos, enfermeras. En este libro podríamos haber encontrado artículos de una partera, un dentista, un psicoterapeuta, ya que la Confederación Francófona de Hipnosis y Terapia

Breve, que orienta la formación en hipnosis tanto en Francia como en Bélgica, acepta entrenar en hipnosis a todos los profesionales de salud.

Esta postura es diferente a la de otros países que han elegido limitar la práctica de la hipnosis a un menor número de profesiones de salud. Por ejemplo, en el caso de las enfermeras, el debate está abierto. Y sin embargo, son quienes están en contacto más directo con el paciente; tienen una gran influencia sobre su bienestar físico y mental. Quiénes han vivido tratamientos complicados con exámenes difíciles, hospitalizaciones, intervenciones fuertes, invasivas, y noches de insomnio, lo saben bien. En realidad, lo sabemos todos porque lo hemos vivido, ya sea en carne propia o a través de alguien cercano, un familiar, un amigo. Una enfermera necesita tener las mejores competencias técnicas, tanto para actuar en el plano físico como en el emocional e interaccional a fin de ayudar al paciente aquí y ahora. Esta propuesta considera también que es necesario asegurar que el paciente pueda recibir tratamientos con hipnosis no sólo por el médico, sino desde que inicie hasta que termine su proceso terapéutico. Que cada profesional que apoye a un paciente pueda reforzar el trabajo del profesional anterior y preparar el trabajo del siguiente. Cada palabra, cada actitud, cada proyección al futuro son importantes y, por lo tanto, si todos los profesionales que atienden a un paciente tienen las mismas herramientas terapéuticas, las posibilidades del paciente mejoran.

Sin embargo, algunos países han elegido no enseñar hipnosis a las y los enfermeros. Y tienen también argumentos sólidos para eso. La práctica de la hipnosis está más allá de las competencias que se requieren para realizar ese trabajo. Cuando las enfermeras se entrenan en hipnosis, existe el riesgo de que comiencen a hacer psicoterapia con el paciente dentro del hospital. A menudo, las enfermeras entrenadas en hipnosis se van del hospital para trabajar como psicoterapeutas.

Estos son sólo algunos aspectos alrededor de este tema, pero nos permiten darnos cuenta de cómo pueden darse posturas tan diferentes y tan distantes. Y sin embargo, todos estamos convencidos de que la hipnosis es esencial para ayudar a los pacientes que sufren.

¿Cuál será el futuro de la ISH? La primera regla es respetar a cada país y cada cultura en su diversidad; los elementos terapéuticos y los límites entre las acciones profesionales son tan diferentes, incluso para una misma profesión de un país a otro. Pero el papel de la ISH es ayudar a cada uno a reflexionar sobre los argumentos de los otros para

ayudarlos, o bien a confirmar su elección, o bien a evolucionar.

Para esto se realizó la encuesta que les dirigió Franck Garden-Breche, nuestro presidente de sociedades miembros; para conocer mejor el modelo de todos ustedes. Hemos recibido la tercera parte de las respuestas. Agradezco a todos los que ya se tomaron unos minutos para responderla y agradezco de antemano a los que la llenarán en los próximos días. La ISH cobra sentido cuando sus sociedades toman la palabra.

Personalmente, creo que parte de la respuesta vendrá de la respuesta a otra pregunta: ¿Qué es la hipnosis?, ¿qué hay debajo de esa palabra?, ¿Será un método activo de cuidado psicológico como aprendí hace mucho tiempo y lo he enseñado durante muchos años?, ¿o un proceso de modificación de la consciencia que permite realizar actos quirúrgicos y terapéuticos dolorosos con eficacia, menos medicamentos y menos dolor para el paciente?, ¿o un proceso orgánico que permite sanar una enfermedad del colon?, ¿un tratamiento dinámico para aliviar el dolor crónico de un paciente?, ¿una técnica que permite mover la espalda de un paciente con ciática?, ¿un método de sedación que permite realizar una IRM fetal con un bebé tranquilo?, ¿una técnica que permite realizar un tratamiento a un niño con cáncer?

La hipnosis es todo eso y muchas otras cosas diferentes. Esto es lo que ha hecho que se convierta en una herramienta transversal que reúne equipos terapéuticos con un lenguaje y una modalidad comunes, en numerosos hospitales de Francia y Bélgica. ¿Será posible que un día la hipnosis se enseñe a todos los profesionales de salud como se enseñan actualmente las bases de anatomía y psicología?

Claude Virot



THE INTERNATIONAL SOCIETY OF HYPNOSIS

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Letter from the Editor



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

Following the tremendous work organizing the XXth ISH Congress in Paris, we now have more relaxed time to introduce in the Main Interview the new ISH president, Claude Viot. He gives us a really deep insight into his view of hypnosis, explaining – among many other fascinating aspects – how he gradually became a psychia-

trist who does not prescribe medication. Regarding his connection to ISH we can get an idea of the history of his becoming president, and – of course – his program for the future.

In the column of “**Meeting our Mentors**” we introduce **Moshe Torem**. He is the Chief of Integrative Medicine at Akron General Medical Center, and Professor of Psychiatry at Northeast Ohio Medical University. But for me what dominates my representation of him is his very gentle smile and openness. Maybe this is because his wife is of Hungarian origin?!

Sadly we again lost an important person. **Graham Dene Burrows**, the 7th ISH president, serving from 1991-1994 has passed away. We publish here the obituary written by his family, and Peter Bloom’s more personal tribute.

In the column of **Clinical Relevance of Research Findings** we still draw from the Research Update held in Paris, organized by M.E. Faymonville and M. P. Jensen. To keep on “building bridges” between the clinical and research fields of hypnosis this time **Graham Jamieson** summarized the electrophysiological studies of his laboratory, outlining some of the clinical relevance of these findings.

In the “ESH corner” we have a gripping story on James Braid. **Mike Gow** provides the exciting details of the discovery of the grave of Braid. He even orients us as to where to find the place of practice of

Braid, or the Athenaeum, the ‘birthplace of modern hypnosis’ in case you wish to visit it during the ESH congress in Manchester!

The recent salient findings on hypnosis are presented in the column “**Findings of Note**” by **András Költő**.

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. **Jeffrey Zeig**, “threw the ball” to the newest individual member of our society: to **Patrick MacCarthy** from New Zealand. So a new continent is included to the 10 question chain...

The book “Unwrapped; Integrative Therapy with Gay Men... the Gift of Presence” by Rick Miller is **reviewed** by **Dr. Susan Pinco**.

In the column **Behind the Scenes** this time we introduce **András Költő**, who in addition to being a contributor to the ISH newsletter, is also a Board Member of ESH, and recently defended his PhD thesis. András tirelessly summarizes the recent hypnosis related results, this way contributing a lot to build the bridge of understanding.

Of course we can not miss informing our readers in the **News with more and more detail on** various hypnosis meetings, including those of ESH and ISH.

Katalin Varga , Dipl. Psych. Ph.D.

Interview

Replies to ISH Interview Questions With Claude Virot



Psychiatrist and trainer at the Emergences institute that he runs, Claude Virot became interested in hypnosis and brief therapies right at the beginning of his career.

Trained in 1986 by Jacques-Antoine Malarzewicz and Jean Godin, he created the

Rennes-Brittany Milton H. Erickson Institute in 1994.

Resolutely focused on the international development of hypnosis, Claude Virot was, in turn, president of the French-speaking Confederation of Hypnosis and Brief Therapies (CFHTB), in charge of CFHTB International Relations, member of the Board of the European Society of Hypnosis (ESH) and the International Society of Hypnosis (ISH), where he became President in 2015 (election in 2012).

In 2009, Claude Virot received the ISH Jay Haley Early Career award for having devoted his career to the development of hypnosis. That same year, he received the Distinguished Lifetime Achievement award from Ernest Rossi at the Milton H. Erickson Institute of California.

His dedicated work also includes any number of conferences organized in France. The next one, on Hypnosis and Pain, is already nearly full and will welcome 1000 participants in Saint-Malo.

Claude Virot also promoted the application of the CFHTB to organize the ISH 20th international hypnosis congress.

The congress was an unprecedented success with 2500 attendees. It was held in Paris from the 27 to 29 August 2015.

Dear Claude, please describe your first contact with hypnosis.

I was already familiar with the traditional form of hypnosis practiced in France in the 19th century when I began my medical studies, but nobody well-known or influential used it at the time. A few years later, when I read the book « Change », by Watzlawick, I discovered Milton Erickson and a very new, different way of practicing hypnosis, a new way of engaging a relationship with a patient. And when the first Ericksonian institute of hypnosis opened in Paris, I immediately enrolled. That was in 1986, and I was doing my residency in psychiatry. When I opened my private practice in 1988, I immediately directed my work towards hypnosis.

Please characterize briefly your professional background, and your current work.

From the time I opened my practice in 1988 until the Congress on Hypnosis and Depression in 2010

In 1988, there were two major forms of treatment in France: psychoanalysis and drugs. Hypnosis enabled me to propose a middle course: more effective, shorter psychotherapies with the prescription of few drugs. The main goal was to enable patients to evolve quickly and avoid the effects of dependence. At the time, hypnosis was contra-indicated in depression. The belief was that only drugs would work. But as the years went by, I realized that hypnosis, together with brief therapy techniques, was in fact quicker and more effective, with a very low rate of relapse. Thus, for nearly 20 years, I have stopped prescribing drugs. Many professionals followed this path in the first decade of this century, and in 2010, I organized the first congress on Hypnosis and Depression. It was a resounding success and helped to publicize in France the fact that hypnosis is a powerful tool for therapists working with patients suffering from major psychological anguish. Even these patients have resources and abilities that hypnosis can activate.

The years leading up to the creation of Emergences, a training and research institute in hypnosis and therapeutic communication

In 1994, I started to teach hypnosis in the field of psychotherapy for 20 - 25 professionals each year, in a 30-day course. 2000 was a major turning point as I was asked to teach anesthetists. It was a very

new experience for all concerned! Even if I initially found it difficult to fit into the world of hospitals and operating theatres (rooms), I gradually learned about the specificities of acute pain, the needs of patients and care-givers, and the importance of setting up simple, quick techniques that must immediately be effective. Together with an anesthetist colleague, we decided to create a 12-day course, which was rapidly a great hit with anesthetists, emergency doctors, midwives and nurses, who faced people with very violent pain. A book called « Hypnosis, acute pain and anesthesia » written in 2010 with Dr Franck BERNARD, rounded off our desire to share knowledge. This year, we will be publishing a new edition that is scheduled for translation into English.

In view of the increasing number of training programs, I created Emergences, a « Training and Research Institute in hypnosis and therapeutic communication », in 2001.

The development of specific training courses on communication and pain

The fundamental basis of care and the fundamental basis of hypnosis are identical: how best to communicate what is essential for the patient? How best to pick up the messages the patient sends us and what he expects of us? How best to help the patient activate what is most useful within him- or herself?

To answer these fundamental questions, we created a short, 3-day module called therapeutic communication. I can measure the importance of this program through its development: in 2015, we organized 25 sessions in hospitals and clinics. Gradually, Emergences developed specific skills in the field of acute pain, which made it possible to create training courses for dentists, followed by physiotherapists, and in the near future for midwives. Naturally, these skills, combined with the techniques most suited to psychotherapy, also paved the way for a specific course on how to care for patients with chronic pain.

Emergences is currently moving forward on these two paths: psychotherapy and pain. Indeed, we have organized several specific congresses on « hypnosis and pain ». The 6th will take place this year in Saint-Malo, where we expect 1000 attendees, on acute pain, chronic pain, therapeutic communication and self-hypnosis. It is very important to develop self-hypnosis, which makes patients more self-sufficient.

To dispense all this training, attended in 2015 by some 800 participants in the area of hypnosis, and 700 in therapeutic communication, we have put to-

gether an impressive team of trainers. They now number 50: psychiatrists, psychologists, anesthetists, emergency doctors, GPs, dentists, physiotherapists, nurses, ... They are all driven by the same conviction: we can help a lot of patients in a far simpler way, enabling them to draw on their own resources to make the most of life and their freedom.

We already have the techniques required to attain these goals; it is up to us to teach them to the greatest possible number of people.

Given all these developments, I currently divide my time as follows: 2/3 for teaching and 1/3 for my practice as a psychiatrist.

Who was (is?) your personal mentor(s)? Who influenced your professional work the most? What are the main learnings from your mentors?

Milton H. Erickson

While I never met him, as he died in 1980, it is Milton Erickson who has guided me in my work ever since the very beginning, and still today. His ability to enter into communication and into a therapeutic relationship with patients is frankly prodigious, « extraordinary » as some occasionally say.

Activating patient resources

Even if I already thought human nature is wonderful, his conviction that there is potential for change and cure in all patients opened my mind and enabled me to see in every patient not only the parts that are sick but above all the parts that are healthy and alive. The great change is to begin each treatment with the intention to activate and mobilize the resources that are already there, but often invisible and totally unknown to the patient. While the patient tends to be passive when treated by a doctor, the goal is to create a relationship that will turn each patient into his or her own therapist. The doctor, the care-giver, thus becomes a guide, a source of support, who places at the disposal of the patient the best therapeutic techniques, and, in particular, uses hypnosis to reach these resources. This is a fundamental concept as it guides the therapist and the patient at each stage in the care-giving process.

It is perhaps the most important message I seek to give my students. On the strength of my thirty years' experience, I consider that hypnosis, with its dozens or hundreds of modes of application, is the simplest, most effective therapeutic process that exists; but, like with any technique, a solid philosophy is required to guide its use. Take two practitioners who use hypnosis, often with the same technical

knowledge: it is this philosophy that makes things meaningful and that makes all the difference.

Creativity at the heart of any therapy

The second dimension dear to my heart is the creativity Milton Erickson developed in each of his therapies. The traditional concept of repetitive, directive hypnosis, applying the same scenarios to totally different patients, struck me as highly limited and probably responsible for its decline at a given point in time. By inviting care-givers to adapt to each patient and applying a « tailor-made » hypnosis, he enabled therapists to use their own creativity and become increasingly flexible, to meet the specific needs of each patient at each session. That is the most difficult thing to convey. Teaching students to dare to trust their intuition is often quite off-putting for them. Yet the intuitive ideas that spring to the mind of a therapist reflect what the patient conveys consciously or unconsciously, his skills, his expectations, his needs. No two patients are identical and each patient « constructs » the therapist he needs. This only works if the therapist accepts the challenge, which constantly implies that he never knows what he will do next. It is a demanding, but enthralling discipline once one enters this field of therapeutic freedom, mindful of the fact that this freedom is based on a rigorous technical and ethical framework.

