



The International Society of Hypnosis

NEWSLETTER

Building Bridges of Understanding

2016, Volume 40, No. 2.

Letter from the President



June 2016

Claude Virost MD

President's Letter

Translator:

Maria Escalante

Good Morning,

You are reading this letter today because you are a friend of the International Society of Hypnosis (ISH).

Perhaps as a member of one of the 32

constituent societies, maybe as a current or future individual member. No matter what the case is, you share my conviction, everybody's conviction that hypnosis is the best tool to heal and evolve we can put to our patients' service.

If ISH sees each year its reputation and strength grow, it is thanks to you, to everyone who is proud to be part of this large international family. Each time you read this letter, every time you talk about ISH, each time you participate in a conference supported by the ISH, you participate in making it a stronger society.

With my institute Emergences, I have just concluded the 6th Congress "Hypnosis and Pain". This year it brought together 1,000 participants and 150 speakers. This is a great success of participation and a beautiful scientific success. Several international "stars" were invited and did me the honor and pleasure to come: Mark Jensen and Nicole Ruysschaert, ISH officers, Teresa Robles, director of Ericksonian Center of Mexico City, Ernil Hansen, Professor of Anesthesiology from Ger-

many, Gaston Brosseau, former president of the Quebec Society of Hypnosis. Everyone brings some prestige and scientific value to this meeting which is held every two years. And what brings more prestige is the friendly and direct support from ISH. It is possible to organize a major national or international event under the banner of the ISH by placing the logo on all documents that announce your conference and your scientific program. By combining your reputation and that of ISH, you increase the recognition of your event for your entire network, your contacts, your trainees, your students. For this year 2016, our Iranian friends have done the same approach to their * "First World Congress on hypnodontics" to be held in Mashhad in September (<http://cong-hypnodontic2016.mums.ac.ir/en/>). If this support is good for your event, it is also good for ISH and contributes, as I said above, to increase the strength and reputation of the ISH. It is a win - win.

If you soon organize an important event, a conference or a scientific event, I invite you to contact me directly simply by sending me an email (or president@ishhypnosis.org / claudio.virost@me.com). It is important for us to announce your event in the calendar on the website (<http://www.ishhypnosis.org/>) and present your case to the office of the ISH.

I wish that ISH will be very quickly represented by its logo on the documents of numerous events around the world and that everyone, like you and me, is proud to support in her own way the development of therapeutic hypnosis.

Other initiatives go in the same direction. We have decided to provide friendly support for a new project "Hypnokairos" directed by Franck Garden Brèche, a member of the ISH Office. Franck wrote to you below all you need to know about this "webzine" that will modernize and enroll in the new media world of hypnosis.

If you too are involved in a project to develop the knowledge, teaching or dissemination of hypnosis, contact me! Support of the International Society of

Hypnosis, even if it is only as a friend, this can sometimes facilitate your success.

I wish you a nice week and live serenely the coming months. I'll meet you in the September newsletter.

Claude VIROT

President of the International Society of Hypnosis

(*A few days after receiving your letter, you will receive from Suzanne Malik our assistant administrator, your application that you can fill in to be official. A small financial contribution will be required. For a congress, it is the price of an enrollment!)

Lettre de la présidente

French

Bonjour,

Vous lisez cette lettre aujourd'hui parce que vous êtes ami de la Société Internationale d'Hypnose (ISH). Peut-être comme membre de l'une des 32 sociétés constituantes, peut-être comme membre individuel actuel ou futur. Quel que soit le cas, vous partagez ma conviction, la conviction de tous, à l'ISH, que l'hypnose est le plus bel outil pour soigner et évoluer que nous puissions mettre au service de nos patients.

Si l'ISH voit chaque année sa réputation et sa force croître, c'est grâce à vous, à chacun de ceux qui sont fiers de faire partie de cette grande famille internationale. À chaque fois que vous lisez cette lettre, à chaque fois que vous parlez de l'ISH, à chaque fois que vous participez à un congrès soutenu par l'ISH, vous participez à rendre plus fort notre société.

Avec mon institut Emergences, je viens de conclure le 6e congrès «Hypnose et Douleur». Cette année, il a réuni 1 000 participants et 150 conférenciers. C'est un très beau succès de participation et un très beau succès scientifique. Plusieurs «stars» internationales étaient invitées et m'ont fait l'honneur et le plaisir de venir: Mark Jensen et Nicole Ruysschaert, membres du bureau de l'ISH, Teresa Robles, directrice du centre ericksonnien de Mexico, Ernil Hansen professeur en anesthésie en Allemagne, Gaston Brosseau, ex-président de la Société Québécoise d'Hypnose. Chacun apporte un peu de prestige et de valeur scientifique à cette rencontre qui a lieu tous les deux ans. Et ce qui lui apporte encore plus de prestige est le soutien amical et direct de l'ISH. Il est en effet possible d'organiser un grand événement national ou international sous la bannière de l'ISH en mettant le logo sur tous les documents qui annoncent votre congrès et sur votre programme scientifique. En associant votre réputation et celle de l'ISH, vous augmentez la reconnaissance de votre événement pour tout votre réseau, vos contacts, vos stagiaires, vos étudiants.

Pour cette année 2016, nos amis Iraniens ont déjà fait la même démarche* pour leur «First world congress on hypnodontics» qui se tiendra à Mashhad en septembre

(<http://cong-hypnodontic2016.mums.ac.ir/en>). Si ce soutien est bon pour votre événement, il est bon aussi pour l'ISH et contribue, ainsi que je le disais plus haut, à accroître la force et la renommée de l'ISH. C'est gagnant – gagnant.

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Gedanken der Präsidentin

Translator: Reinhild Draeger-Muenke
German

Si vous organisez bientôt un événement important, un congrès ou une manifestation scientifique, je vous invite à prendre contact directement avec moi en m'envoyant simplement un e-mail (president@ishhypnosis.org ou claud.virot@me.com). Ceci est important pour que nous puissions annoncer votre manifestation dans l'agenda sur le site internet (<http://www.ishhypnosis.org/>) et pour présenter votre dossier au bureau de l'ISH.

Je souhaite que très rapidement l'ISH soit représentée par son logo sur les documents de nombreux événements partout dans le monde et que chacun, vous comme moi, soit fier de soutenir à sa manière le développement de l'hypnose thérapeutique.

D'autres initiatives vont dans le même sens. Nous avons décidé d'apporter un soutien amical à un nouveau projet «Hypnokairos» dirigé par Franck Garden-Brèche, membre du bureau de l'ISH. Franck vous écrit ci-dessous tout ce que vous souhaitez savoir sur ce «webzine» qui vient moderniser et inscrire dans les nouveaux médias le monde de l'hypnose.

Si vous aussi, vous êtes impliqué dans un projet pour développer la connaissance, l'enseignement ou la diffusion de l'hypnose, contactez-moi! Un soutien de la Société Internationale d'Hypnose, même s'il est seulement amical, peut parfois faciliter votre réussite.

Je vous souhaite de passer de belles semaines et de vivre sereinement les prochains mois. Je vous retrouverai dans la newsletter de septembre.

Claude VIROT

Président de la Société Internationale d'Hypnose

(*Quelques jours après réception de votre courrier, vous recevrez de Suzanne Malik, notre secrétaire le formulaire à remplir pour que votre demande soit officielle. Une petite contribution financière vous sera demandée. Pour un congrès, c'est le prix d'une inscription!)

Guten Tag,

Sie lesen diesen Rundbrief heute, weil Sie dem Freundeskreis der Internationalen Hypnosegesellschaft (ISH) angehören. Vielleicht sind Sie ein Mitglied einer der 32 Gründungsgesellschaften, vielleicht ein gegenwärtiges oder zukünftiges Einzelmitglied. Wie dem auch sei, Sie teilen meine Überzeugung, und die aller ISH Mitglieder, dass die Hypnose das beste Handwerkszeug ist, das uns im Dienst an unseren Patienten zur Verfügung steht, um sie gut zu versorgen und bei ihrer Weiterentwicklung zu unterstützen.

Wenn die ISH jedes Jahr ihren Ruf und ihre Stärke wachsen sieht, ist das dank Ihnen, dank eines jeden, der stolz ist, dieser grossen internationalen Familie anzugehören. Jedesmal, wenn Sie diesen Rundbrief lesen, jedesmal, wenn Sie ISH erwähnen, jedesmal, wenn Sie an einem von ISH ausgerichteten Kongress teilnehmen, stärken Sie unsere Gesellschaft.

Mit meinem Institut „Emergences“ (Werden) habe ich gerade den 6. Kongress über „Hypnose und Schmerz“ durchgeführt. Dieses Jahr sind dort 1000 Teilnehmer und 150 Referenten zusammenkommen. Das ist ein sehr schöner Erfolg, was sowohl die Teilnahme, als auch die wissenschaftlichen Beiträge angeht. Einige internationale „Stars“ waren eingeladen und haben mir die Ehre und die Freude erwiesen, auch zu kommen. Mark Jensen und Nicole Ruysschaert, Vorstandsmitglieder der ISH, Teresa Robles, Direktorin des mexikanischen Erickson Zentrums, Emil Hansen, Anästhesieprofessor in Deutschland, und Gaston Brosseau, ehemaliger Präsident der Hypnosegesellschaft von Quebec. Jeder bringt ein bisschen Prestige und wissenschaftlichen Wert zu diesem Treffen, das alle zwei Jahre stattfindet.

Und was diesem Treffen noch mehr Prestige bringt, ist die freundschaftliche und direkte Unterstützung durch die ISH. Es ist in der Tat möglich, ein grosses nationales oder internationales Treffen unter dem Banner der ISH zu organisieren, indem man das ISH Logo auf alle Dokumente setzt, die den Kongress ankündigen, sowie auf das wissenschaftliche Programm. Indem Sie Ihren Ruf mit dem der ISH verbinden, vergrössern Sie den Anerkennungswert ihrer Veranstaltung für Ihr gesamtes Netzwerk, Ihre Kontakte, Ihre Auszubildenden, und Ihre Studenten.

Für 2016 haben sich unsere iranischen Freunde

schon denselben Ansatz für die Ausrichtung ihres „1. Weltkongress für Hypnose in der Zahnbehandlung“ zunutze gemacht, der im September in Mashad stattfinden wird (<http://conghypnodontic2016.mums.ac.ir/en/>). Wenn diese Unterstützung gut für Ihre Veranstaltung ist, so ist sie ebenfalls gut für ISH, weil Sie damit, wie ich oben schon gesagt habe, zur Stärkung und dem guten Ruf der ISH beitragen. Dabei gibt es nur Gewinner. Falls Sie in Kürze eine wichtige Veranstaltung, einen Kongress oder eine wissenschaftliche Tagung organisieren, lade ich Sie dazu ein, mit mir direkt Kontakt aufzunehmen, indem Sie mir einfach eine email schicken (president@ishhypnosis.org oder claud.virot@me.com). Das ist wichtig, damit wir Ihre Veranstaltung im Veranstaltungskalender auf unserer Internetseite (<http://www.ishhypnosis.org/>) ankündigen können, und um ihre Information dem ISH Vorstand vorzustellen.

Ich wünsche mir, dass die ISH ganz schnell mit ihrem Logo auf den Dokumenten zahlreicher Veranstaltungen überall auf der Welt vertreten sein wird, und dass jeder, Sie und ich, stolz darauf sind, auf unsere Weise die Entwicklung der therapeutischen Hypnose zu unterstützen.

Andere Initiativen gehen in dieselbe Richtung. Wir haben uns entschieden, einem neuen Projekt unsere freundliche Unterstützung zu geben, „Hypnokairos“, geleitet vom ISH Vorstandsmitglied Franck Garden-Brèche. Franck hat Ihnen schon alles geschrieben, was Sie über dieses „webzine“ wissen wollen, das die Welt der Hypnose modernisieren und in die neuen Medien einführen wird.

Wenn Sie auch ein Projekt anvisieren, welches zum Ziel hat das Wissen über die Hypnose, ihre Vermittlung, oder ihre Verbreitung weiterzuentwickeln, dann kontaktieren Sie mich doch! Die Unterstützung durch die ISH, selbst wenn diese nur freundschaftlich ist, kann manchmal zum Gelingen Ihres Vorhabens beitragen.

Mögen Sie angenehme Wochen verbringen, und die nächsten Monate gelassen verleben. Ich werde Sie im September-Rundbrief wiedertreffen.

Claude VIROT
Präsident der ISH

(*Ein paar Tage nach Eingang Ihrer Veranstaltungsinformationen werden Sie von unserer Sekretärin, Suzanne Malik, ein Formular zum Ausfüllen erhalten, um Ihre Anfrage offiziell zu machen. Sie werden auch um einen kleinen finanziellen Beitrag gebeten werden. Für einen Kongress wird es sich dabei um die Gebühr einer Anmeldung handeln.)

Lettera del presidente

Translator: Consuelo Casula
Italian

Buongiorno,

Stai leggendo questa lettera perché sei amico della Società Internazionale di Ipnosi (ISH). Forse come membro di una delle 32 società costituenti; forse come membro individuale attuale o futuro. Non importa quale sia il tuo caso: tu condividi la mia convinzione, la convinzione di tutti noi, che l'ipnosi sia il migliore strumento che possiamo mettere a disposizione dei nostri pazienti per curarli e aiutarli a evolvere.

Se la ISH ogni anno vede crescere la sua reputazione e la sua forza, è grazie a voi, a chi è orgoglioso di far parte di questa grande famiglia internazionale. Ogni volta che leggi questa lettera, ogni volta che parli della ISH, ogni volta che partecipi a una conferenza patrocinata dalla ISH, tu contribuisce a renderla una società più forte.

Con il mio Istituto Emergences, ho appena concluso il 6 ° Congresso “Ipnosi e Dolore”. Quest'anno ha riunito 1.000 partecipanti e 150 relatori. E' stato un grande successo scientifico e di partecipazione. Alcune “stelle” internazionali sono state invitate e mi hanno fatto l'onore e il piacere di venire: Mark Jensen e Nicole Ruysschaert, membri del board della ISH, Teresa Robles, direttrice del Centro Ericksoniano di Città del Messico, Ernil Hansen, professore di Anestesiologia in Germania, Gaston Brosseau, ex presidente della Società Quebec di ipnosi. Ognuno ha portato con sé prestigio e valore scientifico a questo incontro che si tiene ogni due anni. Ciò che porta più prestigio è il supporto amichevole e diretto alla ISH.

E' possibile organizzare importanti eventi nazionali o internazionali con il patrocinio della ISH, mettendo il suo logo su tutti i documenti che annunciano la conferenza e il programma scientifico. Unendo la vostra reputazione con quella della ISH, aumentate il riconoscimento dell'evento nel vostro network, tra i vostri contatti, allievi, studenti.

Quest'anno 2016, i nostri amici iraniani hanno seguito lo stesso approccio per il loro “Primo Congresso Mondiale di ipnodontia” che si terrà a Mashhad nel mese di settembre (sito web: <http://conghypnodontic2016.mums.ac.ir/en/>).

Se questo supporto è un vantaggio per il vostro evento, è anche un bene per la ISH e contribuisce,

Columna de la Presidencia

Translator: Teresa Robles
Spanish

come ho detto sopra, ad aumentare la forza e la reputazione della ISH. Io vinco-tu vinci. Se presto organizzi un evento importante, una conferenza o un evento scientifico, ti invito a contattarmi direttamente semplicemente inviando una e-mail (president@ishhypnosis.org, oppure claud.virot@me.com). Per annunciare il vostro evento nel calendario del sito web (<http://www.ishhypnosis.org/>) è importante che voi presentiate la vostra richiesta alla ISH.

Mi auguro che la ISH venga rapidamente rappresentata con il suo logo sui documenti di numerosi eventi in tutto il mondo, e che tutti, come te e me, siamo orgogliosi di sostenere, ciascuno a suo modo, lo sviluppo dell'ipnosi terapeutica. Altre iniziative vanno nella stessa direzione. Abbiamo deciso di fornire un supporto amichevole a un nuovo progetto "Hypnokairos", diretto da Franck Garden Brèche, membro del board della ISH. Franck ha scritto ciò che dovete sapere su questo "webzine" che modernizza e si inserisce nel nuovo mondo dei giornali di ipnosi.

Se anche tu sei coinvolto in un progetto per sviluppare la conoscenza, l'insegnamento o la diffusione dell'ipnosi, contattami! Supportare la Società Internazionale di Ipnosi, anche solo come amico, a volte può facilitare il tuo successo. Vi auguro una buona settimana e di vivere serenamente i prossimi mesi. Ci vediamo nella newsletter di settembre.

Claude VIROT

Presidente della Società Internazionale di Ipnosi

(*Pochi giorni dopo aver ricevuto la vostra richiesta, riceverete da Suzanne Malik, la nostra segretaria, l'applicazione da compilare per ufficializzare il patrocinio. Un piccolo contributo finanziario sarà richiesto. Per un congresso, è il prezzo dell'iscrizione!)

Visit ISH Video Library by clicking below.



Buenos días,

Si estás leyendo esta carta, es porque eres amigo de la Sociedad Internacional de Hipnosis (ISH). Tal vez eres miembro de una de las 32 sociedades afiliadas a ella; tal vez eres miembro o futuro miembro de esta sociedad. Independiente de lo que seas, compartes mi convicción, la convicción de todos nosotros, de que la hipnosis es la mejor herramienta para sanar y evolucionar que podemos poner al servicio de nuestros pacientes.

Si la reputación de la ISH crece año tras año, es gracias a ti, gracias a todos son lo que están orgullosos de ser parte de esta gran familia internacional. Cada vez que lees estas cartas; cada vez que hablas sobre la ISH; cada vez que participas en una de sus Conferencias, estás contribuyendo a que esta sociedad sea cada vez más fuerte.

En mi instituto, Emergences, acaba de terminar el 6o Congreso sobre "Hipnosis y Dolor". Este año, asistieron alrededor de 1000 participantes y 150 conferencistas. Fue un gran éxito tanto en la participación como desde el punto de vista científico. Invitamos a varias estrellas internacionales, que me hicieron el honor y me dieron el placer de venir: Mark Jensen y Nicole Ruysschaert, parte del Consejo Directivo de la ISH, Teresa Robles, Presidente del Consejo del Centro Ericksoniano de México, Ernil Hansen, Profesor de Anestesiología de Alemania, Gaston Brosseau, Presidente de la Sociedad de Hipnosis de Quebec. Cada uno de ellos aportó prestigio y valor científico a esta reunión que tiene lugar cada dos años. Y lo que más prestigio le dio fue el apoyo directo y amistoso de la ISH.

Puedes anunciar cualquier evento nacional o internacional con el reconocimiento de la ISH simplemente poniendo su logo en toda la publicidad del Congreso y en el programa científico. Conjuntando tu reputación y la de la ISH, aumentas el reconocimiento de tu evento en todas tus redes, contactos, alumnos y exalumnos.

En 2016, nuestros amigos iraníes hicieron esto para su Primer Congreso Mundial de Hipnodoncia que tendrá lugar en Mashhad en septiembre próximo (<http://cong-hypnodontic2016.mums.ac.ir/en/>).

Si este apoyo es útil para tu evento, también lo es para la ISH y, como ya señalé, contribuye a incrementar la fuerza y la reputación de la ISH. Se trata de ganar – ganar.

Si próximamente tendrás un evento importante, una Conferencia o cualquier reunión científica, te invito a contactarme directamente simplemente mandando un correo a president@ishhypnosis.org o a claudio.virot@me.com. Para nosotros es importante anunciar tu evento en el calendario de nuestra página; <http://www.ishhypnosis.org/> y presentar tu caso a la oficina de la ISH.

Es mi deseo que muy pronto la ISH esté representada a través de su logo en los documentos de numerosos eventos alrededor del mundo y que todos, como tú y yo, cada uno a su manera, estemos orgullosos de apoyar el desarrollo de la hipnosis terapéutica.

Hay otras iniciativas en la misma dirección. Hemos decidido apoyar un nuevo proyecto, "Hypnokairos", dirigido por Franck Garden Brèche, miembro de la mesa directiva de la ISH. Franck ya les informó sobre esta revista On Line que moderniza e introduce el nuevo mundo de los medios en el mundo de la hipnosis.

Si estás involucrado en un proyecto para desarrollar el conocimiento de la hipnosis, enseñarla o difundirla, ¡Ponte en contacto conmigo!

El apoyo de la Sociedad Internacional de Hipnosis, incluso si es solamente en forma amistosa puede tal vez contribuir a tu éxito.

Te deseo que tengas una linda semana y que los próximos meses estén llenos de serenidad para ti. Hasta la próxima revista en el mes de septiembre.

Claude VIROT

Presidente de la Sociedad Internacional de Hipnosis

(*Unos pocos días después de haber recibido esta carta, recibirás de Suzanne MALIK, un formato para solicitar que tu evento sea reconocido oficialmente. Estamos pidiendo una pequeña contribución económica. Para un Congreso, por ejemplo, sería el precio de una inscripción.)



THE INTERNATIONAL SOCIETY OF HYPNOSIS

Individual ISH Membership

Membership benefits include:

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

[For a list of members, please visit the International Society of Hypnosis website.](http://www.ishhypnosis.org/)

OR

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Letter from the Editor



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

In this issue we present interviews with two wonderful women. Both are devoted, creative and inspiring...

In the column of **“Main Interview”** we introduce **Leora Kuttner**. We had a wonderful conversation in Paris, so it was really nice to contact her for the interview. I am al-

ways impressed how deeply her films – No Fears, No Tears, and 13 Years Later – impacts my students, representing not only the hypnosis techniques but also the involvement of the professionals and the emotional background of this wonderful work.

In the column of **“Meeting our Mentors”** we can read some really interesting details regarding the professional career of **Christel Bejenke**. She is always talking about the patients and the way she works with them – but we barely know her, as a person. I have the special possibility of knowing Christel for decades, nevertheless I got to know some basic details about her doing this interview.