The universality of hypnosis

The third fruitful dimension is the universality of hypnosis. Describing a trance as a natural process in all human beings obviously took people aback at a time when hypnotizability tests limited hypnosis to just a few. Of course, at a given moment in time, not everyone has the same ability or possibility to experience a hypnotic trance. The factors influencing this dimension are numerous: pathology, fatigue, experiences in life, But the most important factor is the relationship that builds up between the patient and the therapist. It is within this relationship that the hypnotic process can appear. And when this relationship is suited « here and now » to this patient, all those who need it become « hypnotizable », that is, all patients are able to go into a trance, their own trance, the natural process they experience several times a day. The only difference is that this trance takes place in a therapeutic framework, in the presence of a therapist and to a specific end. Here again, it is the flexibility of the therapist that makes the difference. I am surprised that some publications still describe some patients as highly hypnotizable and hence good subjects for hypnosis, and others as hardly prone to hypnosis, for whom hypnosis will not be effective. These publi-

cations say nothing, or very little, about the messages conveyed to the patient, the adaptability of the therapist, the confidence we must instil in our patients in terms of their own resources, for a trance is a natural process that we activate every day. The use of hypnosis in anesthesia is very explicit in this respect. In clinical studies carried out in France in this area, there is never a hypnotizability scale. It is after an open discussion that the patient decides whether or not to benefit from hypnosis when proposed by the care-giver. The question of being capable or not never arises. The issue is simply to assess patient motivation. And all the patients who so wish discover, during treatment in a clinical setting (this is essential, there is no test session before treatment), that they already know what a trance is. There is, however, one pre-requisite. And this pre-requisite is the trust the patient has in the practitioner; this trust is highly dependent on the practitioner's self-confidence. The therapist's self-confidence comes from the quality of his training, the experience he has gradually built up, respect for his professional framework,and the relationship he has been able to create with the patient here and now.

While this specific strategy for each patient is fundamental in clinical practice, it is a real problem for scientific methods of evaluation, which require the same protocol to be applied to each patient. This scientific rigor is at loggerheads with effective clinical flexibility. How can one breach this gap? The simplest method appears to be to adapt hypnosis to the methods of evaluation, of course. But then the clinical effectiveness immediately plummets and the results measure the merits of a dehumanized form of hypnosis. I believe this is one of the biggest risks for the future of hypnosis and our goal of therapeutic performance means clinicians must resist. The other possibility is to continue imagining new evaluation strategies that accommodate flexible clinical modalities, closer to the daily realities of our practice, which do not seek to identify exactly which dimension of the treatment, the relationship, the technique... is effective. This is tantamount to recognizing that treatment is a complex whole that comprises both the quality of the handshake and the precision of a hypnotic suggestion. These two dimensions are only therapeutic if combined. And this also infers accepting not to know everything and accepting that healing processes, like hypnotic processes, still largely remain mysterious. The truth probably lies somewhere between these two viewpoints for we definitely need scientific studies to assess ourselves, see where we stand, better understand the processes of consciousness in order better to respect them, to establish well-defined therapeutic techniques that can be conveyed to all care-givers. To move towards

complex notions like flexible framework, fuzzy (trance) logic, creative protocol, safe change, in which stability and instability rub elbows.

By surfing on these waves, I discovered the quantic world, which teaches us that life, on the one hand, is matter, corpuscle, that obeys fixed, immutable laws, and, on the other, energy, waves that behave in a global manner involving both body and consciousness; two dimensions in permanent interaction, like the past and the future which combine to create the present. One dimension seems controllable while the other is far more unpredictable. But are therapeutic changes not often unpredictable and surprising too? This is perhaps one of the areas of the future that will make it possible to synchronize clinical practice and scientific evaluation.

Milton Erickson: Transmit

The fourth dimension I wish to mention with Milton Erickson is his constant desire to transmit, to teach through both his numerous articles and the seminars he gave until the last few months of his life.

How do you interpret the slogan of ISH “Building bridges of understanding”?

I think this slogan is magnificent. For me, it evokes just so many dimensions that hypnosis can link together. Patient and therapist. Body and mind. Clinical practice and scientific research. Member societies. Different cultures. What we know and what we believe... In each of these fields, hypnosis makes it possible to build bridges, crossing points that are open and solid.

What was the first ISH conference you attended? What is your memory of this meeting?

It was in 2006 in Acapulco, the congress organized by Teresa Robles. As she decided to offer translation into French, Emergences and the Rennes Milton Erickson Institute put together a group of 35 colleagues. It was our first, moving meeting with the great names in contemporary international hypnosis. We all wore the same T-shirt and cap, and I still have a picture of us all in my office. It was also the time when the idea of organizing the international congress in France took root in my mind.

How did the idea come about to be a candidate for the presidency of ISH?

In 2011, at the European Congress on Hypnosis in Istanbul, Camillo Lorio, president of the ISH, asked me if I would agree to be a candidate if I was nominated by the member societies. It came as a

great surprise to me. I had already been a member of the board since 2009 and the ISH had already voted to hold the international congress in Paris, but I had never imagined becoming president of the ISH. Camillo gave me 24 hours to make up my mind. I already had a lot of experience in hypnosis associations, first in Brittany and then in France, where I was president of the French-speaking Confederation of Hypnosis and Brief Therapies. Each of these commitments had entailed considerable attention and presence, and I was not sure I had the requisite caliber for the ISH, particularly considering my standard of English. But Camillo reassured me and convinced me to say yes. A few months later, after being nominated by the institutes, I was elected by the individual members to embark on this adventure, which lasts 9 years.

The ISH conference in Paris was one of the biggest in the history of hypnosis meetings. As the chair of the conference what are you most proud of and is there anything that you would do differently?

My greatest source of pride is not the record attendance at a hypnosis congress but the joy of seeing 2500 people, highly motivated by hypnosis, come together in Paris. Attendees hailed from 56 countries, as you saw on the map of the December 2015 newsletter. All these continents, all these cultures highlighted the universality of contemporary hypnosis. We were able to establish that trance is a known reality, described and activated beyond cultures.

Trance is as obvious a dimension of life as the heart or skin.

At a more « local » level, I was pleased to note the federating role of the French-speaking Confederation as all 32 institutes attended. Each presented at least one speaker. We know that an international hypnosis congress is a success if the land where it is organized is healthy and dynamic. This is one of the fundamental keys to this success.

I cherish two images. One is the introductory speech and the first lectures, the first morning, in that huge amphitheater. The other is the purely festive, friendly, welcome evening when speakers joined company on a barge on the Seine river. All those marvelous moments when friends and colleagues met up. Smiles and hugs.... And then the magic: the Eiffel Tower lit up just as we passed by, as though it had been waiting to greet us. What emotion and pleasure!

My regret is all those who dreamt about coming but were unable to do so for financial reasons. I am

thinking about people in South America, South Africa, Hungary and elsewhere. I am a keen advocate of these big congresses where many people meet, where their paths cross, where they bring their energy and share that of others. For the ISH, these congresses take place every 3 years in different countries on all 5 continents. This entails considerable expenditure for participants, who have to pay their way. It is so unfortunate that some have never seen an international congress for lack of financial means. To improve the situation a bit, we have begun to study the possibility of a live video broadcast of part of these congresses, like the big global music or sports events. I hope the first experience will take place at the Montreal congress. Perhaps the ISH will set aside some of the profits from the Paris congress to this end.

What is your view regarding the future of ISH? What is your program for the society?

The first duty of a president is to keep the society safe and stable. This is easy to achieve with a board made up of experienced, motivated colleagues. Many have extensive experience as ISH board members and help me daily to steer the right course.

The second key duty is to remain dynamic in terms of growth: to welcome new institutes and new individual members. Legal and medical frameworks are different in each country; the differences may be important in terms of the ISH structure, largely based on an Anglo-Saxon model. The growth of the ISH calls for greater flexibility so we can adapt to models invented by other nations and other cultures while remaining faithful to our values and our history and unflaggingly pursuing our work on ethics in the practice of hypnosis.

I have already talked about the goal of enabling the widest possible attendance at the congress. It will be met by finding the technical, financial and ethical answers. It is likely we will be able quickly to respond to each of these points. I also mentioned bringing fundamental science and clinical practice closer together. This objective will call for time and perseverance. A first step was taken at the Paris congress in a parallel symposium attended by the leading fundamental researchers in hypnosis under the leadership of Marie-Elisabeth Faymonville and Mark Jensen. We will repeat and flesh out this experience in Montreal, with the leading clinicians in international hypnosis, until such time as we are able to bring the two together in the same place and same time, to invent the clinical and scientific hypnotic medicine of the future.

When we talk about the future, we are of course

talking about our children, the young generation, those who will be living in the world of tomorrow. The ISH, like any other institution that has existed for decades, tends to be run by the older generation, to which I already belong after 30 years' practice and an equally long period of time in associations. For this reason, we shall be incorporating young practitioners, initially by creating a specific committee.

The Facebook generation does not see the world as my generation does, which witnessed the first computers, or the preceding generation, which communicated long distance only by mail or by phone.

These different modes of communication imply adapting societies and also adapting teaching procedures and perhaps even the therapeutic practice of hypnosis. Is a remote seminar or a consultation on Skype the same as face-to-face contact?

So we always come back to the same question: human relations, communication, interaction. The link between human beings. And the way to build bridges to foster mutual understanding.

Insight Partial board meeting in South Africa. The Presidents of ISH and ESH together.



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.



Dr. Torem is the Chief of Integrative Medicine at Akron General Medical Center, and Professor of Psychiatry at Northeast Ohio Medical University.

Dr. Torem is board certified in psychiatry by the American Board of Psychiatry & Neurology. He's a distinguished life fellow of the American Psychiatric Association, a fellow of the American Society of Clinical Hypnosis and the Society for Clinical and Experimental Hypnosis.

Dr. Torem serves on the Editorial Board of the American J. of Clinical Hypnosis and the Int. J. for Clinical and Experimental Hypnosis. He has lectured nationally & internationally and published articles & book chapters in the fields of: mind-body integrative medicine, hypnosis, guided imagery, dissociation, treatment of depression, eating disorders & autoimmune disorders.

Dr. Torem co-authored the book; "Coping with Uncertainty"; He serves as Vice President for the Cleveland Hypnosis Society and President of the American Society of Clinical Hypnosis; (2015-2016).

Dear Dr. Torem,

As most of us see you in official events (like conferences), we do not know your everyday work. Please tell us something about your everyday clinical activities.

On a daily basis I serve as Chief of Integrative Medicine for Akron General Medical Center. In this work I spend my time teaching Residents in several train-

ing programs such as: Family Medicine, Internal Medicine, Obstetrics & Gynecology, and Psychiatry. The topics include: Guided Imagery, Hypnosis, Mind-Body Effects, the Placebo Effect, Psychophysiological Phenomena, Psychoneuroimmunology, Activating the Relaxation Response, Mindful Meditation, and Preparing Patients for Surgery – to obtain better outcome results. In addition, I spend my time providing comprehensive consultations to patients for smoking control & weight control. Moreover, in my responsibilities as President of the American Society of Clinical Hypnosis I have a weekly conference call with the Executive Vice President of ASCH, to address a variety of issues relating to Hypnosis in the Media, committee recommendations, and the planning of upcoming meetings & educational workshops. I also spend several hours a week reviewing the latest literature on hypnosis and its uses in the medical setting.

What is your general approach, your preferred hypnotic techniques? What is the role of hypnosis in your clinical practice?

My general approach is based on the philosophy of Patient Centered Practice. I plan to study and understand not only the nature and symptoms of the disease/illness/problem, but also who is the person who presents with this problem and why now. Learning about the nature of the person I am dealing with helps me to match the treatment plan to the patient's personality including their cultural-ethnic background. I also aim to invite the patient to become an active partner in assessing their strengths and co-create together with me a treatment plan that will best benefit the patient and his/her family. I use hypnosis mostly informally by paying much attention to my language, choice of words, tone of my voice, volume of my voice and rhythm of my verbal communication matched with my body language. I am very aware that many patients are already open to internalizing the suggestions in my words so in many cases I don't use formal hypnosis but I use hypnotic language to enhance the best therapeutic outcome. I use formal hypnosis in smoking control, weight control, anxiety disorders, preparing patients for elective surgery, and when patients are comfortable with the concept and idea of using hypnosis.

Who are/were your teachers or mentors in the field of hypnosis?

My first formal teachers of hypnosis were; Professor Herbert Spiegel & his son David.

Late; Dr. George Engel, Drs. Ernest & Josephine Hilgard, John & Helen Watkins, Drs. Erica Fromm, Karen Olness, D. Ewin, Michael Yapko, Norma & Phil Barretta, Elgan Baker, Daniel Brown, Harold Cra-

silneck, Claire Frederick, Michael Nash, Alexander, Max Shapiro.

Do you see changes regarding the misconceptions connected to hypnosis in your practice? Does hypnosis have a better “reputation” among your patients and your (medical) colleagues?

There has been some improvement in the image and acceptance of hypnosis in the medical field. However, misconceptions linger on.

Your practice is embarrassingly wide: you report cases of cardiovascular diseases, perinatal problems, eating disorders, autoimmune disorders, classical psychiatric problems (like depression) – just to mention a few. What is your preferred area? Or: is it possible just hypnosis as a tool makes your professional work really effective in so many types of problems?

I use hypnosis as a tool in a wide arena of medicine matching my strategy with the patients and their personality.

You work(ed?) in a “mind-body medicine” center. I suppose it took time to name a whole institute like that. Can you describe this process?

After medical school I worked as a general practitioner, I then completed a residency in Psychiatry that was psychoanalytically oriented, followed by 2 additional years of training in Psychosomatic Medicine. The name was a natural representation of my journey as a healer and was influenced by my teachers such as George Engel and Herbert Benson, the latter who was the first to officially establish a center for Mind-Body Medicine.

You are a strong believer of the power of imagery / imagination. Can you give us some example how can we persuade other people of the power of the imagination? Should it only be “imagery”, or can we also say: dreams, thoughts, wishes?

I conceptualize imagery as an experiential healing modality that employs all five senses, visual, auditory, tactile, olfactory, gustatory, and beyond that includes dreams, thoughts, fantasies and wishes.

How do you see the role of suggestions in clinical settings? Is it “copper” or “gold”?

At one time Freud referred to suggestions as “copper” and psychoanalysis as “gold”. It was his way of implying that suggestions may only achieve short lived symptomatic relief and the long lasting cure can be achieved with psychoanalysis. However,

our clinical experience and research has shown that (the correct) internalized suggestions may achieve wonderful therapeutic outcomes that last for a life time. I strongly believe that therapeutic outcomes should be the force that drive the choice of therapeutic interventions and not ideology.

As in many other conceptual areas, we still need a clear and generally accepted definition of „suggestion”. How would you define it? What is (are) the key element(s) of suggestions?

I define suggestion as: “a message communicated verbally, non-verbally or by both means, it may be communicated with intention or unintentionally, yet its effect can truly be assessed by the response experienced in the recipient of the suggestion. This response has been referred to as the suggestion effect. It is believed that some people are by nature more suggestible and others less so. However, the state of hypnotic trance makes people more responsive to suggestions and that is one of the reasons we can utilize suggestions more effectively in the practice of healing and medical therapeutics with hypnosis”. An important key in utilizing suggestions more effectively is to match our language and metaphors to the patient’s own language, culture and ethnicity. Moreover it is important to interact with the patient as we choose the images, settings, and scenarios for the suggestions to best be seeded and later sprout in a healthy strong plant that will bear the most desirable fruit.

How do you see the relationship of suggestion effect and placebo? Do you use placebo in your practice?

Yes, I have used placebos in my practice and continue to do so in order to achieve the best possible therapeutic outcome of any treatment intervention. I conceptualize placebos as being comprised of 3 basic elements; suggestion, expectancy, and conditioning. In a recent publication I describe in detail with examples the effective and ethical use of placebo in the use of pharmacotherapy (see reference).

One of the missions of ISH and the Newsletter to bring the research and the clinical “branches” of hypnosis closer together. As a clinician what topic do you think should be researched?

Several topics: (1) What is the true value and importance of hypnotic induction rituals in achieving good and desirable therapeutic outcomes? (2) What happens long term to therapeutic results achieved in brief therapy with hypnosis; How well do these patients do one year, five years or ten years later? (3) What interventions are the most important in pro-

ducing the best therapeutic outcomes and how is hypnosis relevant regarding this question?

And of course our traditional question: what is your message or hint to your younger colleagues?

“The best care of the patient is care for the patient as a whole person. Be kind, and strive to make your patient a partner in the therapeutic process. The treatment plan and interventions are to be co-created together by the patient and yourself.”

*Thank you,
Kata*

Publications by Dr. M. Torem relevant to the Interview

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Building Bridges of Understanding

In each section of the NL we introduce you to a summary of recent research with short and easy explanations of some research concepts.

Scientific reports are more and more complex and complicated, only a small portion of hypnosis experts enjoy them. For the majority of professionals it can even be frightening or boring. The aim of these letters is to bring researchers and clinicians closer together, to highlight the clinical relevance of research findings of hypnosis in a very simple user-friendly way.

Clinicians are also encouraged to propose questions to be studied, clinically relevant phenomena to analyze, and hypnotic processes to be understood. Let's build the bridges of understanding together...



Dr Graham Jamieson began his engagement with the field of hypnosis as an undergraduate in 1980 studying under Prof. Peter Sheehan at the University of Queensland.

He went on to post graduate research as a member of that that lab and contributed to some of seminal research in hypnotic pseudo-memory and to phenomenological investigations employing the Experiential Analysis Technique that were carried out there during this period. In 2000 he undertook postdoctoral research into the cognitive neuroscience of hypnosis in the lab of Prof. John Gruzelier at Imperial College London. In 2007 he edited *Hypnosis and Conscious States: The Cognitive Neuroscience Perspective* for Oxford University Press as a resource for young researchers in this emerging field.

Today he is one of the leading theorists and experimenters in the field of hypnotic dissociation employing functional connectivity and neural network approaches in conjunction with electrophysiological measures. He currently lectures in Cognitive Affective and Social Neuroscience at the University of New England, Australia.

The role (if any) of (some form of) dissociation in hypnosis has been contested by theorists and experimenters since at least the 19th century down to the present. What exactly might be meant by 'dissociation' in the context of hypnosis and how it might be related to processes labelled as dissociation outside the hypnotic context has never been resolved, let alone whether such processes actually exist, let alone the precise underlying causal mechanisms should they actually exist. Dissociation theories of hypnosis of one form or another constitute the final point of development of the 'altered state' or 'special process' trajectory of hypnosis theory and research at the beginning of the 21st century (see Woody and Sadler, 2008 for an insightful overview of these theories).

From the 1990's onwards two trends have dominated hypnosis research. The first is the unravelling of the multiple centres of world class researchers and research facilities at major international institutions engaged in highly competitive research agendas broadly driven by various versions of state or non-state (socio-cognitive). Despite their fierce disagreements and sometimes personal acrimony researchers in this community were intensely interactive, responding to each other through innovative, theory driven experimental paradigms in reciprocal exchanges of challenging findings. For a variety of reasons this research community, their theories, their closely associated methods had largely ceased to exist by the mid 1990's and their intellectual enterprises (of which dissociation theories are one example) were forgotten or abandoned.

At about the same time developments in brain imaging technologies (able to measure activity throughout the brain activity as participants engaged in conventional psychological experiments) gave birth to cognitive neuroscience. A number of the new systems level neuroscience researchers together with some of the experienced hypnosis researchers began to explore changes in brain activity related to specific forms of hypnotic suggestion. In 2007 I edited the book *Hypnosis and Conscious States: The Cognitive Neuroscience Perspective* for Oxford University Press in order to encourage a new generation of researchers to take up the task of theory building at the interface between systems neuroscience and hypnosis research. Today we have a steadily expanding number of such studies but very few studies seek to test a theoretical model of hypnosis or are directed at building such models. While the studies of an individual researcher often form a conceptually connected series there is little if any deep exchange between these research programs. The reconstitution of hypnosis as a field of research, not merely a topic of research (or a series of such topics), requires a com-

munity of researchers sharing and contesting inter-related theories and paradigms.

The August 26th Neuroscience and Hypnosis meeting in Paris was an important step towards constituting the cognitive neuroscience of hypnosis as a field and the discussions and directions which will grow out of that meeting have the real possibility of placing hypnosis research at the edge of advances in science of the mind, as it has been at so many points in its' history.

My presentation at this meeting, an electroencephalograph (EEG) study, takes up the process of dissociation in hypnosis in the context of well-developed experimental paradigms and theories within cognitive neuroscience. Together with my colleagues Marios Kittenis, Ruxandra Tivadar and Ian Evans, I extended the findings of Egner, Jamieson and Gruzelier (2005) to define hypnotic dissociation as a temporary (hence context specific and reversible) breakdown of functional processing within and/or in functional connectivity (the exchange of information between) key nodes of the neural networks processing specific types of information incompatible with a successful response to a particular hypnotic suggestion. The rapid dynamic nature of the process hypothesized called for the millisecond level temporal resolution of EEG and hence the functional activity of cortical oscillations in specific frequency bands.

A great deal of work has converged to support the role of the upper alpha band (10-12 Hz) in facilitating complex cognitive responses by selectively inhibiting competing processing pathways at functionally specific locations, and at critical time points, to 'gate' the flow of information processing along goal related pathways. So for example when attention is focused on a location in the right visual field, alpha activity decreases in the left visual cortex (decreased inhibition where this information is processed) but increases in the right visual cortex (increased inhibition where information from the left visual field is processed). Even more importantly performance on a task which requires a response to events in the attended location is strongly related to increased alpha at cortical sites processing potentially competing information (see e.g., Haegens et al., 2012). This mechanism is one way of explaining the phenomena of 'absorption' in the suggestions of the hypnotist during which they are experienced as more vivid and real then the external reality which fades into the background (Ronald Shor's loss of Generalized Reality Orientation).

Adding to this explanation single cell recording studies in animals have established the role of

(gabaergic) inhibitory projections from the thalamic reticular nucleus to regions within specific thalamic nuclei, which act as links in wider cortical-thalamic-cortical loops, in the dynamic control of alpha (inhibition) throughout the cortex during waking mental activity. These known mechanisms provide a close fit with those required for the dynamic control of hypnotic dissociation as defined above.

We took the successful (reversible) response to hypnotic amnesia suggestion as a paradigm case of hypnotic dissociation. If such a process occurs anywhere it occurs here. We then employed the extremely well studied New-Old memory paradigm of cognitive psychology, using face stimuli, to study cortical oscillations during this task after suggested amnesia for faces and then after the lifting of this suggestion. Behavioural data were used to confirm the differing effect of the face amnesia suggestion for high and low susceptibles and the reversal of this effect in highs following cancellation of the suggestion.

We identified the timing and the cortical coordinates of significantly increased power in upper alpha (functional inhibition) evoked during retrieval failures (identifying an old stimulus as new) compared to functionally matched (identifying a new stimulus as new) but correct responses of high susceptibles responding to amnesia suggestion. This occurred late, almost 1 second following the stimulus, in right posterior intra parietal sulcus in a region implicated in top down attentional control supporting visual retrieval in memory tasks (Ciaramelli et al., 2008; Sestieri et al., 2013).

We then studied functional connectivity (synchronization of activity) between cortical regions during this time period in upper alpha (which we interpret as coordinated inhibition/decreased information exchange). When we compared the same conditions as above, we found significantly increased coordination of upper alpha activity be-

tween the right parahippocampal gyrus (which plays an essential role in the recall of recent events) and the above mentioned parietal region (a source of top down attention control) and separately, and also between the right parahippocampal gyrus and anterior regions of the right superior and inferior temporal gyri previously identified as contributing to an extended face recognition network (Gobini and Haxbi, 2007). The integration of information within this network of functional regions is essential for successful recall of recent faces. In the context of positive amnesia response spatial and temporal coordination of upper-alpha band appears to suppress the integrated functioning of these regions (and hence recall). These patterns were not found after reversal of the amnesia suggestion.

Although both replication and extension of this work is essential the immediate implication for clinicians is that at least for a subset of high susceptibles hypnotic suggestion may elicit genuine dissociations in high level cognitive processes, in this instance the retrieval of recent experiences of a particular kind. The ongoing construction and reconstruction of personal identity is closely linked to the control of recall which is therefore a core process contributing to stability and change within the person in both healthy and pathological conditions. The extent to which the hypnosis related mechanisms identified here are involved in regulating these patterns-of-the-self in the wider population remains to be determined. The detail of these processes awaits further exploration. However, even if limited to a relatively small group it remains of vital importance for clinicians to understand their role in permitting and diminishing human flourishing and to adapt that knowledge for the benefit of their clients.





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Findings of Note



Prominent Papers in Clinical and Research Hypnosis

*A review by András
Költő*

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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 – area.

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

It seems that hypnosis is not fully utilized to increase the quality of life of healthy people. My other research interest beside hypnosis is adolescent physical and mental health. I have, however, a long-time interest in how the health of young people could be combined with hypnosis. It seems that our publications and congress presentations are vastly concentrating on clinical or research hypnosis; we seem to forget that certain hypnotic techniques could also be used for prophylactic purposes, as means of health promotion and primary prevention.

The results of the [Health Behaviour in School-aged Children \(HBSC\) WHO collaborative international study](#) show that adolescence is an especially vulnerable phase of life; for instance, many young people suffer from low self-esteem, bullying, or are exposed to risk behaviors such as smoking, drinking, or unprotected sex. Well-prepared hypnotic techniques could enhance their life skills to become more resilient to adverse effects, and be able to maintain a happy and balanced lifestyle. Although some of these ways – for instance, self-hypnosis – is covered in the foundational handbook of Kohen and Olness (2012), it seems to be a rather neglected area within the broader field of hypnosis.

However, in the latest issue of the *International Journal of Clinical and Experimental Hypnosis*, an interesting research paper was published by Mohl, Finigan and Scharff (2016). They have

found that highly hypnotizable subjects, if given a waking state suggestion that they will find a reading fascinating and remarkable, there was a large effect on how much they enjoyed their reading (which, by the way, was a chapter from a social science research handbook – a piece of the text usually not found to be interesting to the vast majority of the people). This shows that hypnosis indeed has a place within education, even in a more “educational” sense than protecting the health of the students – also in motivating them to gain knowledge and use it in creative ways.

In the present “Prominent Findings”, three recently published empirical works – two articles and a doctoral thesis –, and a methodological article are reviewed, all of which are related to educational hypnosis. The first paper presents a controlled prospective longitudinal study, which demonstrated that school children who took part in a teacher-led daily 10-minute stress management intervention for 4 months showed large improvements in the level of anxiety and heart rate variability. The second study targeted medical students, who participated in a course on relaxation. They learned and practiced autogenic training and progressive muscle relaxation. Although they showed just a slight decrease in depressive mood and a similar size increase in the sense of coherence, according to qualitative interviews, they all benefited from this course. These findings are not directly showing the effect of hypnosis, but we can infer that applying formal hypnotic induction might have even increased their efficacy. The third piece introduces a doctoral research; it is a review article, collecting scientific evidence on how beneficial hypnosis and yoga can be in classroom settings, to enhance quality of sleep and academic achievement.

Their results indicate that the educational applications of hypnosis and related techniques is fruitful in – but may not be limited to – clinical work and health promotion in educational settings; it could also be used to enhance motivation and learning skills. Indeed, these efforts could have been integrated in a holistic, salutogenic (Antonovsky, 1979) application of hypnosis to help people (who otherwise do not need psychotherapeutic help to solve their problems) to have a better control on their life. As Mohl and his colleagues (*ibid.* 240.) put it: “Still, a complete effort to have highly hypnotizable people experience hypnotic phenomena as an adaptation to their everyday lifestyle appears to be missing from the literature.” I totally agree with this conclusion, although I think that medium or

even low hypnotizable participants could have benefited from such an initiative.