In the column of **Clinical Relevance of Research Findings** two young researchers – **Enikő and Krisztián Kasos** – are presenting a summary of the hypnosis inductions with increasing alertness. They have just finished an experimental series using active-alert induction (published by Éva I. Bányai and Ernest R. Hilgard, past presidents of ISH). These inductions are important both from the theoretical and practical points of view. Their summary might be interesting for the clinicians as well, enriching the induction repertoires.

In the **“ESH Corner”** we have a brief report of a workshops in clinical hypnosis and the ESH board meeting in Lausanne, and introduction of the presidents of Swiss Medical Society of Hypnosis.

The recent salient findings on hypnosis are presented in the column of **“Findings of Note”** by **András Költő**. András guides us exploring various interesting fields: from childbirth to unconscious processes.

These summaries stress the importance – again – of running well controlled, methodologically “fit” randomized clinical trials to prove statistically what we all see in daily practice: the power of hypnosis. Following the memorable XXth ISH Congress in Paris, we are preparing for the next one, to be held in Montreal. As anyone who ever organized a congress knows very well this work begins years before the actual event. One of the organizers, **Claude Verreault**, from (Montreal, Québec), Canada is introduced in the **Stage Crew** section.

In the **10 questions** section the person who answers our standard 10 questions can name a new member to be asked and put a specific question to him / her. Patrick MacCarthy, “threw the ball” to De Stefano.

The editor: **Franck Garden-Brèche** tells us the story of the birth of a new International Hypnosis Journal entitled **‘HypnoKairos’** – right from the conception.

As always, we are informing our members in the **News** with more and more details on various hypnosis meetings, including those of ESH and ISH.

Katalin Varga, Dipl. Psych. Ph.D.

Interview

Dr Kuttner is Clinical Psychologist, Clinical Professor of Pediatrics at University of British Columbia, BC Children's Hospital, Vancouver and documentary filmmaker. She pioneered work in pediatric pain-relief, using hypnosis for children, teaching this throughout Europe, the Middle-East, Australia, Canada and the USA for 35 years.



Dr. Kuttner published over 45 professional articles and wrote "A Child in Pain: How to Help, What to Do" for parents, and "A Child in Pain: What Health Professionals can do to Help". In 1985 Dr. Kuttner filmed the award-winning "No Fears, No Tears"; it's sequel "No Fears, No Tears--13 Years Later"; 2003 "Making Every Moment Count" on Pediatric Palliative care with The National Film Board of Canada, and 2013 "Dancing with Pain" on Youth with Chronic Pain.

She won 'The Woman of Distinction' in Vancouver; Outstanding Alumni for Professional Achievement from Simon Fraser University; The American Pain Society's Jeffrey Lawson Award on Advocacy for Children's Pain Relief. Currently, she's remains in practice treating children and teens' pain and anxiety, using hypnosis all the time!

www.drleorakuttner.com

Dear Leora,

1. Your professional activity is really diverse: you are working with several techniques – hypnosis, acupressure, cognitive-behavioral methods, etc. How do you see the role of hypnosis in this nice "bouquet?"

Hypnosis is more encompassing than a technique – it's a comprehensive approach, whereas acupressure and others are useful specific techniques. Hypnosis has become my frame of treatment, one great-

ly influenced by Milton Erickson, Jay Haley, Paul Watzlawick in three vital dimensions: Philosophically, in terms of understanding how easily change can happen when beliefs and convictions move from stuck and rigid to possible and inevitable; Linguistically, in the careful selection of words that reframe problems, open windows, surprise and activate hope; Energetically, a trusting calm grounded presence in the room conveying that change can occur... it's just a matter of when.

2. Where and how did you learn hypnosis? Who were your mentors?

I learned to use hypnosis with adults in 1976 during Graduate school in South Africa from an eccentric and talented Professor of Psychology Dr. George Wiehahn, trained in Holland. South Africa has had a long history of clinical hypnosis and I'm deeply grateful I was trained early in my career as it set the direction for my next 40 years. 1976 was the same year that Stanford's child psychiatrist Dr. Josephine Hilgard published her ground-breaking research on hypnosis with children (Hilgard & Morgan, 1976) and opened the field to working hypnotically with children. In the years following, I tinkered with pediatric hypnosis at Johannesburg General Hospital, but it was only when I came to Canada in 1981 that I took a serious look at how to apply and systematically research hypnosis within a pediatric hospital to alleviate the considerable pain and suffering that I witnessed there.

The incomparable Dr. Karen Olness, previous president of ISH, figuratively picked me up at a SCEH meeting in 1984 in San Francisco. I had presented on using hypnosis with children undergoing painful lumbar punctures and bone marrow aspirations. In her characteristic quiet, focused voice she introduced herself and said, "I'd like you to come teach with us!" One of those chance encounters that changed my professional world and introduced me to a dynamic talented group of pediatric clinicians many with whom I still delight to work: Drs. Daniel Kohen, Laurence Sugarman, Judd Reaney, Candy Erickson, Jim Warnke, Howard Hall, Melanie Gold and many others.

So as I approach 40 years of working in this field, I'm deeply grateful to belong to a dynamic group of pediatric clinicians of diverse disciplines, where learning and cross-fertilization continues. Collaborating, writing, exchanging ideas, such as with my dear friend Dr. Julie Linden, has provided support and inspiration. I strongly believe we're not meant to do this work alone. My colleagues, now friends, have been a source on ongoing stimulation, influence and growth. I've also benefitted from supervising pedi-

ric practitioners from Switzerland, France, Germany, Holland, Turkey, Israel, Italy and throughout North America and Australia. While I haven't had hypnosis mentors, I've had these extraordinary productive relationships with hypnosis colleagues from all over the world. Therefore, how I approach and implement hypnosis is very different now from my early training and work. I'm now aware and utilize opportunities in ordinary conversation to embed suggestions and reframe issues as a matter of course, to create expectation and an immediate context for therapeutic change.

Undoubtedly the greatest influence and impact has been my ongoing collaboration over 32 years with my US pediatric colleagues. Initially this took place through the Society of Developmental and Developmental Pediatrics where from 25 of us, under the leadership of pediatrician Dr. Candice Erickson, provided an annual 3-day pediatric workshop. Six years ago, this group under the leadership of Drs. Dan Kohen and Pam Kaiser transformed into the independent NPHTI (The National Pediatric Hypnosis Training Institute) and further developed the training model: 3 levels, Introductory, Intermediate & (new) Intermediate plus, and Advanced, over three days with six small group practice sessions given by a skilled faculty of over 30 pediatric clinicians from many different disciplines! We now have a dynamic NPHTI Listserv through which to share resources, discuss and attempt to resolve problems.

3. One of the very special features of your activity is making films related to your professional work. The film "No Tears, No Fears" depicts, in a very detailed way, you and your colleagues working with children, their parents and hypnosis. In Paris, at the XXth Congress, we saw and discussed your film "Dancing with Pain". Please tell us about your "Film-maker self".

Film has provided me with an opportunity to delve deeper into topics that fascinate me. I've made documentaries on real life topics such as, pain and disease management, and state of the art for pediatric palliative care, rather than dramas. I love film as an art form, but also as a form to capture reality, the truth in the moment. Film conveys messages directly and imaginatively, and at many different levels simultaneously.

My first career was as a documentary filmmaker for the national broadcaster in South Africa. But since then film has been in the service of my clinical work and particularly clinical teaching. I use film clips to drive home teaching points. I know when children speak to learners directly, or via film the impact is much greater than I could ever convey.

The process of making a film is risky: envisioning what you want to capture; filming it, discovering what was really there...always different from the envisioning process; then editing the material into a coherent story. It's expensive, exhausting, exhilarating and demands everything! Essential to its success is close co-operative creative teamwork. Unless that's in place, the project will fall apart at any point. With five films in the can, I feel I've done my key film pieces...so far.

Why I made them? Creating films is a deeper way for me to understand the tough clinical issues I grapple with day to day. Film allows me to step back and view filmed interviews or clinical situations and gain a richer appreciation or fuller perspective of the issues at hand. What does it take for a child to manage pain successfully? What hypnotic metaphors speak to an eight-year-old facing her death? What images capture a distressed child's attention? Film provides me with a counter to my engaged therapeutic self. It permits me to observe without engagement, and in that posture of pure receptiveness, I develop a more compassionate perspective.

4. You contacted the children who participated in the original film of "No Tears no Fears" thirteen years later. How did this idea come about? How did you feel contacting these children after such a long time?

Truthfully... life tapped me on the shoulder and woke me up! I was so immersed in my day-to-day life and work that I had no my vision beyond the immediate demands. I was at a dinner party where a Math colleague of my husband's turned and asked me how the children from my first film "No Fears, No Tears" (1986) were doing. I was so stunned by the question. I had no answer. I thought, "I must follow-up!" Then, once again I got consumed by work for another few months. Out of the blue I received a call from Seana, one of the key film participants. She said "Do you remember how, when I was in hospital so sick with AML, I was told that I would never have children. Well I've just had a little girl and I'd like to come and show her to you." I did remember.

As a young Clinical Psychologist new to Oncology, I was horrified by the news that 8-year-old Seana had been told that she would never have children. Now, overjoyed I invited her over. As we talked about her experiences then, and her reality now, I was entranced and knew that I had to document this. I had to find out what had happened to the other children and where and how they were. But first, I had to raise \$75-100,000 to cover the costs of making this film and bringing the children, now young adults to Vancouver.

Once filming was underway I realized that the remarkable English documentary series “7-Up” was also acting as an inspiration for me. People asked me whether I would follow-up once again 13 years later =26 years later. It was a clear “No!” “No Fears No Tears—13 Years Later” explored what helps children get through a life threatening experience. Unlike the series “14-up”, “21-Up” etc., this film examined the long-term impact of intensive hospital treatment and was not about children from different socio-economic backgrounds and the trajectory of their lives. The film revealed, when children get ‘good enough’ (a la Winnicott) clinical care during a traumatic time, the trajectory is often relatively uneventful.

5. One of the most important aspects of your work is that you approach children’s problems in a family context and work with parents, brothers and sisters. I was deeply impressed that in one of your films you seemingly were hypnotizing the child, but actually the brother and the mother too – in a very gentle indirect way. Can you explain this aspect of your work?

Families are an integrated system and influence each member. I know that unless I have mother and father onboard with important change, it won’t be accepted nor endure. So seeing a child, I indirectly, or directly treat the family. In hospital, it’s parents who are reliably at the bedside. So training parents to more competently support their child’s pain and distress management empowers them all to cope better. Surprising things can happen. Lesley who had ALL learned Hypnosis at 6 years of age with the active involvement of her mother, Ann. “Eleven years later Ann became very ill with Leukaemia. It was Lesley who guided her mother to use hypnosis and focus as best she could to defy the odds and heal. It was extraordinary to witness.

6. Working with pain and serious illnesses can sometimes be very difficult, especially with children. What is your personal method for maintaining your inner balance and mental/emotional hygiene?