Bothe, D. A., Grignon, J. B., & Olness, K. N. (2014). The effects of a stress management intervention in elementary school children. *Journal of Developmental & Behavioral Pediatrics, 35*(1), 62–67. DOI: 10.1097/DBP.0000000000000016

Schools are not just a place for learning, but also a setting where young people can hone and refine their skills to maintain adaptive habits and social interactions. In spite of this, just a few schools offer any kind of programs that promote mental health (WHO, 2014). In the present study, the authors implemented an easy, child- (and teacher-)friendly practice to help school-aged children to manage their stress. The study was carried out in two classes, of which one was the intervention group ($n = 15$, of whom 13 completed the intervention), and one as the control group (initial $n = 13$, of whom 11 gave responses in the follow-up phase). The intervention was carried out by the class teacher, who had been trained by the researchers. The 10-minute, daily repeated practice included diaphragmatic breathing, simple stretches and movements to help the children concentrate their attention, another minute of deep breathing, and then an imagery journey. As you see this exercise does not include formal hypnosis induction, but since it is based on concentrated attention, relaxation and guided imagery – and taken into account that children are more susceptible to hypnosis than adults (Morgan & Hilgard, 1973) – we can conclude that it may be as powerful as if the children have received formal hypnosis. The investigators applied a wide array of measures. The children's perceived anxiety was assessed with a standard questionnaire; their heart rate variability – an accurate measure of resistance to stress – was measured using biofeedback software. Besides these indices, both the teacher and the pupils were interviewed about the impact of the exercise, following completion of the study (in 4 months) and after a one-year follow-up. Children who received the exercise reported significantly less anxiety and significantly higher heart rate variability, which indicates better adaptation to stressful stimuli. These beneficial effects even lasted at the follow-up phase. It would be useful to repeat a study using larger sample sizes, more schools (to eliminate setting effects), and to apply a comparison between hypnotic-like methods and other ways of mental health promotion, e.g. a cognitive-behavior approach (Kira, Maddison, Hull, Blunden, & Olds, 2014) to see which one is more effective in enhancing life skills in school children.

Scholz, M., Neumann, C., Wild, K., Garreis, F., Hammer, C. M., Ropohl, A., Paulsen, F. & Burger, P. H. (2016). Teaching to Relax: Development of a Program to Potentiate Stress—Results of a Feasibility Study with Medical Undergraduate Students. *Applied Psychophysiology and Biofeedback, 1–7*. DOI: 10.1007/s10484-015-9327-4

Medical students are especially at high risk for stress-related negative health outcomes (e.g., burnout and depression). Therefore it would be essential that they get the possibility to learn stress reduction techniques from the first year of their studies. The authors provided a one-semester long elective course (“Relacs”) to the students, including extensive knowledge and practice in two methods. The included techniques – autogenic training developed I. H. Schultz and progressive muscle relaxation by E. Jacobson – are closely related to hypnosis. Of the 42 participants, 31 collected sufficient psychometric data for analysis. After learning the methods, the students practiced them twice daily, for 5-10 minutes, and recorded their experiences in a relaxation journal. The remaining course sessions served as forum for group discussion. Besides a multi-item (closed and open questions) evaluation questionnaire, the subjects' depressive mood and sense of coherence was monitored. The latter, coined by the above mentioned Antonovsky (1979), describes a global orientation that the world is predictable, things are happening for some reason, and despite difficulties, you are able to manage things. Such an approach works as a protective factor against the adverse effects of stressors; therefore it is theorized to be an important source of mental health. Although the shift in the standardized test scores was below statistical significance, the participants reported positive changes and less stress in their everyday life. A shortcoming of the study is the lack of being controlled and randomized. To see whether autogenic training and progressive muscle relaxation has any beneficial effect on the immune system, psycho-neuro-immunological markers (e.g. salivary immunoglobulins and cortisol) may have been monitored. Nevertheless, the results indicate that hypnosis-like methods can serve as protection against stress, depression and burnout in such a highly challenging profession as medicine.

Patterson, L. C. (2014). Exploring the experiences of participants involved in a hypnosis intervention for test-anxious school students. Thesis for the degree of Doctorate in Educational Psychology, University of Southampton, Faculty of Social and Human Sciences, School of Psychology.

As the empirical basis of the previous two papers showed, subclinical stress and anxiety have negative effect on physical and mental health. Quantitative studies in this area have been conducted in an excessive amount; qualitative works are much sparser. The present doctoral dissertation consists of two parts. First, the author performed a meta-ethnographic review to better understand the experiences of subjects who received a relaxational, mindfulness-based or hypnotic intervention for stress and anxiety reduction. The review of the literature suggested that those who received such interventions become more self-aware and better able to manage their emotions. All of these techniques can lead to the participants developing a meta-cognitive awareness of their thoughts and their body's responses on these thoughts – defined as “cognitive de-fusion” in the literature. The empirical part of the thesis addressed the experiences of those who participated in a hypnotic intervention for test anxiety. This kind of anxiety can impair students' performance in exams (Zeidner, 1998). Hypnosis has been suggested as a useful intervention to help students to manage their test anxiety, but little quantitative and almost no qualitative research investigated how such methods “work”. The subjects of the current study were secondary school students who participated in manualized group hypnosis intervention for test anxiety. The present study was a part of a broader mixed methods evaluation of the group hypnosis intervention. Students ($n = 11$) underwent the hypnosis intervention and subsequently were interviewed about their experiences using a semi-structured format; the person who carried out the intervention was also interviewed. Inductive thematic analysis was then used to explore the participants' experiences, as well as to consider the viability of the intervention for future use. The students reported that the hypnotic intervention helped to reduce their test anxiety. The method was positively evaluated by the school staff, too. However, many students had preconceptions of hypnosis which negatively influenced their participation; indeed, one student found that the hypnosis increased their anxiety. This latter result calls our attention to another important methodological (and ethical) consideration: before we start any hypnotic interventions, we must assess the participants' attitudes and knowledge about hypnosis, and if needed, eliminate the misconceptions. Another important methodological issue is that we have to guarantee voluntary participation and appropriate knowledge of hypnosis at the same time.

Perfect, M. M., & Smith, B. (2016). Hypnotic relaxation and yoga to improve sleep and school functioning. *International Journal of School &*

***Educational Psychology*, 4(1), 43–51. DOI: 10.1080/21683603.2016.1130558**

Recently, the sleep quality of young people – in relation to their quality of life, everyday functioning, and academic performance – is in the limelight of adolescent health research (Nuuttinen, Tynjälä, Välimaa et al., 2013). Insufficient sleep, defined as inadequate sleep duration, poor sleep quality, and daytime sleepiness, seems to be associated with negative consequences in the students' learning, behavior, and overall physical and mental health. The authors of this programmatic review article give a thorough overview of adolescent sleep research, and conclude that both hypnosis and yoga seem to be excellent tools to address sleep problems of young people within the school setting. In spite of the obvious potential of hypnotic relaxation and yoga exercises, very few research projects have been dedicated to this issue, and as a matter of fact, none of the studies (from kindergarten to maturation) used any sleep indicators as health outcome. According to Perfect and Smith, this is a major gap in the literature, and needs to be urgently addressed. In my opinion, the most valuable parts of their article are the tables which give a compact but detailed list of components of hypnosis (e.g., suggestions for relaxation; eye closure; mental imagery; feedback; posthypnotic suggestions) and yoga (e.g., deep slow breathing, static poses – asanas, regulated breathing and meditation), which could have had beneficial effect on the sleep quality of young people. They also give examples of hypnosis and yoga that had beneficial effects for other health outcomes, therefore they could have been tested as means of enhancing sleep quality of school-aged children. In the final part of their article, they give some useful advice on how high-quality empirical studies should be conducted in this area. (These recommendations also reflect on how the previous three pieces of work could be developed to meet high methodological standards.) They do not gloss over the fact that this kind of investigation faces several methodological challenges. The researchers must make efforts towards greater standardization, and address problems of adherence, attrition and treatment fidelity. If possible, randomized controlled trials should be conducted, which also collect biomarkers (e.g., cortisol and melatonin), and objective indicators of sleep (e.g. polysomnographical data).

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Interactive Corner



News from the European Hypnosis Community

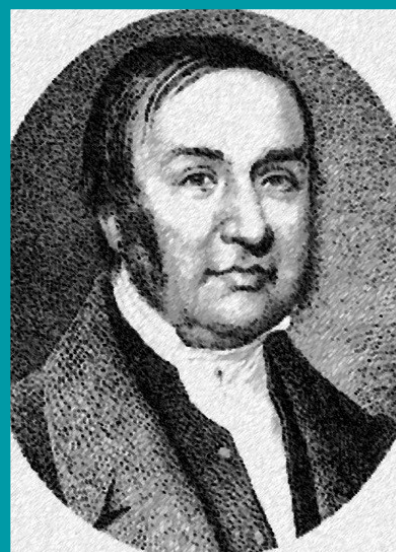
We, hypnosis professionals, are in the very favourable situation that there is a close alliance between the International and the European hypnosis societies. To make our collaboration even stronger, we have decided to make an “interactive corner” between the ISH and ESH Newsletters. We will regularly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

Discovering Dr James Braid by Dr Mike Gow

When I was invited to give a talk on 27th November 2015 on “Hypnosis” by the British Dental Association in Neston, The Wirral, England I was delighted to accept.

Little did I know the fantastic coincidences that were about to unfold!

While preparing for my presentation, I had been thinking about Dr James Braid who is probably one of the most important figures in the history of hypnosis and is in fact considered by many as the ‘father of hypnosis’.



Dr James Braid

(19 June 1795 – 25 March 1860)

gentleman
scientist,
influential pioneer of
hypnotism and
hypnotherapy

Rylaw House, Portmoak, Fife: 1795: The birth and family of James Braid

James Braid was born on 19th June 1795 at Rylaw House (also spelled Ryelaw) in the parish of Portmoak in Fife, Scotland. There are various reports regarding his siblings, however my research reveals that he was one of seven children to be born to landowner of the estates Rylaw and Walkerton, James Braid and Anne Suttie. James' siblings were Ann (20/8/1784), William (21/6/1786), John (28/4/1789) m Christian Heron, Elisabeth (02/02/1791), Ann (21/5/1793), John (31/10/1797). Presumably the first Ann and John did not survive.

It seems that linen bleaching was one of the main activities on the Rylaw and Walkerton estate. Large derelict red brick 'bleaching towers' still stand to this day in Walkerton. James' brother William took over the 300 acre estate as he is listed as 'farmer', age 50 at Rylaw in the 1841 census. In this census his wife Mary (35), and daughters Mary Ann (11 months) and Healen (4) are listed as well as 22 others who were agricultural labourers, linen workers, bleachers and their families. In the 1851 census Mary is listed as the 'Head' and as neither her husband William nor daughter Healen appear, it may be assumed that they had died. Rylaw appears to have still been very active at this time as there are still many families living and employed at Rylaw in agriculture, bleaching and cotton weaving, with Mary's nephew William Smith employed as agricultural foreman.

Edinburgh: 1812-1816: James Braid's early life

James did not go into the family business but he instead studied medicine at Edinburgh University from 1812 to 1814, qualifying in 1815. He was apprenticed to father and son doctors, Dr Thomas and Dr Charles Anderson in Leith. James would later name his first born child Charles Anderson Braid, and dedicate his book to Dr Charles Anderson so that he may *"publicly express the lively sense of gratitude I entertain for the many opportunities enjoyed during my apprenticeship with yourself and your late father, of acquiring a practical as well as theoretical knowledge of my profession; of becoming familiar with your comprehensive views of disease, and their happy application in practice; for the personal kindness shewn me during my pupilage; and for the uninterrupted friendship which has ever since existed betwixt us."*

James married Margaret Mason (Meason) (from North Leith) on 17th November 1813 when he was 18 years old and still a medical student. At the time

of the marriage and is recorded as living at 40 Nicolson Street, Edinburgh.

Leadhills, Lanarkshire: 1816-1825: James Braid's early career

In 1816, aged 21, he was appointed surgeon to Lord Hopetoun's mines at Leadhills in Lanarkshire, Scotland. There are several documents available online from James' time in Leadhills.

There is an interesting account written by James on 20/02/1817 about his unusual experience during a storm on 15/02/1817 while on his way to a house call, in which he observed what is now recognised as likely to have been 'St Elmo's Fire'. His well-written report of witnessing a luminous appearance on the tips of his horse's ears and his hat, followed by an immense number of minute sparks is now listed as an important historical observation of this phenomenon, and at the time attracted much interest from scientists. James commented that it 'produced a very beautiful appearance and I was very sorry to be so soon deprived of it'. St Elmo's fire was considered a good omen when observed at sea, however just a few weeks after James' experience, disaster struck Leadhills.

On 01/03/1817, 7 men lost their lives in a disaster in one of the mines. Many of the men died of suffocation from sulphuric acid gas, and James Braid provides a detailed account of the symptoms experienced by those having been exposed to the gas. James managed to treat those who were less exposed to the gas however in total 30 children were left without a father that day.

James and Margaret had 3 children while living in Leadhills. I have seen reports online that there were 4 children and that a son James was born in 1816 but who is thought to have died in infancy, however I cannot find either a birth or death certificate to verify this. I did find a James Braid Alston born to James Alston and Isabel Gollan in Leadhills in 1816 and wonder if this has erroneously been assumed to have been a son to James and Margaret. It is possible that Dr Braid was known by the Alston family and the middle name given to the child as a gesture. Indeed one of the men who died in the disaster was a James Alston.

The 3 records that are certain are for: Charles Anderson (02/04/1818- presumed to have died in infancy), Ann (Annie) Suttie (20/06/1820- died 1881- married name Ann Daniel), and James (04/11/1822 - died 1882). While I have not yet located a death record for Charles, to confirm reports that he did not survive, I did discover the birth in Leadhills of a

Charles Anderson Braid Alexander to a John on Agnes Alexander on 11/03/1821. It is possible that a grateful local family may have named their child after a child lost by the Braid family.

Dumfries: 1825-1828, 3 years in private practice

In 1825, the Braid family moved to Dumfries, Scotland where James worked as a general practitioner and ophthalmologist in private practice alongside Dr William Maxwell. There was a rather infamous Dr William Maxwell who owned a medical practice in Dumfries at that time, and it is extremely likely that this is the same Dr William Maxwell who James Braid is known to have worked with.

Dr William Maxwell was a known Jacobite and became involved in the French Revolution, at one point travelling to Birmingham to collect an order for 20,000 daggers to take to France! He subsequently fled to France when Parliament caught wind of what he was doing. There, he had powerful friends and joined the National Guard. He was ultimately given command of the guard that led Louis XVI to the guillotine on 21st January 1793 and was reported to, like many did that day, have dipped his handkerchief in the dead monarch's blood! It is therefore another strange coincidence that Dr Maxwell would then eventually know and work with Dr James Braid, who would go on to finally disprove Mesmer's magnetism by developing an explanation for the phenomenon in the form of hypnotism. Louis XVI had been instrumental in the commission (alongside Benjamin Franklin and Dr Joseph-Ignace Guillotine) which had originally disproved Mesmer's magnetic fluid claims in 1784.

On 1st February 1793, France declared war with Britain. With no intention of becoming a traitor, Dr Maxwell fled home and re-established himself in the medical practice, in which James Braid would even-

tually work. Robert Burns who died in Dumfries in 1796, became a friend of Dr Maxwell. Shortly before his death, the poet presented Dr Maxwell with his pair of Excise pistols. Robert Burn's son was born on the day of his own funeral and his widow Jean Armour Burns named their son Maxwell after their doctor and friend.

One day some 6 miles from Dumfries, a mail-coach accident resulted in injury to Alexander Petty from Manchester. Dr Braid attended the accident. In Braid's obituary in the Medical Times and Gazette (7th April 1860), it is stated that Petty had a compound fracture and that two other doctors had recommended amputation. The story was that Braid had promised that he could prevent amputation, and moved to Manchester to be able to treat Mr Petty and make good on his promise. While this is an impressive story, on the 14th April 1860, the Medical Times and Gazette printed a letter written by a Dr A.W. Close, who said he had communicated directly with Mr Petty and wished to clarify that the mail-coach accident had in fact only resulted in a minor injury to the tarsal portion of his foot. Mr Petty was simply 'pleased with Mr Braid's attention to him, and induced him to come to Manchester'.

Manchester: 1828-1860: Dr James Braid and the 'discovery' of hypnotism

So in 1828 the Braids were on the move south again and James set up practice at 67 Piccadilly, Manchester. If you wish to visit this building during the ESH congress, it can be found on the corner of Piccadilly and Newton Street. At the time of writing this article, 67 Piccadilly is a mobile phone shop called 'Cell City'. Braid gave his home address in 1843 as 3, St Peter's Square, Manchester. This attractive building still stands and is located in Manchester City Centre a short distance from Piccadilly.

Over the years James became well known for his surgical work and innovations, especially in treating Congenital Talipes Equinovarus (CTE) (aka 'club foot'). By 1841 he had operated on 262 cases of CTE, 700 cases of strabismus (misalignment of the eyes), and 23 cases of spinal curvature.

Braid recorded 'How hypnotism was discovered' in his book. On Saturday 13th November 1841, Dr James Braid paid half a crown to attend an event with Swiss magnetic demonstrator Charles Lafontaine at the Manchester Athenaeum. The Athenaeum had been built in 1837/8 for a *society for the advancement and diffusion of knowledge* and in the 1840s speakers such as Charles Dickens and Benjamin Disraeli had addressed the membership there.



Braid had attended Lafontaine's 'conversazione' with the intent of debunking the claims of magnetism. He in fact stated *"I attended fully inclined to join in with those who considered the whole to be a system of collusion or delusion or of excited imagination."* Braid remained unconvinced after the meeting on the 13th November but felt compelled to return to the subsequent 'shows'.

On the 19th November Braid was especially interested (presumably given his work with strabismus) by a subject's apparent inability to open his eyes (eyelid catalepsy). He returned the following night and witnessed the same phenomenon again.

Prominent eye surgeon Mr Wilson, distinguished academic and physician Prof Williamson and Dr Braid were invited to assess the subject on one of these evenings and were surprised that on raising her eyelids, the pupils were unusually contracted. This was an involuntary response, usually indicative of deep sleep. Dr Braid then pushed a pin under the girl's fingernail to find that she did not respond to what should have been a very painful stimulus.

Dr Braid states that he felt sure he knew what was happening, but did not want to say anything publicly until he had had the chance to experiment and develop his theory.

Braid did indeed develop his ideas and discussed them with four of his friends before speaking with his friend Captain Thomas Brown (a Scottish naturalist and curator of the Manchester Museum). He believed that eye fixation could induce the effect, having noticed it occurring in a patient gazing at the flame of a candle.

His first recorded success was on in his home (most likely 3 St Peter's Square) on 22nd November 1841, when in the presence of witnesses (including Captain Thomas Brown) he induced in Mr Walker the effects he had seen produced by Lafontaine with the important absence of any 'magnetism' or physical contact. Mr Walker fixed his gaze on the top of a wine bottle that was positioned in a slightly elevated position to create a slight upward gaze. Dr Braid recorded the effects stating that *"In three minutes his eyelids closed, a gush of tears ran down his cheeks, his head drooped, his face was slightly convulsed, he gave a groan, and instantly fell into profound sleep, the respiration becoming slow, deep and sibilant, the right hand and arm being agitated by slight convulsive movements. At the end of four minutes I considered it necessary, for his safety, to put an end to the experiment."*

Dr Braid's wife had been surprised that Mr Walker

had seemed so agitated and alarmed on arousal, and agreed to be the next subject. She assured all that she would not be so easily alarmed. She was asked to gaze at the base of a china sugar basin that was at the same angle to the eyes as the wine bottle of the previous experiment. He again records the effects: *"In two minutes the expression of the face was very much changed; at the end of two minutes and a half the eyelids closed convulsively; the mouth was distorted; she gave a deep sigh, the bosom heaved, she fell back, and was evidently passing into an hysteric paroxysm, to prevent which I instantly aroused her, on counting the pulse I found it had mounted up to 180 strokes a minute."*

Dr Braid then requested his man-servant to come to the room. He reports that his man servant had no knowledge of his intentions. He asked him to simply watch him prepare medicine, and began a 'chemical experiment' as he watched. He reports the effect: *"In two minutes and a half his eyelids closed stoutly with a vibrating motion, his chin fell on his breast, he gave a deep sigh, and instantly was in a profound sleep, breathing loudly. All the persons present burst into a fit of laughter, but still he was not interrupted by us. In about one minute after his profound sleep I roused him, and pretended to chide him for being so careless, said he ought to be ashamed of himself for not being able to attend to my instructions for three minutes without falling asleep, and ordered him down stairs. In a short time I recalled this young man, and desired him to sit down once more, but to be careful not to go to sleep again, as on the former occasion. He sat down with this intention, but in the expiration of two minutes and a half his eyelids closed, and exactly the same phenomena as in the former experiment ensued."*

He then used a different object with Mr Walker with same effect. Interestingly he then says that he 'tried him a La Fontaine' using 'thumbs over the eyes', and again had the same effect. Finally he had him gaze into his eyes (with no physical contact) and again gained the same result.

He summarised that *"I now stated that I considered the experiments fully proved my theory; and expressed my entire conviction that the phenomena of mesmerism were to be accounted for on the principle of a derangement of the state of the cerebrospinal centres, and of the circulatory, and respiratory, and muscular systems, induced, as I have explained, by a fixed stare, absolute repose of body, fixed attention, and suppressed respiration, concomitant with that fixity of attention. That the whole depended on the physical and psychical condition of the patient, arising from the causes referred to, and not it all on the volition, or passes of the operator, throwing out a*

magnetic fluid, or exciting into activity some mystical universal fluid medium"

On 27th November 1841, Dr James Braid gave his first public demonstration of how he could reproduce the effects of 'magnetism' using only eye fixation and without physical contact. This demonstration took place back in the Manchester Athenaeum where he had first witnessed Lafontaine only 2 weeks previously and it is possible that it was billed as 'Braidism'.

On the topic of physical contact however he later stated that *"It has been asserted, for the mere purpose of proving the contrary, that I had claimed being the first to discover that contact was not necessary, and that a magnetic fluid, was not required to produce the phenomena of mesmerism. I never made any such claim, but illustrated these facts by the most simple and conclusive experiments probably which were ever adduced for that purpose. In one of my lectures, I gave a history of mesmerism, including Mesmer's attempt to mesmerise trees in Dr Franklin's garden, to prove to the Commission of 1784, that the patients would become affected when they went under the mesmerised trees, from the magnetic fluid passing from the trees to the patients. This was proof sufficient, that even Mesmer did not hold that contact was necessary. I farther stated the fact, that the experiment was a failure, as the patient became affected, not under the mesmerised, but under the un-mesmerised trees, which led the Commission to infer, that the phenomena resulted from imagination, and not from the influence of a magnetic fluid. Here, then, we had two theories, neither of which considered contact necessary. Surely no one could suppose that I wished to lay claim to these facts as discoveries of my own, seeing I gave the dates when the occurrence took place, which was many years before I was born."*

James Braid details his induction procedure: *"Take any bright object (I generally use my lancet case) between the thumb and fore and middle fingers of the left hand; hold it from about eight to fifteen inches from the eyes, at such position above the forehead is may be necessary to produce the greatest possible strain upon the eyes and eyelids, and enable the patient to maintain a steady fixed stare at the object. The patient must be made to understand that he is to keep the eyes steadily fixed on the object, and the mind riveted on the idea of that one object. It will be observed, that owing to the consensual adjustment of the eyes, the pupils will be at first contracted: they will shortly begin to dilate, and after they have done so to a considerable extent, and have assumed a wavy motion, if the fore and middle fingers of the right hand, extended and a little separated, are car-*

ried from the object towards the eyes, most probably the eyelids will close involuntarily, with a vibratory motion. If this is not the case, or the patient allows the eyeballs to move, desire him to begin anew, giving him to understand that he is to allow the eyelids to close when the fingers are again carried towards the eyes, but that the eyeballs must be kept fixed, in the same position, and the mind riveted to the one idea of the object held above the eyes."

He also states: *"I am aware that some say they have tried my mode, and failed to produce the phenomena. The reason, I presume, is simply this. They will not believe the necessity of complying with the WHOLE of the conditions I have distinctly insisted on. But, in all fairness, if they do not comply with the WHOLE conditions, they have no right to expect the promised results, nor to be disappointed because they fail. If the patient and operator comply in all respects as I direct, success is almost certain; but, on the contrary, he is almost equally certain to fail if all the conditions are not strictly complied with."*

The Manchester Athenaeum where he gave his first demonstration of this process now forms part of The Manchester Art Gallery and can be found on Princess Street. It was designed by Sir Charles Barry who famously also designed Palace of Westminster/The Houses of Parliament. Inscribed on the Italian palazzo style building, are the words:

"INSTUTVTED MDCCCXXXV ATHENAEUM ERECT-ED MDCCCXXXVIII" and "FOR THE ADVANCEMENT AND DIFFVSION OF KNOWLEDGE".

The Athenaeum is certainly a fitting place to hold the mantle of being the 'birthplace of modern hypnosis'. It will be well worth a visit when you attend the ESH Congress in 2017.

By 1842 Braid was using the term 'Neurohypnology' which he later shortened to 'neurypnology'. In 1843 he published the book *'Neurypnology: or the Rationale of Nervous Sleep'* which detailed his observations and had several case studies. In the book he even apologises for the length of the terminology but states that he felt it important to use Greek terms as this was the established way in medicine. He had hoped that shortening the terms would help. *"Neurypnology is derived from the Greek words neuron, nerve; hypnos, sleep; logos, a discourse and means the rationale, or doctrine of nervous sleep, which I define to be, "a peculiar condition of the nervous system, into which it can be thrown by artificial contrivance:" or thus, "a peculiar condition of the nervous system, induced by a fixed and abstracted attention of the mental and visual eye, on one object, not of an exciting nature."*

Importantly this book detailed cases of both success and failure. Braid also states how he believes the technique should be considered within medicine when he says, *"In now unfolding to the medical profession generally - to whose notice, and kind consideration, this treatise is more particularly presented - my views on what I conceive to be a very important, powerful, and extraordinary agent in the healing art; I beg at once distinctly to be understood, as repudiating the idea of its being, or ever becoming, a universal remedy. On the contrary, I feel quite assured it will require ill the acumen and experience of medical men, to decide in what cases it would be safe and proper to have recourse to such a mean; and I have always deprecated, in the strongest terms, any attempts at its use amongst unprofessional persons, for the sake of curiosity, or even for a nobler and more benevolent object - the relief of the infirm; because I am satisfied it ought to be left in the hands of professional men, and of them only. I have myself met with some cases in which I considered it unsafe to apply it at all; and with other cases in which it would have been most hazardous to have carried the operation so far as the patients urged me to do."*

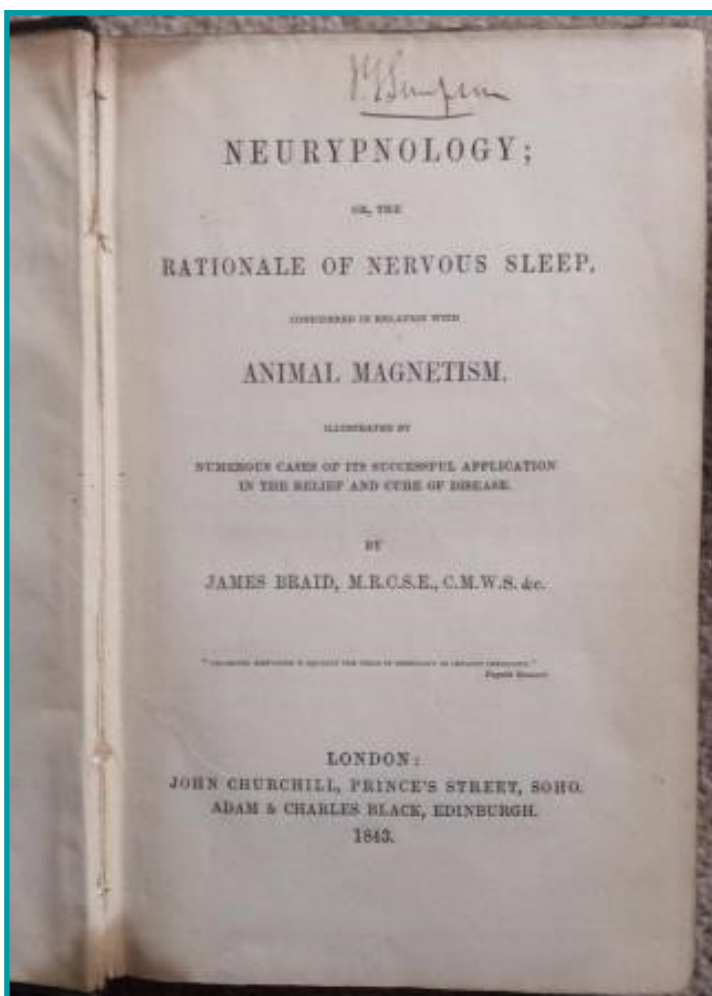
Braid later preferred the terms 'hypnotism', 'hypnotize' and 'hypnotist' and is often mis-credited for having inventing or 'coining' the words. In fact he created English translations of 'hypnotique', 'hypnotisme' and 'hypnotiste' which had been previously used by French magnetist Etienne Felix d'Henin de Cuvillers around 1820. He also defines 'hypnotic', 'hypnotized', 'dehypnotize' and 'dehypnotized' in his book. The word 'hypnosis' was actually never used by Braid, but became popular in the 1880s from the work of the Nancy School.