Breathing. Consciously and gratefully, prolonged if I can and peacefully, either in trance or walking. This is such an important issue that I’d like to take it further. In my early years balance was a non-issue. My life was unbalanced. I was hooked by my work, passionate and resilient. Sleeping 6 hours became my norm. I was unaware of the danger until I herniated a lumbar disc, experienced prolonged pain and woke up! Now, much older, I’ve come to realize that reliable sound sleep is an essential. Additionally, living a

life beyond pain and problems that consume most of my day, and experiencing physical release outside, in nature is vital. I enjoy Pilates, cycling, swimming, yoga, as they provide physical, emotional and mental re-regulation. I then can carry on the next day and be therapeutically engaged and present. This is especially true when working with children and their families. Sick or troubled children need an energized clinician to provide hope and direction. It took me long to fully appreciate that taking care of oneself both inside and out is a professional responsibility.

Another dimension of this balance is the importance of good personal relationships, both at work and at home. I’ve been watching the TV series “In Treatment”, where a Psychotherapist is consumed by his therapeutic work and neglects his wife and children. It is so painful to witness. It’s clear to me that we can only do decent therapeutic work when our own house is in order; when we have trusted colleagues to share the challenges of our day and loving supportive family and friends to provide the delights of ordinary life. I’ve learned so much from my children and friends, which in turn has guided and informed my patient relationships. I wouldn’t function well without it all!

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Two of the URLs are provided for the readers of ISH newsletter.

- **Dancing with Pain** (2013; 20 mins on Pvt youtube) <http://youtu.be/56aWuEt4NA0>
- **No Fears No Tears—13 Years Later** (46mins Pvt youtube) <https://youtu.be/WK3QmvTK9Yk>

NOTE: Pvt youtube (i.e not available to the public) takes the form: youtu.be

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.



A “pioneer of modern medical hypnosis”, Dr. Bejenke developed methods of communication and hypnosis to suit the rapid pace of somatic medical practices, while

aiming to de-mystify hypnosis for physicians. Most of her approaches require minimal training and little or no additional time. Based on her observation in the 1970’s that the medical environment is strongly suggestive and that patients under medical stress are highly suggestible, she devised a variety of hypnoidal and hypnotic approaches which she used with about 20.000 of her own adult and pediatric patients: for cardiac, neuro-, transplant-, and other surgical procedures; for acute and chronic pain; with obstetric patients; for radiology, cardiology, gastroenterology, and emergency interventions; with burn- and dialysis patients; in emergency rooms; during resuscitations; with mechanically ventilated patients in Intensive Care Units; with unconscious or comatose patients; for serious or chronic medical illness. She designed approaches for the short- and long-term care of cancer patients, e.g. preparation for and during various interventions (biopsies, operations, radiation, chemotherapy, transplants, psychoneuroimmunology), as well as for end-of-life situations. She also devised interventions to reduce or avoid the trauma (PTSD) of intraoperative awareness.

Dr. Bejenke has been teaching internationally since 1984. She has presented over 100 workshops and lectures, and has written numerous journal publications and chapters in medical and hypnosis textbooks. Among her teachers was Milton Erickson.

Please describe your first contact with hypnosis.

My first contact with hypnosis was accidental and disturbing:

Bidding ‘Good Night’ to my patient, a psychiatrist, he said nonchalantly “...and you know of course, that you are hypnotizing your patients.....“

Horried that I unwittingly subjected patients to dangerous and unethical practices, I wanted to learn about hypnosis to stop endangering patients. But finding information was not easy in the 70’s – and most was stage hypnosis. Finally, a physician-attorney’s professional qualifications seemed trustworthy until I discovered that he hypnotized Las Vegas whores to entertain his students with their salacious exploits – So, once again, my suspicions, abhorrence and skepticism were confirmed.

Eventually I found a course on Hypnosis for Pain Control at UCLA and heard about ethical uses of hypnosis. I also discovered that my psychiatrist patient had been correct: what Dr. Barber described as ‘hypnosis’ was how I had always communicated with patients. What I considered ‘everyday’, ‘normal’, ‘reassuring communication’, Dr. Barber called ‘positive suggestions’; and he identified the ‘anesthesia’ I had delivered to a three-year old cancer patient as ‘advanced hypnosis’—in fact, ‘hypno-anesthesia’.

After hearing about another case of mine, Dr. Barber exclaimed, “you must meet Dr. Erickson” of whom I had never heard. He wrote Erickson, who accepted me for one of his teaching seminars (July 30-Aug 2, 1979) which was filmed and published [Erickson, M. A Teaching Seminar with Milton H. Erickson (J. Zeig, Ed.). New York: Brunner/Mazel Publishers, 1980. Pp. 349]] To prepare, I read Haley’s Uncommon Therapy and panicked – did not even understand the vocabulary.

Only when I arrived at Erickson’s and met the other attendees, psychiatrists and psychologists - some from Europe – did I realize how famous and venerated Erickson was. Deeply intimidated by their knowledge, I tried to be invisible in the farthest corner of the room. But when Erickson was wheeled in by his wife, he called my name, had me sit next to him, and did some work with me that completely bewildered me. On the other hand, when Erickson presented cases and asked for solutions, the answers seemed simple and obvious.

During an intermission I apologized to Erickson for my ignorance about hypnosis. But he encouraged me to keep doing what I had done for a long time and added, to my surprise, that I had come to hypnosis as he had, by closely observing patients and

designing what fit their needs. When I asked what courses to take he advised caution: I might get confused, and he warned me, chuckling, not to “imitate or emulate others” – as he was being imitated. I was to return to talk about my work. (Because of our busy schedules a suitable date would be several months hence. But Erickson died suddenly the following March.)

I did attend a few hypnosis courses. But to my disappointment, I was always the only biomedical physician and the techniques we were taught were not at all useful for my practice situations. They obviously worked for psychologists and psychiatrists’ scheduled sessions, quiet surroundings, couches... while I had only minutes to achieve relaxation, normalization of heart rate and blood pressure, position the patient on the operating table, place lines and monitors and have the patient anesthetized for the surgeon’s incision. However, learning the basic concepts of hypnosis helped me understand what I was doing and provided me with the terminology, and definitions which allowed me to communicate with my students - as I was soon asked to lecture and give workshops.

Please, summarize your career.

As is customary in Germany, I entered Medical school after graduating from High school in 1953. After my pre-clinical exams, I was awarded a one year exchange scholarship to the United States and a Fulbright grant (1956). I defended my Doctor’s thesis and received my medical degree at the University of Munich in 1958, followed by training in anesthesiology at the University of Colorado. I subspecialized in adult and pediatric cardiac surgery, pediatric neurosurgery, and Intensive Care which were then very new fields and I participated in the seminal studies of Adult Respiratory Distress syndrome, arterial blood gas studies and mechanical ventilation. In solo private practice of anesthesiology in Denver I pioneered the use of narcotics/opiates for cardiac anesthesia. Moving to Santa Barbara, I continued solo private practice of anesthesiology until retirement. Since late 1970’s I added the practice of Hypnosis, which I continued beyond retirement.

Who was/ were your master(s)?

I attended a few hypnosis lectures and courses (Kay Thompson, Robert Pearson, Basil Finer, Joseph Barber). But I was soon asked to present lectures and workshops which allowed little time to attend interesting lectures at congresses. Mostly I learned from my patients and later from my students who challenged me to define, explain, and justify what I was doing.

Whom do you consider as your student/follower?

Several students have taught my concepts and techniques, among them Katica Bloch-Szentágothai (Hungarian origin, now working in Switzerland) Georg Rammlmeier (Italy) and Katalin Varga and her team (Eötvös U. Budapest, Hungary) tested my concepts and techniques in several clinical studies (orthopedics, eye surgery, ventilated patients, ICU patients, and with general anesthesia). She has been teaching annual courses to physicians and medical students since 2000.

Ernil Hansen (U. Regensburg, Germany) incorporated my tables, examples, verbalizations, etc. (PowerPoint of 2002 workshop, University of Regensburg) into his courses, lectures, and publications and made excellent use of my other published and unpublished work. Applying the principles of suggestive communication, he developed a technique for certain craniotomies. This “awake-awake-awake technique” provides complete patient alertness, comfort and cooperation during 5-6 hour craniotomies. The Australian anesthetist, Allan Cyna, whom I did not meet personally, reported that for years he had used my 1996 chapter (in the book edited by Barber for his teaching, and found it to be one of the most useful regarding hypnosis and communication in anesthesia. He quoted much of it – (though not always credited) in his book (*Handbook of Communication in Anesthesia & Critical Care: A Practical Guide to Exploring the Art*).

I have no statistics on how many physicians and psychologists attended my, well over one hundred 2-3-day, invited workshops and lectures in Germany, Switzerland, Sweden, Denmark, Holland, France, Italy, Austria, Hungary and Mexico. But when I encounter some of them 20 and 30 years later, it is gratifying to hear of their successful use of these techniques.

What was or is your main area of practice with hypnosis?

As an anesthesiologist I used ‘hypnotic approaches’ with ALL patient interactions, (I personally took care of around 20.000 patients).

But over time, patients with other medical conditions and needs were referred to me and I developed hypnotic and related approaches that lend themselves to the wide range and hectic pace of most biomedical practices (see the list of main papers and chapters of Bejenke) and which I used for patients with (1) acute and chronic illnesses (e.g. burns, diabetes, renal failure, cardiovascular disease, acute and chronic pain, for transplant surgery, cancer,

psycho-neuro-immunologic approaches); (2) in obstetrics (hyperemesis—the pernicious form of morning sickness; for ‘at risk’ pregnancies; for birthing, C-sections, lactation); (3) in emergency rooms; (4) during resuscitations (e.g. cardio-pulmonary arrest, status asthmaticus, accidents); (5) for invasive medical procedures (e.g. radiologic, cardiologic, gastroenterological); (6) in intensive care units (including mechanically ventilated patients); (7) with unconscious or comatose patients (of various causes, during general anesthesia/intra-operative awareness). I found hypnosis to be of particular benefit in (8) pediatrics, (9) radiation treatments for cancer in anxious patients, and (10) diagnostic computed tomography (CT) or magnetic resonance imaging (MRI) scans. Such patients must be completely immobile but, for logistical reasons, general anesthesia can be difficult and risky, as is heavy sedation. Hypnosis carries none of these risks. (11) Imagery – patient controlled and patient-directed

Let me single out a few important areas.

Acute and chronic pain: Whenever possible, I use hypnosis pre-emptively, for I consider prevention the most effective treatment of pain and many chronic pain conditions could be prevented by pre-emption. Hypnosis is one such pre-emptive treatment and thousands of my patients had either no post-operative pain—even after major operations known to cause significant post-operative pain—or required very small amounts of pain medications only briefly. In addition, hypnosis augments the effect of pain medications and is the only pain treatment without concomitant negative side effects or complications.