In 1847 however, Braid attempted to rename to 'Monoideism' (fixation of attention) as he knew that hypnotism was in fact not 'sleep'. It was too late however as the word 'hypnotism' had already become too established. Interestingly, he also resisted suggestions to name the phenomena 'Braidism', which was one of the early considerations.

The book sold an impressive 800 copies within a few months. Braid gifted a copy to Dr James Young Simpson (I know this as I now own this book as part of a large collection of old and signed hypnosis books that I have). At the time, Simpson was searching for a way to anaesthetise patients for surgery. Simpson is known to have used hypnotism for surgery and childbirth, however was keen to find a pharmacological agent that he felt would be quicker and easier to use. On 4th November 1847 at one of his regular 'anaesthesia dinner parties' (where after dinner, Simpson and his medical guests would retire to his study to inhale a variety of chemical agents and record the effects), Drs Keith, Duncan and Simpson himself famously and successfully anaesthetised themselves with chloroform. Had it taken Simpson a few more years to discover chloroform, hypnotism may have had a chance to establish itself more within medicine.

In his book he states that he was happy to share what he had learned freely and that he would happily accommodate any professional who wished to observe him working. He went on to deliver many lectures and demonstrations of hypnotism, and published several papers and letters on the subject right up until his death.

For example he reports that *"In proof of the general success of my mode of operating, I need only name, that at one of my public lectures in Manchester, fourteen male adults, in good health, all strangers to me, stood up at once, and ten of them became decidedly hypnotised. At Rochdale I conducted the experiments for a friend, and hypnotised twenty strangers in one night. At a private conversazione to the profession in London, on the 1st of March, 1842, eighteen adults, most of them entire strangers to me, sat down at*



once, and in ten minutes sixteen of them were decidedly hypnotised. Mr Herbert Mayo tested some of these patients, and satisfied himself of the reality of the phenomena." There is an interesting case where he describes having difficulty bringing 'Charlie' out of hypnotism, and ultimately half a tumbler glass of neat gin was used to 'restore' him!

Rylaw House, 212 Oxford Street, Manchester: 1860: Dr James Braid's death

Dr James Braid died at home at Rylaw House (named after his place of birth), 212 Oxford Street in Chorlton-on-Medlock, Manchester on 25th March 1860. Much of this area of Manchester was demolished in the middle of the 20th century to make way for the expansion of Manchester University. Dr Braid's Rylaw House was however possibly demolished prior to this to make way for Manchester Museum, which was built in 1885 in the vicinity of where Rylaw House at number 212 would have stood. If you visit the area when you attend the ESH Congress in 2017, some of the old red brick townhouses remain near the Museum at Waterloo Place.

The Lancet on 31st March 1860 states *"The sudden death of Mr James Braid, surgeon, of Manchester, (aged 65), which took place on Sunday morning, at his residence Rylaw House, Oxford Street, in that city, is a subject of much regret. He had been in apparently good health all last week, and had made his usual calls upon his patients, displaying the quite cheerfulness in his interviews with them which generally characterised his demeanour. On Sunday morning he complained of pain up the spine of his back and coldness, and ordered a cup of tea. After partaking of it, he breathed heavily several times, and died almost immediately, it is supposed from disease of the heart. He was best known in the medical world*

for his theory and practice of hypnotism, as distinguished from Mesmerism- a system of treatment he applied in certain diseases with great effect, and which has recently attracted much attention in Paris. Long before his discovery of hypnotism however, he had performed some extraordinary cures by operations on contracted muscles, in cases of club foot and similar conditions, which brought him patients from every part of the kingdom. In addition to a large circle of friends whom his warm hearted and genial bearing and professional skill attached to him the wealthier classes of society, and amongst the medical profession, he will be much regretted by the humbler classes, whose sufferings under disease he often succeeded in alleviating without recompense."

Discovering Dr James Braid

As I prepared for my hypnosis talk, pondering which of the details about the life and work of Dr James Braid would most interest the group of dentists to whom I would present at the BDA meeting in Neston, I found myself wondering about one piece of information that I had never known. I wondered about where Dr James Braid was buried.

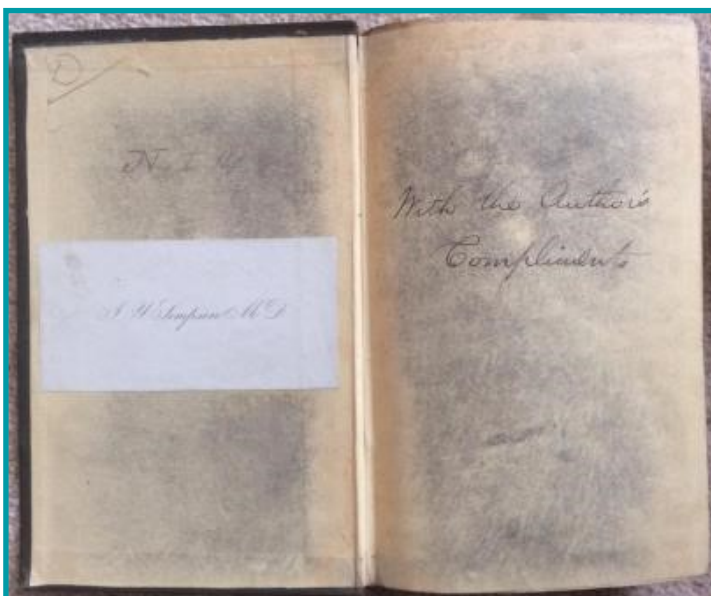
I wondered if he would have been brought back to Scotland or, more likely if he was buried in Manchester. I turned to 'Google' and typed in 'Dr James Braid hypnosis buried'.

I was in disbelief when the results pages loaded and I discovered where he was buried.

Neston! The exact same small town in the Wirral where I was going to present my talk on hypnosis, some 50 miles away from his home in Manchester. I contacted the St Mary's and St Helen's Church and they told me they had a cemetery map which listed the location of James Braid's grave and that there was another James Braid listed as buried in the same lair.

I then discovered why Dr Braid was buried in Neston, a place to which he seemingly had no connection. It turns out that Dr James Braid's son, also called James (born in Leadhills) was the town doctor in Neston. James had moved to Neston, the home town of his wife Nessie Monk Bankes. Nessie was the daughter of Arabella Monk and Dr John Wharton Bankes, (who himself was the son of Dr James Bankes). There is suggestion that James was apprenticed by Dr John W Bankes, his father in law, before he eventually established his own practice in the town. The Braid family lived in a house named 'Springfield' which still stands in Church Lane, behind St Mary & St Helen's Church.

Dr James Braid Jr lost sons, James Bankes Braid (age 1 month) in 1849 and also tragically John



Wharton Banks Braid (1) in 1854, just 4 days after his wife Nessie had died. His infant son John and wife were buried on the same day in the Bankes family grave, lair mm10. James Braid Jr remarried when he was 33 years old to Lucy Jane Reade (20) on 4th September 1856 at St Mary, Walton on the Hill, Lincs, 3 miles north east of Liverpool. In the 1881 census I discovered that they had 4 daughters: Margaret Daws (born around 1858), Florence (born around 1863), Annie (born around 1866), and Tina (name was difficult to read on census and so may be incorrect) (born around 1870). James and Lucy lost a son, James Alfred Braid (born around 1860). This James is as it happens turns out to be the other James who is buried alongside his grandfather. James Alfred Braid was age 6 when he died in 1866. James Braid Jr's surviving son from his first marriage, Charles, went on to follow in his father and grandfather's footsteps and became a doctor. Charles was the sole beneficiary to his maternal grandmother's (Arabella Bankes- nee Monk) estate in 1875 when she died age 87). There is documentation of Charles selling land to Wirral Railways in 1893. James Braid Sr's daughter Ann, married Dr Richard Sylvester Daniel in 1861. Richard (also possibly known as George) trained with his father in law James.

My wife Juliet and I arrived at St Mary's and St Helen's Church on 26th November 2015, at around 4pm, only a few minutes before sunset. We met a church member who told us that the Braid grave was in plot I09 (I as in capital i) and he kindly helped us search for a while. We soon had to give up however due to failing light and lack of success. In the area where we were searching, as per the map, the writing on the graves was very worn and illegible, and row I only seemed to have 8 plots, with the possibility that I09 was under a tarmac path! We left feeling a little disappointed and went to our hotel.

Before we left the cemetery, I took a photograph of the list of lairs and map for future reference and documentation. When back at the hotel, I looked at them myself for the first time. It struck me that James Braid's lair was listed as II09 rather than I09. After a short time pondering this, it suddenly struck me that in stadia and concert venues, the rows after row Z are often AA, BB, CC etc. If this system was also used at the cemetery, but with lowercase, it meant that we had been searching in the wrong place. I also noticed that all the other duel lettered lairs seemed to be in lower case. It was not I09, it was II09 (LL09).

Bright and early the next morning, Juliet and I returned to resume the search armed with this information. We only had a short time to search as I was due to start my talk on hypnosis at 9am, and it would be too dark to search by the time it was finished that afternoon. The venue was close by, just a few minutes by car, but I knew that I would only have a short window of opportunity between sunrise and having to be at the venue to set up and give my talk.

We very quickly worked out the position of row LL and counted across to lair LL09. We uncovered the moss which had grown over the writing on the 156 year old grave. The name 'James Braid' and 'Surgeon' were soon revealed as the moss came away. We soon also found the grave of James Braid's 'in-laws' and grandsons close by at mm10.

As I stood by his grave and contemplated the life and influence of Dr James Braid, I allowed myself a short moment of reflection in self-hypnosis (using eye fixation) in honour of him.

As I skimmed through some of the information that I had brought along with me about his life, I suddenly realised the significance of the date.



It was 27th November 2015.

The 27th November 1841 was Dr James Braid's very first public lecture and demonstration of 'hypnotism' at the Manchester Athenaeum.

We had discovered the grave of Dr James Braid and I went on to give my own talk on hypnosis in the very town where he was buried, on the 174th Anniversary of the day 'hypnotism' was first presented by him to the world.

I am creating a short video about Dr James Braid using footage that I took on 27th November 2015 and at some of the locations mentioned in this paper. I plan to present this video during a talk about James Braid at the ESH congress in Manchester in 2017. It would be great to see you there if you can make it. I am sure you will agree, the prospect of attending a hypnosis congress in the city where Dr James Braid first brought it to the attention to the world is an exciting prospect.

The XIV ESH Congress to be held in Manchester is titled "Hypnosis: Unlocking hidden potential. The value of hypnosis in communication, health and healing in the 21st century".

Some 175 years ago in Manchester, Dr James Braid described the value he saw in hypnotism in health and healing in the 19th century:

"I consider the hypnotic mode of treating certain disorders is a most important ascertained fact, and a real solid addition to practical therapeutics, for there is a variety of cases in which it is really most successful, and to which it is most particularly adapted; and those are the very cases in which ordinary medical means are least successful, or altogether unavailing. Still, I repudiate the notion of holding up hypnosis as a panacea or universal remedy. As formerly remarked, I use hypnosis alone only in a certain class of cases, to which I consider it peculiarly adapted — and I use it in conjunction with medical treatment, in some other cases; but, in the great majority of cases, I do not use hypnosis at all, but depend entirely upon the efficacy of medical, moral, dietetic, and hygienic treatment, prescribing active medicines in such doses as are calculated to produce obvious effects"

I look forward to seeing you in Manchester!
Mike Gow

Michael Gow BDS (Gla) MFDS RCPS (Gla) MSc Hyp (Lon) PGCert (Edin)
Past President of The British Society of Medical & Dental Hypnosis (Scotland)
Email for correspondence:

whatfearcom@hotmail.com

We invite our readers to visit the [ISH website](#) to see the dissertation by Yeates, Lindsay (2013) "James Braid: Surgeon, Gentleman Scientist, and Hypnotist"

The complete dissertation can be downloaded as a PDF.



Welcome to ESH 2017

Interactive Corner — ESH

XIV ESH congress

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



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. 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

Hypnosis – unlocking hidden potential

Tools for communication,
health and healing in the 21st century

Arrangements are progressing well for ESH 2017. A super early bird rate of £325 (approx. 455 Euros) is now available for registrations made until July 2016 and the conference fee includes all lunches and refreshments during morning and afternoon breaks. A reduced fee is also available for students and those from countries with a low GDP (see list on www.esh2017.org). Rooms have been reserved at various hotels with a spread of prices so if you don't wish to stay at the conference hotel there will be other possibilities available.

So book your place soon!

The call for abstracts will be going out to all ESH constituent societies within the next few weeks, with a deadline of 31st October 2016. All types of papers, from clinical case studies, clinical research, theoretical papers and experimental hypnosis research, as well as clinical workshops, are welcome. Papers and workshops should fit into the main theme – Hypnosis- unlocking hidden potential or the three sub-themes of the conference; Communication, Health and Healing. Poster Presentations, which are a great way to display research, case studies and even techniques, are welcomed from those in the early stages of their career, as well as from more established practitioners.

As well as Prof. Walter Bongartz, Prof Elizabeth Faymonville and Assoc. Prof Stuart Derbyshire we have some new Keynote speakers booked: Professor Ulrike Halsband; Dr Claude Virot and Dr. Veit Meßmer. Members of the ESH Board and some notable speakers from the UK such as Prof Leslie Walker and Dr Michael Heap have also agreed to contribute and details will soon be up on the website.

Here to whet your appetite are a few topics that are going to be presented.