Unconscious or comatose patients: I use hypnotic language with unconscious patients; while resuscitating patients from cardiac arrests, status asthmatics, or accidents. I explain what is happening, what I am doing for them and why. While I am ventilating or intubating, I describe how it feels and how they can help make it easier for both of us. Before defibrillation, I explain what they will feel. I make no token statements like ‘You’re going to be OK’, but tell them what is true (e.g. ‘Your lungs are doing a good job ... oxygen is again circulating in your body ... we are helping your heart become stronger’....). Some survivors commented afterwards how much less frightening the experience had become once I spoke to them. They understood what was happening, and felt taken care of.

How do you view hypnosis?

The term ‘hypnosis’ is a misnomer, as it implies sleep. Even though it has been known for decades

that the hypnotic state is not a sleep state, the label hypnosis has unfortunately stuck. I prefer the term ‘trance’. I consider trance a ‘third state’. Western cultures traditionally recognize two states of consciousness: the ‘awake’ state and the ‘sleep’ state. I view the ‘trance state’ (along with imagery, visualization, meditation, prayer, reverie, or daydreaming) as a distinct third state. This state is as different from the awake state and the sleep state as these two states are different from each other. And each of these three states has its distinct physiological and neurobiological properties.

In biomedical practice hypnosis is *a tool, not a therapy*, which is why I only speak of “hypnosis”, but never of “hypnotherapy”. My patients do not consult me for ‘talk-therapy’ but for problems related to their somatic conditions—even those patients who are specifically referred to me for hypnosis. As a biomedical physician, I provide medical care, information, instructions, medical counseling, and advice; hypnosis is only one of many tools in my professional armamentarium. Hypnosis does not replace standard medical treatment, but can facilitate, augment, and complement our work as an effective adjuvant. Hypnosis is neither therapy, nor a psychological approach to somatic illness; nor is it a placebo, or alternative medicine.

How do you view or define Suggestions?

My concept of “suggestions” (which has made its way into other publications) is akin to the common, vernacular English usage: a proposal to consider a new or different view, idea, or possibility; to put forward for consideration; to hint, imply, or intimate. I have no expectation of ‘compliance’, nor is the patient ‘compelled’ to carry it out (as per the concept of ‘post-hypnotic suggestion’). Rather, the patient is simply given an opportunity to entertain a different, more beneficial view or perspective; to reinterpret sensations or experiences positively—and most patients will choose that option. (The better we understand the medical facts, the more powerful and credible our suggestions will be.)

What do you consider the key elements of effective hypnosis?

Of equal importance are: (1) listening to and ‘hearing’, (2) the right conditions, trust, complete truthfulness, and honesty, (3) suggestions, (4) empowerment, (5) empathy, (6) reverence for the patient’s autonomy, creativity, and inner resources (Bejenke 1996b), (7) relationship, and (8) creativity and intuition.

All the above factors determine the relationship be-

tween the care provider and the patient, between 'healer' and 'healee'. Creativity and intuition are more effective than 'techniques'.

Notice that elaborate hypnotic techniques are not on the list (although some techniques can be helpful at times), nor is a high level of hypnotizability.

Empathy is not taught in medical training, even though most of us enter medicine with the desire to decrease our fellow humans' suffering. Empathy is directly communicated by how we listen and act. Patients sense it and perceive it.

You pioneered the use of hypnosis for somatic medical situations and developed practical approaches. What do you personally see is your most important contribution to the field?

I recognized that patients with somatic conditions are highly suggestible, that the medical environment is strongly suggestive, and that medical communication often produces Nocebo effects due to ubiquitous unintentional negative suggestions. I further observed that patients respond to suggestions which are embedded within "normal" communications and, that such suggestions are as powerful as suggestions given in formal trance states.

Based on those observations, I devised/developed techniques and approaches that lend themselves to the rapid pace of biomedical situations. Their advantages are that they are very fast, do not require extensive training, and can be used in every medical specialty and situation, with every patient in any condition, any surrounding.

The most universally useful is *suggestive communication*. It is interwoven into every conversation, can be used with every patient and in every medical situation. It requires minimal training, no preparation, no quiet surroundings, no additional time. It facilitates risk-discussion and can protect patients from the serious consequences of intraoperative awareness. And rather than viewing this suggestibility as a liability, it can be utilized as a therapeutic opportunity. It enriches the physician-patient relationship and leads to excellent patient cooperation. But most importantly: The effect of suggestive communication is as powerful as that of "true" hypnosis. This means that physicians can achieve the benefits of hypnosis without hypnosis sessions or extensive training.

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

Example of an interaction with a patient about to undergo a hysterectomy

I asked a woman how she expected to feel after her hysterectomy: 'How do you think you will feel after your operation?'

She said, 'My doctor says I'll feel like I've been run over by a truck.'

My response - 'Would you mind feeling better than that?'

Patient - 'You mean like being run over by a small truck?'

I - 'Better than that?'

Patient - 'By a car?'

I - 'Better than that?'

Patient - 'You mean, a small car?'

I - 'Better than that?'

Patient - 'Maybe a ... motorcycle?'

I - 'Better than that?'

Patient - 'You mean a ... bicycle?'

I - 'Would you mind not feeling like being run over by anything ... just feeling some pressure underneath your bandages ... and maybe some cramps ... like when you have a period ... and things like that?'

Patient - 'Hmm ... that would be okay.'

This interaction sounds like a simple, everyday communication. But it contains a number of hypnotic elements, such as: reframing, reinterpreting, revising expectations, utilization, leading-and-pacing, linking, and association.

Yet, it took about 40 seconds! (You can time it for yourself by reading it.)

When I asked the patient after the operation how she felt, she said, 'Like I have been run over by a bicycle!' and laughed.

She required no analgesics post-operatively — which her surgeon (who told her she would feel like she had been run over by a truck) said was 'unheard of after a hysterectomy'.

A benefit achieved in 40 seconds!

NO induction

NO couch

NO quiet room

When I began working with hypnosis, the word hypnosis could not even be mentioned in medicine. The few reported cases were published by busy physicians who had no access to, nor were they trained in research, statistics, writing, or publishing (I am one of them). They had no assistance whatsoever. Their reports were at best anecdotal. Like the seminal paper by Cheek on intra-operative awareness, anything to do with hypnosis was rejected by medical journals and appeared only in hypnosis literature - and which self-respecting physician would read a hypnosis journal?

Fortunately, for the past few decades, academically active physicians (Faymonville, Hansen, Lang) are publishing excellent scientific studies which has initiated a new era for hypnosis in medicine and large numbers of physicians are being trained.

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

Look forward to and enjoy communicating with your patient! You may wish to remember that

- There are NO "innocent" remarks
- Use language which patients understand
- Avoid negative words and connotations
- Weigh words wisely
- Behave in the presence of unconscious patients, as if they were "listening"

Do not focus on "technique" or try to imitate those who you think are successful. Just listen to and watch your patient - s/he tells you what s/he needs and how to provide it. It may seem strange at first but you will soon find it rewarding and discover that it is easier than you initially thought. Use your own voice, pace, speed, approach, intonation, metaphors. Patients respond to authenticity. The basic principles of hypnosis and compassionate communication are very helpful and should be as integral to medical education as physiology and biochemistry are.

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Building Bridges of Understanding

Clinical Relevance of Research Findings

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

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

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

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



Enikő and Krisztián Kasos are a married couple and the proud parents of 3 children. They are both studying Psychology at Eötvös Lorand University (ELTE). They completed their BA in Psychology at York University in Canada. Krisztián has a Master's degree in Cognitive Psychology and Enikő in Clinical and Health Psychology from ELTE. They are currently involved in research at ELTE focusing on active-alert hypnosis.

Alert Inductions

There are induction methods that in contrast to traditional inductions do not stress sleepiness and tiredness. Rather the opposite, alert inductions emphasise freshness and alertness. These induction techniques do not require a distraction free environment and they usually involve some type of physical activity. The trance achieved with alert inductions appears to be the same as the one achieved with traditional inductions (Bányai & Hilgard, 1976; Ludwig & Lyle, 1964).

Non-traditional, alert hypnosis has been hiding in the shadows of traditional hypnosis since the late 19th century. Braid reported cases where participants who were apparently awake carried out suggestions comparable to those during traditional hypnosis. Later this phenomenon was confirmed by Bernheim in 1883 when he reported it to the Congress of Advancement of Science in France. Coué was also experimenting with a form of alert hypnosis, where his subjects were able to carry out suggestions in an apparent waking state. The existence of this phenomenon was further confirmed by researchers such as Lloyd, Moll and Torell (Wells, 1924).

Waking hypnosis or the dawn of alert hypnosis

A professor (W. Wells) who wanted to demonstrate hypnosis and dissociation to his students used traditional hypnosis in his Abnormal Psychology classes. However, he realized that he did not need to use traditional induction. He was able to achieve a trance state with a different method, which he called "waking hypnosis". During the induction the participants were fully awake and at no time did he mention sleep or tiredness. Suggestions such as anesthesia, automatic writing, retrieving forgotten information and complex mental computations were carried out just like during traditional hypnosis (Wells, 1924). His method was different from Coué's or Bernheim's in that he used post hypnotic suggestions as well and was able to achieve amnesia with his technique. He believed, that waking hypnosis is comparable to traditional hypnosis and very useful in educational settings (Wells, 1924).

Autohypnotic procedure also known as concentration training for students

E. R. Oetting created a self hypnosis procedure that was used to enhance the learning capabilities of students. Oetting trained students in self-hypnosis, but he called it concentration training. His method produced an alert hypnotic state, with the focus on deepening the concentration of the participants without ever using the word hypnosis. He employed

the eye fixation method during the induction, but did not mention sleep, tiredness or closing of the eyes. It took about two to three sessions for students to learn the technique and then they were able to use it without help. Oetting considered his procedure superior to traditional hypnosis in academic settings. According to him, students who want to be hypnotized in order to improve their performance often do not take responsibility for improving their study skills and concentration. In contrast, those learning the autohypnotic procedure in order to improve concentration feel they have an active part in the process. From the beginning they feel they are doing everything themselves (Oetting, 1964).

Hyperalert hypnosis

During the 60's, Ludwig and Lyle experimented with what they later termed hyperalert trance. They postulated that relaxation was not necessary to achieve a trance state. In their experiment, they performed a so called tension induction. During the procedure subjects were required to move around in various ways, for example pacing the room rapidly, spinning around until they got dizzy, or performing knee bends. During this activity they listened to the hypnotist's instructions becoming more alert, tense and more aware of the environment. Suggestions such as "keyed up", "on edge", "nervous" or "uncomfortable" were used. After approximately 5-25 minutes of induction, participants passed into a hyperalert trance. They seemed awake, tense, and anxious, but according to the researchers, their facial expression had a trance-like quality to it. After the induction, the researchers administered the same hypnotic susceptibility test they did during traditional hypnosis. They found no significant differences in terms of the participants being compliant with the given suggestions. However, both differed significantly from the control situation where no induction was used before performing the tests. Ludwig and Lyle also noted that subjects could be trained easily to pass between traditional and hyperalert trance. This finding, combined with the observation that behavioral attributes such as facial features of the participants resembled closely those in traditional hypnosis, led Ludwig and Lyle conclude, that both type of inductions resulted in the same kind of hypnotic trance (Ludwig & Lyle, 1964).

Group Alert Trance (GAT)

The Group Alert Trance Hypnosis Scale (GAT) was developed in 1968 (Vingoe, 1968). It used an induction method that did not involve suggestions of sleep or drowsiness. GAT attempted to take advantage of a mind and body dissociation technique. The induc-

tion technique utilized the eye fixation method while giving suggestions for physical relaxation and mental alertness at the same time. After the induction, subjects were exposed to five suggestions. The comparison of the GAT scale and HGSHS:A, yielded a high(.68) correlation. Vingoe believed that suggestions should fit the purpose of the hypnotic session. According to him if alertness is necessary, suggestions for alertness should be given, on the other hand if relaxation better suites the purpose of the hypnosis session, suggestions for relaxation should be delivered (D. Wark, 2006).

Active-Alert Hypnosis

In the 1970's Bányai and Hilgard at Stanford University developed a revolutionary type of hypnosis, what they termed active-alert hypnosis. Bányai and Hilgard used a strictly standardized induction and had the participants pedalling on a stationary ergometer, in order to best compare it to traditional hypnosis. The induction they developed, emphasized positive emotions, a positive experience, moving effortlessly while experiencing muscle tension and feeling alert and fresh (Bányai & Hilgard, 1976). According to researchers, the participants' facial expression had a trance-like quality and their eyes gazed absently into the distance, similarly to the description Ludwig and Lyle (1964) gave regarding the facial expression of their participants in hyperalert hypnosis. In active-alert hypnosis, participants also tended to increase their speed during hypnosis. Their movements became exaggerated, for instance, participants elevated their hands higher and more abruptly than in traditional hypnosis.

Other than the differences mentioned above, Hilgard and Bányai did not find significant differences between active-alert and traditional hypnosis in terms of performance on the hypnotic susceptibility scale they used. The participants' subjective report regarding their experiences demonstrated that a different state of consciousness was produced by the active alert induction from the normal waking state (Bányai & Hilgard, 1976). The emphasis on the positive experience, the standardized procedure accompanied by the positive results in therapy, might be the features that helped it achieve a highly regarded place in the psychological community as opposed to other types of alert hypnosis.

Active-alert hypnosis in therapy

Since its introduction, active alert hypnosis has been used with other types of physical activity such as running on a treadmill, working out on an elliptical or just freely moving around in a room (Bányai, Zseni, & Tury, 1970). This element of active alert

hypnosis makes it a great choice for therapy since it doesn't require specific equipment or a specific environment.

Traditional hypnosis, because of the passivity of the participant, the induction of a sleep like state with suggestions of tiredness and the surrendering of control to the hypnotist, has been contraindicated in treating some psychological disorders, for instance depression or problems with ego strength (Bányai et al., 1970; Wark, 2006). The energizing induction of active-alert hypnosis can free up hidden resources in people which they can use to cope with their problems. Participants stay physically active, they experience more agency compared to traditional hypnosis, and feel they have an active part in the process and not merely observers or passive participants (Bányai, 1998).

Emotional Self-Regulation Therapy (ESRT)

ESRT is based on socio-cognitive principles and it was developed as a three-phase method of alert hypnosis. During the first phase, participants are presented with a stimulus and asked to associate the stimulus with a response. Following that, participants are asked to associate the recalled response with a cue. During the second phase, participants are required to recall the response for the cue but without the presentation of the stimulus. During the third phase, they are told that their nervous system has become more active and more receptive to suggestions so they can experience any other suggested response (Antonio Capafons & Amigó, 1995).

The same researchers also created an even faster method to achieve alert self-hypnosis. They termed it the Three Step Rapid Self-Hypnosis. This method was developed mainly to help in situations where the individual is under pressure or exposed to a stressful event (A. Capafons, 1998). The fact, that it is possible to use this method of self-hypnosis with eyes open and without needing a distraction free environment makes this quick self-induction method superior to traditional methods and very useful in stressful situations (D. Wark, 2006).

The LEVER method

Wark used this method of alert hypnosis to enhance the study skills of students. His method consists of a three stage self induction. During the first stage, the participant flexes the muscles of the upper body while focusing his or her attention on a particular spot, inhales, then relaxes the upper body while exhaling and maintaining mental alertness. During the second stage the same steps are repeated with the lower body and with the whole body during the third

stage. Once the alert state is achieved, students give themselves the suggestions they prepared in advance for the improvement of their study performance (Wark, 1996).

The alert hand method

The creators of the alert hand hypnosis claim that the same trance state can be achieved with their method as the one with active-alert hypnosis. This method is claimed to be easier on those who are in poor physical shape or live with some kind of handicap. They also claim that many participants preferred the alert hand method over active-alert hypnosis (Cardaña, Alarcón, Capafons, & Bayot, 1998). The induction method is simple, does not require any equipment and about as long as the active alert induction. Participants sit in a chair and are asked to complete two exercises before the induction starts. Both exercises are designed to prepare the participants to enter hypnosis. Once the exercises are finished, the induction starts which – similar to active alert hypnosis – emphasizes alertness and freshness. First participants are asked to move their hand up and down, and about two minutes into the induction they are asked to stop, while suggestions for alertness and freshness are maintained (Cardaña et al., 1998).

INAP or instant alert hypnosis

Recently an innovative version of alert hypnosis joined the family of alert methods, which doesn't require physical activity of any kind. The technique involves rolling the eyes upward and closing the eyes while receiving suggestions for mental alertness. It was used successfully, coupled with neurofeedback therapy in the treatment of ADHD. They termed the type of hypnosis, Instantaneous Neuronal Activation Procedure (INAP) also known as Instant Alert Hypnosis. Researchers successfully cut the neurotherapy treatment of children with ADHD approximately in half (Barabasz & Barabasz, 1996) and in a different study were able to significantly reduce the symptoms associated with ADHD (Warner, Barabasz, & Barabasz, 2000).

The above mentioned methods show, that alert hypnosis can achieve a trance state which is the same or very similar to the one achieved by traditional hypnosis. With the variety of alert methods and their demonstrated capacity to be useful in clinical and educational settings, it is odd that the use of alert methods has not surpassed or at least reached the level of traditional inductions. We hope this review of alert inductions will inspire those willing to experiment with alert hypnosis and can help with their search for an alternate induction method.

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

Hypnosis is like an ocean in a drop of water: It involves infinite psychological mechanisms from cognition, emotion and motivation to such areas as time perception, sense of self-agency, or age regression. It may have a large effect on the bodily processes, ranging from alterations in many brain regions to the psycho-endocrine system (i.e., oxytocin) and pain perception. It is widely applied in experimental and clinical psychology, in medicine, in sports, in education, in law, and in the arts. No wonder that researchers from many areas start applying hypnosis as a model situation, which facilitates us to channel their findings back to the hypnosis community.

In the present Prominent Findings, four papers are discussed. None of them are a classical “research paper” in terms of presenting a single laboratory or clinical study, nevertheless they give a good illustration from the various fields of how hypnosis research can be done in various fields, with the largest variability in disciplines and aims. The four papers give an insight as to how hypnosis can be investigated by epidemiological means, by rigorous meta-analysis, with small-sample experimental studies, and in performing arts.

Two of the papers are from the area of perinatal studies. One of them is a large-scale study which features a representative sample of Australian

women of reproductive age who have already been mothers or were pregnant in the time of the study. The researchers compared some psychological characteristics of those women who used “hypnobirthing” with those who did not use this technique. This study stands (almost) alone such that that we have little knowledge of who selects hypnosis and who doesn’t; and large-scale studies, that are representative for a given population, are unbeknownst to hypnosis research. The other article – actually, it is a review from one of the largest database of clinical trials of the world, the Cochrane Library – presents a meta-analysis of seven studies to examine whether hypnosis is effective and safe for pain management during labour and childbirth. Since Cochrane Library is the largest database of clinical studies and it is very precise about weighing the results for potential bias, its results are especially solid. From that perspective, it is regrettable that the meta-analysis found no essential beneficial effects of hypnosis compared to the control groups. There were some promising results, but much more clinical trials – with more uniform and rigorous methodology – have to be conducted to demonstrate that hypnosis is beneficial for women giving birth.

The third paper features a variety of hypnotic experiments demonstrating that the unconscious exists and can be investigated with specific suggestions that model or utilize different ways of unconscious processing. The authors present small-scale studies in which they gave hypnotic suggestions to highly-hypnotizable healthy participants to induce hallucination of increased body temperature, alexia, amusia, spatial neglect, focused analgesia, general anaesthesia, and age regression. The effects and the alterations in the subjects’ functioning was largely corresponding to the content of the given suggestion; in addition, their responses were fairly non-voluntary

and non-conscious, which may be promising for researchers who want to uncover different aspects of consciousness, but have not considered applying hypnosis as a model situation.

Finally, the fourth paper goes back to an old concept of hypnosis, the “roleplaying” model of Theodore Sarbin. In a pilot study it compares the personality of students of performing arts to music students and students outside of the arts to check whether performing artists score higher in those traits which are believed to be associated with hypnotizability. Since students in performing arts proved to have greater imaginative suggestibility and fantasy proneness, and a higher propensity for absorption than either music or non-artist students, we have a good reason to believe that they are also better hypnotic candidates. These results also have deep implications for understanding how actors “become” characters they are playing (and, in the long run, why are we, the audience, believing that they are not simply playing, but they “are” real). I am happy to say that by another preliminary study conducted by my students and myself, the hypothesis that performing arts students are more hypnotizable than non-artists was confirmed.

Steel, A., Frawley, J., Sibbritt, D., Broom, A., & Adams, J. (2016). The characteristics of women who use hypnotherapy for intrapartum pain management: Preliminary insights from a nationally-representative sample of Australian women. *Complementary Therapies in Medicine*, 25, 67–70. DOI: 10.1016/j.ctim.2016.01.006

Although research on attitudes towards hypnosis is rather frequent (e.g. Green et al., 2006; Capafons et al., 2008; Shimizu, 2016), we do not know who accepts hypnotherapy, and/or joins hypnosis experiments. It’s a pity because it seems obvious that those people who are interested hypnosis and seek





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hypnotic help may have specific motivations, and maybe even have specific personality characteristics. The other shortcoming of hypnosis studies is that – since hypnosis is costly in terms of time, even if done in groups – they are usually not involving many subjects, and even the results of large-sample studies are hardly representative. This necessarily means that the ecological validity of research projects in hypnosis remains low. Since this study examined a representative sample of 31- to 36-year-old Australian women who already gave birth or were pregnant during the examination, it has a special value. The researchers, within the framework of the Australian Longitudinal Study on Women's Health, wanted to see if there are specific characteristics of women who choose intrapartum hypnosis (“hypnobirthing”) for pain management during labour and birth. Interestingly (maybe mostly for cultural and historical reasons), the authors considered intrapartum hypnosis as a possibility offered by complimentary medicine.