Since 2000 Prof Halsband has been the president of the Scientific Advisory Board of the German speaking societies of hypnosis (WBdH). In 2004 she was awarded the Milton Erickson prize for her research in hypnosis. She researches the efficacy of hypnosis and meditation in normal subjects and in patients with specific phobias and anxiety disorders.

Functional magnetic resonance imaging (fMRI), positron-emission-tomography (PET), and electroencephalography (EEG) provide proof for the detectability of physiological state changes as correlates to different states of awareness, consciousness or cognition during hypnosis. She will also report on her work with the use of hypnosis in dental phobia and performance anxiety which demonstrate that hypnosis is a most powerful and successful method for inhibiting the reaction of the fear circuitry structures.

Dr Nicole Ruysschaert from the ESH Board will show how the neuroscience data of psychotherapy, matched with clinical experience, demonstrate which processes are required for promoting health and wellbeing. She will show how therapeutic interactions in hypnosis mobilize hidden potentials in both the therapist and the client.

Hypnosis may be used very effectively to treat side-effects (nausea, vomiting, fatigue, negative body image and pain); to improve coping and to enhance quality of life during and after cancer treatments, and to prolong survival. Leslie G Walker, Emeritus Professor of Cancer Rehabilitation at the University of Hull, UK who continues to carry out research and give invited lectures, will discuss these applications. He will also focus on the research into the psycho-neuroimmunology of breast, brain and colorectal cancers.

Should there be laws about who may use hypnosis? Should hypnosis be used for the interrogation of witnesses in criminal investigations? Can hypnosis be used to make people commit crimes? Can a hypnotised person be unable to resist assault by the hypnotist? Can false memories of sexual abuse be created by hypnosis? How does one assess a claim of psychological harm due to hypnosis (including stage hypnosis)? Is hypnosis as it is applied in the clinical context the same as hypnosis as it is investigated in the laboratory and on which theories of hypnosis are based? All these questions and more will be ably addressed by Dr Michael Heap, a clinical and forensic psychologist from Sheffield UK who has taught and practised hypnosis in the UK, Europe, Canada and the USA for more than 38 years.

So, as you can see, we already have much variety in the topics being presented and soon we can share even more exciting news with you as more speakers get booked and the scientific programme takes shape.

NEWS

Dear Colleagues,

We are looking back on the two most successful international hypnosis congresses in history: Paris 2015 with 2500 attendees and Bremen 2012 with 2300.

This is a good moment to look ahead to the future to build upon these great successful meetings. Some of you may want to visit the Events Calendar on the ISH website to see these and other conferences of interest.

The next International Congresses will be the ESH congress, 23-26 August, 2017 in Manchester, England. The leading European hypnotherapists will meet there and of course also the faculty from all other continents will be teaching there. www.esh-hypnosis.eu

The 21th International Congress of ISH will be 21-26 August, 2018 in Montreal, Canada. The Canadian colleagues are working together with organizers of the successful Paris congress to once more create a great congress. www.hypnosis2018.com

But also already 2016 international congresses are taking place:

- In November 3-6, 2016 the team from the ISH Bremen Congress is organizing the 8th Child Hypnosis meeting in Heidelberg, Germany. This is mainly a German language meeting. The last time in 2013 it was attended by 1950 participants. We expect the same for 2016. The webpage is only in German language, the faculty is international, the participants are mainly from German language countries. At this meeting we will give the Daniel Kohen Award for contributions to the field of child hypnosis to a pioneer in this field. www.kindertagung.de
- In September this year there will be the First International Congress of Dental Hypnosis. This congress is scheduled for Sep 28-30, 2016 in Mashhad, Iran. Already now around 50 international participants are registered and from Iran they expect about 500-600 participants. The topics are Dental Hypnosis, Anesthesia, Pain. There will be also fascinating touristic tours before and after the congress. <http://congress-hypnodontic2016.mums.ac.ir/en/>

- In May 23-25, 2019 in Iran there is a plan to organize the First Asian Hypnosis Congress. One of the goals is to contact and integrate hypnotherapists in countries without hypnosis societies into the International world of hypnosis. If we see the unexpected big interest in the international field for this First World Congress of Hypnodontics we can imagine how big the interest will be for a first Asians Hypnosis Congress.

One of the main goals for the next years is to connect the leading hypnotherapists, hypnosis researchers and hypnosis teachers around the world into one network via an individual membership in the International Society of Hypnosis (ISH).

Please motivate your colleagues in your home countries to join the ISH.

Please check out and forward the webpage of ISH : <http://ishhypnosis.org/>

*Bernhard Trenkle
President-Elect*

2016 CONFERENCE

Society for Clinical and Experimental Hypnosis 67th Annual Workshops and Scientific Session

The Future of Clinical and Experimental Hypnosis in the Era of Health Care Reform October 6-10, 2016

Hilton Boston/Dedham & William James College
(just 20 minutes outside Boston)

Details: www.sceh.us/2016-conference

Call for Papers now underway!

Milton Erickson Gesellschaft für klinische Hypnose e.V. JAHRESTAGUNG 2017

Trauma - Konflikte - Kulturen HYPNOTHERAPIE und was uns VERBINDET 23-26. März 2017, Bad Kissingen

betty.niederauer@MEG-Hypnose.de

Waisenhausstraße 55, 80637 München, Germany

tel: +49-(0)89-340 29 720

fax: +49-(0)89-340 29 719

www.MEG-Tagung.de oder www.MEG-Hypnose.de

5th Congress of the Centro Ericksoniano de México

“El arte de hacer intervenciones” (The art of making interventions)

Date: May 26th-28th, 2016

Place: Veracruz, Mexico.

In this Congress you will have the opportunity to learn different techniques, tools and psychotherapy approaches that you can include in your professional practice as well as in your habits of everyday life.

Brief therapy, and Ericksonian psychotherapy in particular, have a scientific basis which explains their efficiency and success in the therapeutic practice.

Current studies of neurosciences, epigenetics, psychology, quantum physics, among others, are the protagonists anonymously behind each presentation and workshop experience during the entire conference.

We will feature keynote speakers from around the world, who have a lot of innovation and knowledge.

Some of them are:

- Claude Viot, President of the International Society of Hypnosis
- Consuelo Casula, President of the European Society of Hypnosis
- Ana Luco, Vice President of the French Society of Hypnosis
- Brian Allen, Past President of the Australian Society of Hypnosis
- Teresa Robles, Chairman of Centro Ericksoniano de México, AC

Among the topics to be presented at the congress are: resilience, emotions, managing addictions, healthy limits, mind-body communication, Ericksonian family constellations, and of course, intervention techniques from the work of Dr. Milton H. Erickson.

The event will be held in the city of Boca del Rio, Veracruz, Mexico. Veracruz is a state rich in culture, folklore, vegetation and gastronomy. It is one of the most complete and amazing places in Mexico, and in particular the metropolitan area Veracruz-Boca del Rio offers a number of amusements, attractions, shops and restaurants to suit all tastes.

Keynote speakers, the facilities of the Universidad del Valle de Mexico (venue of the event), the topics

chosen on the agenda, and the wonderful picture of the city that frame all activities make this event a great opportunity to learn, enjoy, have fun and grow in all aspects.

We invite you to learn more details of our faculty members, the agenda, prices, as well as the different

options you have for registration and to have with us this great experience.

For more information:

<http://www.cev.mx> or
veracruz@grupocem.edu.mx

Ponencias Magistrales:



Claude Virod
Rennes, Francia
Presidente de la Sociedad
Internacional de Hipnosis



Consuelo Casula
Milán, Italia
Presidente de la Sociedad
Europea de Hipnosis



Betty Alice Erickson
Dallas, EUA
Miembro del Congreso de la
Fundación Milton H. Erickson



Ana Luco
St. Etienne, Francia
Vicepresidenta de la
Sociedad Francesa de Hipnosis



Teresa Robles
D.F., México
Presidente del Consejo
Grupo Centro Ericksoniano de México



Cecilia Fabre
Cancún, México
Directora General
Grupo Centro Ericksoniano de México

5º Congreso Internacional

CENTRO ERICKSONIANO DE MÉXICO A.C.

EL ARTE DE HACER INTERVENCIONES

26 a 28 Mayo, 2016
Veracruz, Ver

En este Congreso tendrás la oportunidad de aprender y conocer diversas técnicas, herramientas y enfoques que podrás incluir en tu práctica profesional, así como también en tus hábitos de vida cotidiana.

Las terapias breves, y la psicoterapia ericksoniana en particular, tienen todo un fundamento científico por medio del cual se puede explicar su eficiencia y éxito al trabajarlo en la práctica terapéutica. Estudios actuales de las neurociencias, la epigenética, la psicología, la física cuántica, entre otros, serán los protagonistas anónimos detrás de cada ponencia y taller que experimentarás durante la jornada completa.

Te invitamos a conocer más detalles de nuestros ponentes magistrales invitados, así como también de las diversas opciones que tienes a tu disposición para inscribirte y vivir junto con nosotros esta gran experiencia.

Informes: www.cev.mx (229)9.31.25.82 veracruz@grupocem.edu.mx

10 Questions

To create a “network” between our members the newsletter started a “game” in the September, 2014 issue. We ask 10 questions of a member, and he / she is supposed to name the next person to be asked, and can formulate a question, especially “tailored” for the chosen colleague. In the previous issue of the Newsletter Dr. Zeig is asking the newest member of ISH. This person is Dr Patrick McCarthy.

Dr. McCarthy was trained as a medical doctor, MB CHB, in 1980 in Glasgow Scotland. He further trained in family medicine from 1980-84. During 1984-86 he was a medical officer at St. John’s Hospital in Mzuzu, Malawi and then became the Registrar in Oncology at Auckland Hospital, New Zealand.



Dr. McCarthy attended his first training in hypnosis with the New Zealand Society of Hypnosis (NZSH) in 1991, while practicing family medicine in that country. Excited about hypnosis, he gave his first workshop in 1992 and served as the president of NZSH from 1993-4 and again from 1996-7.

He has continued as an enthusiastic and well received presenter in New Zealand, and worldwide including, Australia, Canada, the UK and the US. He is an author and playwright as well as editorial consultant to the IJCEH.

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

I saw a demonstration at medical school in Glasgow in 1978.

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

In 2010 I was hypnotized by Brett Geary regarding writing a book. Two were published 3 years later.

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?

No one is my master.

4. What is your favorite book?

The Hornblower series.

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

Watching Celtic play soccer.

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

Be more attentive to my wife.

7. Which human feature do you admire the most?

Confidence.

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 an award winning actor and Toastmaster.

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

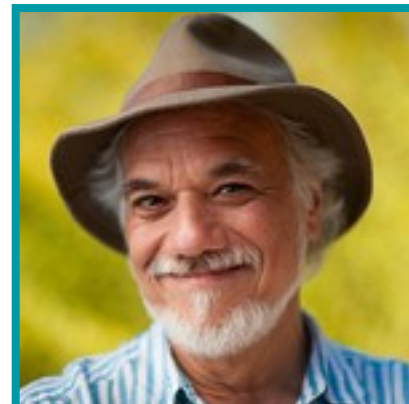
Teaching worldwide.

10. Question from Jeff Zeig to the “newest member of ISH”: Please talk about your enthusiasm for learning hypnosis.

I have had 23,000 hypnosis patients yet I am always learning.

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

Ron De Stefano: Is the word hypnotized a misnomer? If so, how?

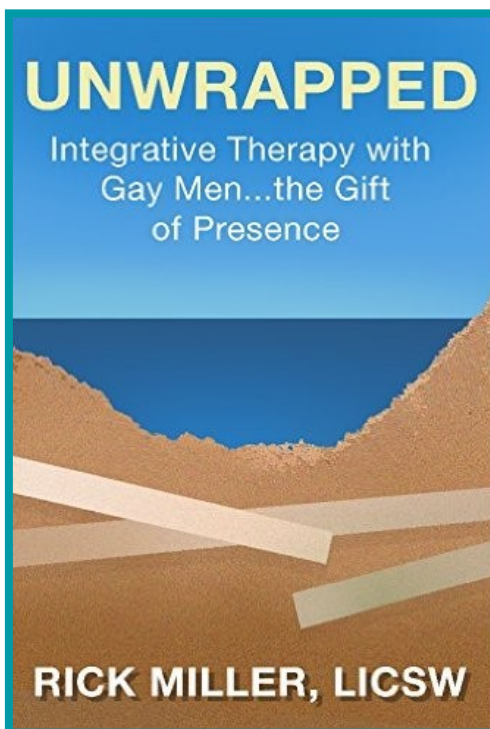


Book Review

Review of Unwrapped; Integrative Therapy with Gay Men... the Gift of Presence. By Rick Miller, LICSW

Reviewed by Dr. Susan Pinco, LCSW

**Even if you think you know all that you should
about working with Gay Men, think again.**



To say that this book, with its fresh, easy to read style, is engaging and a must read for any therapist who contemplates working with gay men, feels like faint praise. This excellent book, with its lyrical use of language and powerful metaphors engages the reader in a journey; a journey that takes you to the heart of

what it has been like for past and present generations of gay men to navigate the complexities of growing up and into relationships with their families, their communities and themselves.

As we all know, journeys can require frequent detours in response to the myriad of obstacles life places in our paths. Unwrapped presents us with a review of the most common challenges; the threads that are woven into the fabric of a gay man's being which both give them their structural integrity and their fault lines. Each challenge is paired with practical advice, detailed hypnotic scripts, and case studies; all designed to help the reader get a visceral sense of the experience and the path to resolution.

The book begins with a discussion of why psychotherapy with gay men is its own category. It touches

on how shame is the hallmark of gay existence, and how unlike other "minority" groups there is no assumed support of one's family. These and other factors lead gay boys and men to grow up dissociated from their bodies, a practice of which few of them are aware. Using this as a jumping off point, Rick then invites us to join him on his own, personal journey, as he discovers the power of experiential therapy delivered within the context of Ericksonian Hypnosis and tailors it to his work with gay men.

Almost immediately, Rick jumps into action, introducing us to a client, "Alex" and leads us through the process he used to engage Alex in developing a state of relaxation. Alex notes that "This was better than a benzo!" As the story of Alex so clearly demonstrates, experiential work, focused and amplified by the innovative hypnosis scripts Rick provides, allows gay men to befriend/be befriended by their bodies; a unique and transformative experience. It is worthwhile noting that much of Rick's work is indirect, providing both comfort in the moment and planting the seeds of transformation that are harvested over time.