Of the 2445 women who were identified in being part of the target group, 1835 completed the survey (thus the response rate is quite high, almost 80%). From these pool, just 54 (4.0%) indicated that they used hypnobirthing at their most recent birth, therefore the authors decided to use exact statistical analysis. No differences were found in the socio-demographic profile of women who chose hypnobirthing or not. Women who used hypnobirthing were more likely to report about consultations with an acupuncturist or naturopath, or to attend yoga/meditation classes during pregnancy. Utilization of complimentary products such as herbal medicines, aromatherapy oils, homoeopathy, herbal teas or flower essences was also more prevalent amongst these women. They, however, were less prone to report about feeling safer if they knew that an obstetrician was providing their care, and were more likely to labour in a birth centre or in a community centre (i.e. at home) than in private hospitals. The two groups did not differ significantly in the occurrence of any adverse events during birth. The authors emphasize these results are rather preliminary and should be treated with caution; nevertheless it seems to be a remarkable example for how epidemiological studies can include hypnosis. If only other studies – e.g., those on mental health or risk behaviors – also contained items on the active search and/or acceptance of hypnotherapeutic help.

Madden, K., Middleton, P., Cyna, A. M., Matthewson, M., & Jones, L. (2016). Hypnosis for pain management during labour and childbirth. Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: CD009356. DOI: 10.1002/14651858.CD009356.pub2.

The present review is re-published from 2012. Since then, many other randomized controlled clinical trials were conducted to investigate the efficacy of hypnosis in labour and childbirth, e.g. Werner et al. (2013), Finlayson et al. (2015), or Ireland (2015). If the authors were to conduct the meta-analysis now, maybe they would have included these publications as well. It is worthwhile, however, to take a closer look at how the Cochrane Database works and how rigorous are the meta-analyses based on Cochrane trials.

The Cochrane Library consists of systematic reviews and registered controlled trials as well as studies of other healthcare interventions from bibliographic databases. The meta-analyses published by the Cochrane centers are based on a special and very strict methodology that examines and classifies all single studies based on pre-defined criteria of “weakness” (referring to the potential biases in the research). Such biases include issues in randomization and blinding of participants and personnel, blinding of outcome assessment, incomplete data and “selective” reporting (i.e., not publishing unfavorable results). Since the Cochrane reviews are controlled for these biases, they generally show a poorer and weaker effect than other meta-analyses. In that light it is not a surprise that from the 12 studies on hypnosis for reducing pain and other adverse effects during labour and childbirth, just 7 were included in the analysis.

The most important finding of the authors is that the analyzed trials were so different in the outcomes, interventions and timing that the results are barely comparable. No significant differences between women in the hypnosis group and those in the control group were found for the primary outcomes, namely use of pharmacological pain relief, spontaneous vaginal birth or satisfaction with pain relief. Using a primary variable “coping with labour” was only used in two studies, and hypnosis had no essential benefits for this outcome. A similar pattern was observed for most of the secondary outcomes, including satisfaction with the childbirth experience, admissions to neonatal intensive care units, or breastfeeding at discharge from hospitals. However, some single studies showed some beneficial effect of hypnosis in pain intensity, length of labour and maternal stay at hospital following the birth. Women in the hypnosis condition had shorter intervals of labour from 5 cm dilation to birth.

The objectivity and rigorousness of the meta-analysis also explains why the favorable results we see in many of the individual studies are missing from the “big picture”. Let us notice, however, that hypnosis is still very much depending on the social aspects of

the setting. A personal observation, confirmed by some colleagues working in the Hungarian healthcare system: utilization of hypnotherapy in a hospital department largely depends on the opinion of the medical doctor who chairs the given department. It, however, is not an excuse for us hypnosis practitioners. We have to do more randomized clinical trials, and we should consult guidelines for high quality clinical research, e.g. those provided by Higgins and Green (2011).

Casiglia, E., Tikhonoff, V., & Facco, E. (2016). The Unconscious Experimentally Demonstrated by Means of Hypnosis. *Psychology*, 7(4), 469–479. DOI: 10.4236/psych.2016.74048

Freud gave us the concept of the the unconscious, but actually has someone seen it? Certainly, in cases when I speak about a thing but I mean a mother another (pardon), the psychoanalysts triumph, but these appearances of the unconscious do not give a scientific validation to the concept. The authors of this paper argue that “the unconscious, if anything, is normally obscured by response activities and can only express itself in response to conditions leading to non-ordinary mental expressions, for instance during hypnosis” (p. 469). They present a series of pilot studies they conducted with highly hypnotizable healthy subjects to investigate different ways of how the phenomena related to unconscious can be revealed. They induced, via suggestion, body heating, which increased the stroke volume – the volume of blood released from the left ventricle per heartbeat – and the mesenteric artery flow. These changes indicate a strong cardiac effect, usually observed when the subjects are exposed to real physical heat. In another study, alexia was induced; therefore the subjects become unable to process the text they were reading. In a Stroop paradigm, this suggestion halved the response latency. The authors attribute this effect to the conscious control over processing text (i.e., we strive to understand what we read, and in the Stroop paradigm, we consciously compare the written color name with the actual color) which was reduced.

Hypnotic amusia – an indifference for the rhythm of audial stimuli – reduced event-related potentials in the subjects’ brain which normally appear when we have to differentiate between the length of given sequences (e.g., “beep” versus “beeeep”), which is again a mechanism which could not be consciously controlled. If spatial neglect was hypnotically induced in one hemifield of the subject’s perception, reaction time for contralateral stimuli remained unchanged, while processing time for ipsilateral stimuli became significantly longer. The authors also demonstrate the effects of hypnotically focused analgesia and gen-

eral anaesthesia, but since these are widely applied in many clinical settings, they are not novel for hypnosis practitioners.

Maybe the most interesting part of their study is when they summarize their results on hypnotic age regression. They did not simply “take back” their subjects to their 6-year-old selves, but they used a technique called age regression and revivification. It means that they did not simply re-experience the given age, but were absorbed in the events in that life period. Both their Raven test and Rorschach test results, as compared to their adult (real-age) responses, showed more infantile solutions. These results give a good overview of the many ways hypnosis can access the unconscious mechanisms. It has to be emphasized that the method used to assess the hypnotizability of the subjects – the Stanford Hypnotic Susceptibility Scale, Form C (Weitzenhoffer and Hilgard, 1962) – is considered to be the “gold standard” of hypnotizability measures, which gives high credibility to the findings.

The authors note that administering the Raven test was not easy, as “participants showed childlike behavior with disorientation and weeping, often crying and asking for mum, etc” (p. 476.). This observation – and, to a smaller extent, the other studies also – raise an ethical concern. “Taking” certain abilities from the subject (e.g., inducing amusia, alexia or neglect, or temporally suspending the adult coping and self-control mechanisms) can be emotionally charging. As the above sentence shows, for some subjects, it can generate stress. I think the authors should have added an ethical note on how they attended to these possibly adverse reactions.

Panero, M. E., Goldstein, T. R., Rosenberg, R., Hughes, H., & Winner, E. (2016). Do Actors Possess Traits Associated With High Hypnotizability? *Psychology of Aesthetics, Creativity, and the Arts*, 10(2), 233–239. DOI: 10.1037/aca0000044

Is not theater truly a form of hypnosis? How mesmerizing a good actor can be – when you really believe that she is not simply playing Desdemona (or Blanche DuBois, or Ranevskaya), but she actually is the character. If you read the works of the famous acting professor and director Stanislavski, (1948/1936, 1950), his teachings on how an actor should get immersed in his role have many resemblances to self-hypnosis. That was one of the reasons that Theodore Sarbin formulated his theory on “role-taking” (Sarbin, 1950). It seems obvious that an actor can create an impression of the played character if she is able not just to mimic the figure, but somehow she transforms into it. This process

can be seen as a form of altered state of consciousness, and some elements in Stanislavski's work can be considered to be analogous to hypnosis (e.g., induction process, suggestions, and consciousness itself). From that point, it is a necessary conclusion that acting needs certain qualities which are usually present in highly susceptible persons. It's too bad that so far almost no research has been made on whether professionals of the performing arts are better hypnotic candidates than either other artists or people from other professions.

In this article, Panero and her colleagues compared some psychological features of acting students, music students and non-artists. They hypothesized that those traits characteristic of highly hypnotizable subjects – namely, creative imagination, a tendency for absorption and fantasy proneness – will be higher in acting students than in the other two groups. Although musicians may also experience altered consciousness during musical performance, music itself is rather more “interpretative” than “transformative”, which suggests that musicians are not necessarily more hypnotizable than non-artists; while an actor needs these qualities in her or his everyday work, so she or he may just become “practiced” in altered states of consciousness. (Another possible explanation can be that it is a kind of self-selective process, in the sense that high hypnotizables may be more attracted to chose acting as a profession...) The authors found that the three groups differed across these traits, and the pattern of the results showed that musicians and non-artists did not differ from each other – while performing artists proved to be significantly more creative, absorptive and fantasy-prone than the other two groups, which confirms the hypotheses. It's a pity that Panero and her colleagues did not actually compare the subjects' hypnotizability. Another interesting question, to my best knowledge not studied so far, is that how hypnotizable are fine artists.

Since this topic is also very exciting for us, two of my students and me also started to investigate hypnotic responding of actors. So far, we have collected a sample of 38 actors and acting students. Our preliminary results (Benkő, Horpácsi, & Költő, 2016) suggest that they are in fact more hypnotizable than non-artists, and during stage performances and hypnosis they report a quite similar pattern of altered experiences.

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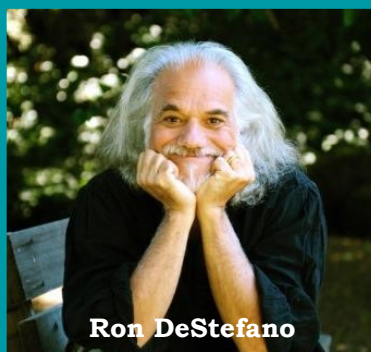
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10 Questions

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



Ron DeStefano

My energetic, inspired and illustrious colleague, Dr Patrick McCarthy in New Zealand sent the question to me.

I need to clarify that since I have been a Psychologist for 40 years, and was first introduced to Hypnosis by Dr. Martin

Orne in 1968 in Philadelphia, and have done Hypnosis for many years, and Master's and Doctoral thesis on it in the 1970's, and am still in Practice, for the past 36 years in the San Francisco Bay area.

I love Hypnosis, and anyone involved in any methods to make the world a better place by relieving suffering and increasing happiness.

I am grateful to have had many mentors who were wonderful assets in the field of Hypnosis and Psychotherapy, a virtual “Who's Who” in the Mental Health field; I am greatly indebted and have “stolen” from the best teachers in my 67 years, and have been blessed to have integrated and carried them in my being.

While still in practice, I am a father of two teenage sons and an older daughter who has given me two beautiful granddaughters. Life is full, perhaps too full. I work with diverse people, but especially with SF Bay area musicians, and spend my free time learning, playing guitar and song writing, and dealing with three deadly maladies that I have been free of for more than 5 years!