Rick continues to take us deeper into the realm of experiential therapy in chapter 2 – "A Transformational Approach." Here we learn more about internal resources, hypnosis and the distinction between doing hypnosis and being hypnotic. Scripts for enhancing body awareness and a secure place are presented although Rick reminds us that scripts should be used for inspiration rather than as something to be read as written. He talks about the importance of therapist presence, authenticity and creativity as well as the need to tailor our interventions, fitting them to the language and modalities of our clients. Chapter 2 ends with a reminder that the therapist must model "letting go" and stepping into change. Concrete suggestions on how to do this such as trying new things and risking utilizing your intuition are presented in an easy to implement fashion.

Chapter 3 looks at "Growing Up Gay Then and Now." Again we are introduced to a number of men, each with a unique yet shared history. As we get to know these men, Rick presents us with ways to work with the issues they struggle with and offers us targeted scripts such as "Rear View Mirror." The chapter ends with a list of things that will help in our work with gay men and with anyone struggling with self-acceptance, shame and attachment issues.

Chapter 4 The Therapy Relationship, Experience Expansion and Expanded Experience looks at the challenges and opportunities inherent in being a gay therapist with a gay man and contrasts that to the challenges and opportunities of being someone other

than a gay male therapist with a gay male client. After exploring attunement in action Rick offers a script; “Seeing and Knowing you.”

In Chapter 5, “The myth of the Urban Gay Man”, Miller states that “the life an urban gay man is not easy”. There are internalized societal norms to deal with and a life time of trying to either meet the dictates of those norms or to conform to the stereotypes and norms of the gay community. We are introduced to “the scene and the unseen” and to the role and impact of Facebook and social media. An outstanding script; “Stepping into the Closet” gives us a visceral sense of the path a gay man utilizes to move toward self-acceptance.

Chapters 6 and 7 address sex and problems related to sex respectively. In these chapters the author helps us struggle with questions like “what is normal”, how to dance with “ease with discomfort” and “what is sex versus what should it be?” In addition to case vignettes and scripts Rick offers us a series of questions that we can utilize to more fully understand our client’s relationship to sex and intimacy.

Chapter 8 looks at “the shadow of HIV” exploring the changing impacts of the disease from the 70’s to the current day.

Chapter 9, aptly labeled “No Room in Heaven: Religion” explores how religion and family are closely bound and suggests questions that you should explore with you clients that will help illuminate issues related to this realm.

Chapter 10 is titled Aging Well and explores the unique challenges facing gay men as they age.

Chapter 11 “Moving Forward a Generative life” offers “some closing ideas for opening up possibility”. These chapters are rich and informative and follow the template that Rick has employed throughout this excellent book: presentation of concepts, vignettes to illustrate his key points and scripts to address the core issues.

I can’t say enough good things about this book. I, a straight white female of a certain age who is well versed in mindfulness practices, experiential psychotherapy and Ericksonian Hypnosis and who has worked successfully with numerous gay men over the years was delighted over and over again with new insights, information and ideas as I eagerly turned the pages of Rick’s ground breaking book.

INTERNATIONAL SOCIETY OF HYPNOSIS



FOUNDED 1973

**BUILDING BRIDGES OF
UNDERSTANDING**

www.ISHypnosis.org

History of ISH

In order to understand the origins of The International Society of Hypnosis it is useful to first place hypnosis in the proper scientific context. Clinical hypnosis has been the subject of research and investigation for as long as modern science has been conducting empirical research. The scientists conducting this research have approached hypnosis from many different perspectives, and while not always in agreement theoretically, they shared both a fascination with the topic and respect for one another’s research efforts. It was this shared interest that encouraged collegial collaboration and the birth of a society...

[To read more, follow the link to ISH website.](http://www.ISHypnosis.org)

In Memoriam



Professor Graham Dene Burrows

**June 17, 1938 to
January 10, 2016**

Leader in Mental Health, Clinician, Researcher, Mentor and Advocate.

Graham Dene Burrows AO, who died at the age of 77 years was a prominent figure in Australian and international psychia-

try. Born in New Zealand, Graham was educated at Auckland Grammar School before gaining a BSc degree majoring in Zoology and later graduating in medicine from Otago University.

He moved to Victoria, Australia, in 1967 where he joined the Victorian Mental Health Authority and was appointed Medical Superintendent at Aradale Mental Hospital in Ararat for two years. He undertook further training at Royal Park Psychiatric Hospital and became involved in research in affective disorders. With the support and encouragement of Dr. John Cade, the discoverer of the use of lithium in bipolar patients, he set up Melbourne's first Lithium Clinic.

In 1973 he was appointed as First Assistant under the Foundation Cato Professor Brian Davies at the University of Melbourne. From 1983 he became the foundation Professor and Director of Psychiatry at the Austin and Larundel Hospitals, later known as Austin Health. His team was well known as the "A Team". He retired from formal academic positions in 2009 but continued his association with the University and the teaching of medical students in his role as a private consultant psychiatrist at The Melbourne Clinic.

Graham will be best remembered for his unparalleled commitment to improving the lives of people with mental illness. His colleagues were impressed with his energy and drive to the benefit of psychiatry and medicine, and also his ability to work closely with others and non-medical groups. He was ac-

tively involved in developments within the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the promotion of Psychiatry within the Australian Medical Association (AMA), and advocacy for the mentally ill at State, Federal and International levels.

Countless psychiatrists across Australia will remember Graham's teaching, underpinned by many years of clinical experience in various settings. He was to many, not just a teacher, but a mentor and career facilitator. The number of trainee psychiatrists who began their careers under his supervision and who subsequently became prominent senior academics is testament to his teaching and support.

For 25 years he led major achievements in clinical service innovations. He established the first Mother-Baby Unit in Australia at Larundel hospital, as well as an Eating Disorders Unit at Austin. Graham championed the development of consultation-liaison psychiatry at the Austin, leading to the development of an internationally recognised Spinal Injuries Unit. In the early 1990's he initiated a consultation-liaison psychiatric service at Fairfield Hospital to work with individuals with HIV/AIDS. He also established Australia's first veterans PTSD treatment programs at Heidelberg Repatriation in 1995. Graham, along with other psychiatric colleagues, founded The Melbourne Clinic, Australia's premier private psychiatric hospital. He facilitated a connection with the University, leading to active postgraduate education and peer review programs at the hospital.

Graham was heavily involved over an extended period with the RANZCP serving on the Victorian Branch Committee (including extensive periods as Chair) almost continuously since 1970 and as a member of the General Council between 1983 and 1997. He was influential in establishing the College's Board of Research and in 1984 was the inaugural chair of the Board. He was also a key player in the establishment of the College's Section of Social and Cultural Psychiatry. Graham was awarded the RANZCP (Vic Branch) Meritorious award in 2008. His contribution to psychiatric research is well-recognised internationally. He made numerous contributions to research in depression and anxiety. (He authored or co-authored more than 104 books/chapters and published over 743 scientific articles). In 1981, he received the RANZCP Senior Research Award. He was the first psychiatrist to be awarded the prestigious Doctor of Science degree from The University of Melbourne in 2004.

Together with academic colleagues he initiated a national forum for psychiatric research in Australia,

leading to the establishment of the Australian Society for Psychiatric Research in 1978 which continues today as the Society for Mental Health Research. Internationally, he had prominent roles with the Collegium Internationale Neuropsychopharmacologium, World Psychiatric Association, International Stress and Behaviour Society, International Society of Hypnosis and World Federation of Societies of Biological Psychiatry.

Throughout his career, Graham combined academic psychiatry with advocacy for the mentally ill through his involvement with the AMA (Victoria), membership of numerous Government committees and advisory groups and voluntary organisations. Graham, with others, established the Mental Health Foundation of Australia in 1981. He was a strong promoter of community education and destigmatisation of mental health. He was also influential in the establishment of support groups for Eating Disorder, Mood and Anxiety Disorders and family support groups.

Graham was recognised for his contributions to psychiatry with the award of Officer of the Order of Australia (AO) in 1989, Australia's equivalency of knighthood.

He was also involved in numerous organisations: Alzheimer's Australia (Vic) Past President; Mental Health Foundation - foundation Chairman; Mental Health Foundation Victoria - foundation President; Order of St John of Jerusalem - Knight Commander of Justice; and Royal Society of Victoria - Past President and Council member. Graham was Patron and benefactor of the East West Centre where a wing is named after him at the boys orphanage. A keen horseman himself, he was Medical Director of Riding for the Disabled.

The professor wore many hats and was known as a man for all seasons. His PA of 24 years, Linda, would agree he was an amazing man to work for, if hard to keep up with. He worked enormous hours, starting with a ward round at 7.00am (after walking his dog in the park) and was often not home before 10.00pm following a meeting at one of the many organisations he was a member of. He used to say "I am campaigning for a 25 hour day". He always claimed he was not a workaholic (driven to work) but a workophile – loved to work. He told his students that you did not read his CV (200 pages plus) but weighed it. Despite this he was devoted to his family and the highlight of each year was the annual ski holiday which, included children and grandchildren, taken in various parts of the world but most often in Whistler or Thredbo.

He had a wonderful sense of humour, a very quick wit and was a very generous and compassionate man. His door was always open to patients, staff and colleagues. He was a tireless researcher, a champion of innumerable mental health causes, a razor sharp clinician, a memorable teacher and generous mentor.

A larger than life figure, his many colleagues will look back with fondness on his humour, wit and clinical wisdom. Graham is survived by his wife of 48 years, Barbara and children Kerryn and Paul, their spouses and his four grandchildren.

Submitted by his family.

Graham Dene Burrows

June 17, 1938 to January 10, 2016

Graham Burrows was my friend and colleague during our successive presidencies of the International Society of Hypnosis (ISH). Seldom have I met such a superb strategist whose primary aim was for our society, which he led in multiple roles during critical times. In 1986 when the ISH Central Office needed a new home, Graham stepped in and provided space and staff at the Austin Hospital for more than a decade. Additionally, he brought the entire Australian Society of Hypnosis into ISH membership.

I have seldom met a more loyal person than Graham. In so many ways, he was a resource for me as I met the inevitable challenges of leadership. Graham was not always free from controversy. He accepted that a true conservative knew when to act decisively. The decisions for which I sought his advice resulted in win/win solutions for all involved. This was his special strength.

We met Graham and his wife, Barbara, when they came to Philadelphia for the 1976 ISH Congress. Our kids remember his flash of red hair and the gifts of toy Kuala bears which opened their eyes to their first international friendships. Over the years, we visited their home in suburban Melbourne, their farm, and Barbara's equestrian center. As a retired anesthesiologist, she has brought to this endeavor the same devotions and skill she brought to her medical practice.

At Graham's retirement celebration from the University of Melbourne's Department of Psychiatry in 2008, Marcia and I shared time with his national and international colleagues. As the family has written in his obituary, his range of influence and lead-

ership extended to every aspect of psychiatry including his research, clinical care and teaching. His highest honor was the Order of Australia.

Linda Davey, PA and Graham's colleague, Robb Stanley, also an officer of ISH, prove the point that every accomplished man or woman has a professional infrastructure of excellence. His wife and children gave him balance and inspiration. When I asked Graham which was more important – his work or his family, he looked me right in the eye and said firmly, "Family!" As the most poignant example of this, he relayed to me that before he started his day in the hospital at 7 AM, and after his earlier walk with his dog, he served Barbara breakfast in bed – treasured moments for each to begin the day.

I am grateful to have known Graham. I shall miss him.

Peter B. Bloom, MD
Past President,
International Society of Hypnosis;
Clinical Professor of Psychiatry,
Department of Psychiatry,
Perelman School of Medicine,
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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 ☺).

András Költő
Budapest, Hungary

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

My name is András Költő. I am a psychologist and a specialist in health promotion. Last year I defended my [doctoral thesis](#), so I also hold a PhD. I am from Budapest, Hungary – that's where I was born and raised.

I am a Research Associate in the National Institute of Health Promotion, working in the [Health Behaviour in School-aged Children \(HBSC\)](#), a WHO Collaborative International Study. My other job is Assistant Lecturer at Eötvös Loránd University, Department for Affective Psychology.

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

I got introduced to the International Society of Hypnosis in 2009, when I had the privilege to participate in the XVIII ISH Congress in Rome as an MA student. I owe this to my mentor professor Éva I. Bányai, a former President of ISH. Besides her own scientific work and teaching, Éva has always put much effort into volunteering to build groups of hypnosis professionals, and she encouraged me to take part in this work.

What is your current "job" / task here?

I am in charge of the column "Findings of Note" appearing in the ISH Newsletter. Since hypnosis-related topics are increasingly published in forums

outside of the hypnotic orbit, I find it important that we channel back these pieces of new knowledge into our galaxy. As the editor of the ESH Newsletter, I work together with Kata on a shared column, "International / European Corner."

When not for ISH, what is your professional work?

The HBSC is the largest international research project investigating mental and physical health of adolescents; currently 43 countries take part in it. We are working on a project which includes 9 countries across the world, probing into how the romantic orientation of the 15-year-old is associated with their health.

At the university, I teach affective psychology and research methodology to undergraduate students, and I supervise their term papers. Some of my students are heavily involved in a project related to the psychology of art. They recruit professional actors and dancers. We investigate the hypnotizability of stage performers, and we compare their experiences during acting and hypnosis.

And something about your free time? Hobby? Preferred pastime?

From my inclination with the hypnotizability of actors you can conclude I am a fan of theater ☺

I like attending both classical plays (in Hungary, we call them shows from the "stone theatres") and alternative performances. I also like swimming and riding my bike. Recently I started to actively practice doing nothing. It means if I see a nice spot during a bike trip, I just stop and spend some time there, letting my mind wander.

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

I feel blessed for the friends I met in the European and International hypnosis communities. The most memorable moments for me are those I can spend with them, having a beer and discussing all things.

I would like to share a photo with you, made in 2015 ISH Congress in Paris, with two of my best friends in hypnosis: Åsa Fe Kockum, a clinical psychologist from Sweden, and Flavio Giuseppe di Leone, a psychiatrist from Italy. We share many thoughts, preferences, and sense of humor.

I wish every ISHNL readers to find friends like mine.



Flavio Giuseppe di Leone (Italy), Åsa Fe Kockum (Sweden), and András Költő (Hungary)

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