I have taught, researched, traveled and enjoyed being and learning from people in over 60 countries, (including the Himalayas where I led treks from the early 80's into the 90's with wonderful Tibetan Buddhist teachers and others), even though I

grew up a South Philadelphia Italian street kid whose father died with 7 dollars.

I travelled with and worked with the “Father” of Transcultural Psychiatry, Dr. John Spiegel, who I met when we were both invited to be Charter Members in 1976 starting The American Family Therapy Academy after my own mentoring by the innovators of that field.

My life feels like an incredible hypnotic dream. My Hypnosis teachers included Dr. Martin Orne, Dr. Milton Erickson, Dr. Theodore X. Barber, and Dr. Jay Efran.

Warmly, in and out of trance,
Ron DeStefano

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 was a freshman in college and saw a notice for paid subjects to be in a hypnosis experiment at Dr. Martin Orne's lab at the University of Pennsylvania. I showed up and was taught how to lie to a lie detector machine. Then, in another experiment, I was hypnotized by Dr. Orne and did most of the items of the standardized tests of the times... I then went home and did the same thing with my parents and friends; I just imitated what Dr. Orne did and all my friends and pets were hypnotized.

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

I think I was imprinted by the first, and that led me to do unto others...

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?

Yes. Definitely, Milton Erickson, the master of dissolving resistance to hypnosis (one of the main problems of using the word hypnosis to the general public, as most resist being under the control of an external authority).

4. What is your favorite book?

John Fowles, The Aristos

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

Guitar playing, singing, and song writing.

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

Emotional reactivity. Remaining calm when frustrated.

7. Which human feature do you admire the most?

Kindness and compassion.

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

Ok. Music!

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

Hammocks, intimacy and hanging with wonderful musicians who can hypnotize us with the beauty of the muse.

10. The special question to you from Dr Patrick McCarthy: Is the word hypnotized a misnomer? If so, how?

Of course, Hypnos is the God of sleep. And we are not really asleep, just relaxed, lethargic, and focused and open at the same time.



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

Wollie Hartman, from Africa, to include a new continent.
What contributed to a “High Moment” of your life?

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.



The next ESH congress, being organized by the British Society of Clinical & Academic Hypnosis (www.esh2017.org), Manchester, August 2017, will be in just over a year. A year passes quickly when we are engaged in interesting activities.

In fact, until now the ESH board has had two onsite meetings, combined with teaching activities. In March 2016, the ESH board went to Copenhagen, where they also presented their workshops during the annual meeting of the Danish Society Clinical Hypnosis (DSCH) on “**Meet the Diversity of the European Hypnosis**”. We all thank Randi Abrahamsen and her board for their kind hospitality.

In June 2016, we had our second onsite meeting, this time in Lausanne, organized by Alexandra Mella from the Institut Romand d’Hypnose Suisse, IRHyS,

and Michael Schekter from the Société Médicale Suisse d'Hypnose, SMSH. The two societies shared the commitment to host the on-site Board meeting as well as to organize 18 workshops in Clinical Hypnosis on "From vulnerability to resilience: using our abilities to heal and to adapt". Each board member had two workshops of 3 hours each. We thank both the societies for their kind hospitality

After summer time and its period of pause, reflection and rest, the board will focus its energy on preparing the third onsite meeting in October 2016 in Istanbul, hosted by the Turkish Society of Medical Hypnosis who organizes the 10th THD Medical Hypnosis Congress on: "What is Hypnosis: A Journey through Awareness in the Light of Mystery". ESH is grateful to Ali Ozden Ozturk for his hosting the ESH board and also for his work with the Turkish Ministry of Health to obtain State recognition of legal hypnosis training.



With regard to the next ESH 2017 congress, I hope that you have already registered using Early Bird benefits and that you have already sent the abstracts of your contributions to the ISH and ESH Community.

I wish you a relaxing and energizing summer.

Consuelo Casula

WORKSHOPS IN CLINICAL HYPNOSIS AND ESH BOARD MEETING IN LAUSANNE

*A brief report
by András Költő*

The European Society of Hypnosis (ESH) Board of Directors were invited to participate and teach at the conference "Workshops in Clinical Hypnosis – From vulnerability to resilience: Using our abilities to heal and to adapt". As you have read in the letter from ESH President Consuelo Casula for the present issue, the conference was organized by IRHyS (Institut Romand d'Hypnose Suisse) and SMSH (Swiss Medical Society of Hypnosis) and took place between 10–11 June, 2016.

Nevertheless, by the courtesy of the hosting societies, the ESH BoD members had arrived in Switzerland on 8 June, and spent the whole following day with a work meeting. Among other issues, we discussed the criteria and the application form for new Constituent Societies. The committees reported about the work recently done with the ESH Newsletter and the new ESH website; how does the research project of ESH (which aims to map state of art hypnosis in Europe) proceed. Our treasurer Gaby Golan gave a detailed report of the budget. Operational processes and some individual requests to ESH were also discussed. Dr. Martin Wall, ESH President-elect and chairman of the Committee on Educational Programmes in Europe briefed us about the new template of the European Certificate of Hypnosis, and gave a detailed description of the ongoing implementation of an MSc program in hypnosis. We also discussed the position of Constituent Societies that provide training in hypnotherapy, and their responses to a survey on the training. As a last item on the agenda, we continued the preparatory work for the Council of Representatives meeting at the 2017 ESH Congress, to be held in Manchester. We discussed which BoD members want to step up as candidates for the positions of President-elect, Treasurer, and Board member. We outlined the election process, the awarding ceremonies, and started to discuss how to assemble the welcome pack.

After the work, Dr. Mike Schekter, Past President of SMSH and his wife, Gisela Schekter guided us on a walk in old Lausanne, and we took a wonderful trip on Lake Geneva with the Belle Epoque paddle steamboat "La Suisse", originally built in 1910 and fully renovated in 2009.

In the next two days, the ESH BoD members delivered 18 workshops to the attendees of the conference, with the following titles:

- Seven hypnotic strategies to help patients to become resilient, by Consuelo Casula
- Evidence-based hypnotherapy for psychogenic non-epileptic seizures, by Flavio G. Di Leone
- Don't forget to remember the influences of hypnosis on memory, by Gaby Golan
- Ego state therapy with hypnosis – how it can be used to help ourselves, by Åsa Fe Kockum
- Assessing hypnotic responsiveness in clinical and research contexts: Building a bridge, by András Költő
- Easy to use techniques when you don't have a lot of time, by Kathleen Long
- Resilience in the prevention and therapy of burnout, by Nicole Ruysschaert
- Hypnosystemic Crisis Intervention and Support. "It's not what happens to you, but how you react to it that matters." (Epictetus), by Stefanie Schramm
- Induction – From Mesmer to Erickson who is inducing who?, by Martin Wall
- Transforming patient's stories of traumas into stories of resilience, by Consuelo Casula
- Hypnotizing Lazarus: can resilience do harm?, by Flavio G. Di Leone
- Group Hypnosis: the uses of hypnosis in groups in medical and psychotherapeutic settings, by Gaby Golan
- Hypnosis with severely stressed clients, by Åsa Fe Kockum
- Addressing vulnerability and enhancing resilience of patients with skin symptoms: Hypnosis in psychodermatology, by András Költő
- An easy to use Bag of Techniques, by Kathleen Long
- Home-coming: shelter after the storm... stabilisation methods in PTSD, by Nicole Ruysschaert
- How to elicit resilience through metaphoric communication and conversational trance, by Stefanie Schramm
- Hypnosis – A Philosophy of Practice, by Martin Wall

A generally shared impression of the ESH BoD members was that, in the three-hour long workshops, we had intensely engaged the audience who actively participated and made several questions and comments which showed their genuine interest. We hope that the attendees also found benefit in visiting the sessions. On Friday evening we had a fine dinner at a local restaurant "Le Cinq" with SMSH, IRHyS (the Francophone branch) and GHypS (German-speaking branch) Board members. But the most rewarding "social program" was when Gisela and Mike invited us to their house to have a dinner with them on Saturday evening. We had a wonderful and relaxing time and a fine dinner in their cozy home.

On Sunday, we had a closing work session to elaborate some more of the ESH activities. After a thorough revision, the Board will propose some changes in the ESH Regulation, Constitution and Ethical code. We made preparations to invite Constituent Societies to organize the 2020 ESH Congress, and we set the dates for our future telephone meetings.

In sum, it was a very fruitful and productive meeting, both in terms of teaching and discussing clinical hypnosis with the Swiss colleagues, and to make proceedings in the activities of ESH. We would like to express our gratitude to all the colleagues who took the time to attend our workshops and actively participate and to the organizers, Dr. Alexandra Mella of IRHyS and Dr. Mike Schekter and Dr. Peter Sandor of SMSH, for doing their best in hosting us.

Accompanying my report, you can find a brief description of SMSH, to give you an overview about our hosting society and its president.

Introducing Presidents of Hypnosis Societies throughout Europe



Michael Schekter and Peter Sandor

About Peter

Professor Dr. med. Peter S. Sandor is a neurologist and medical director of Neurology within a group of companies concerned primarily with rehabilitation and prevention of disease.

His initiation into the field of hypnosis began in 1993 as a medical student when his psychiatry professor (G. Hole) introduced him to hypnosis. He learned self-hypnosis and developed techniques for the treatment of headaches with hypnotic methods. Later he became interested in the treatment of chronic pain.

As most hypnotherapists in Switzerland, he uses hypnosis within his specialty. He strongly believes that in order to prescribe hypnosis, the therapist must have proper training to be able to use hypno-

sislike any physician needs the proper training to prescribe medication.

For him, there is a real gain by using the hypnotic approach, also in everyday clinical work. By using hypnotic communication during the examination, the therapist is able to perceive and understand the illness of the patient, establish a working relationship and to start the treatment.

Although in an administrative position, he continues to spend about half of his time with patients and keeps in touch with the realities of daily medicine.

The SMSH and Peter

Peter believes highly in promoting clinical hypnosis. But in order to do this more successfully, especially with the different partners in governments and insurances, academic knowledge offered by research is very important. He underlines the fact that establishing how hypnosis works in the nervous system and its interactions within the body should increase the interest in hypnosis for colleagues but also for patients. Further research should result in newer and better techniques to help and cure patients.

In the SMSH the President is elected for 3 years and can be re-elected. This is Peter's first term.

He believes that today's main goals are to become more communicative and interactive. This should be accomplished by updating our web sites. This permits a more rapid and easier exchange of information (training sessions, workshop, news etc.). The first to benefit will be Switzerland's own therapists within its three major linguistic regions: German, French and Italian.

Along the same lines other national and international

organizations could share their programs, their methods and their discoveries while developing ethical and effective treatment for patients.

About the SMSH committee

There are 16 committee members representing the major health professions and the important professional health organizations in Switzerland.

The SMSH was founded in 1981 when hypnosis was entering our country.

We have 500 members. There is a good collaboration with the other two organizations working in hypnosis in Switzerland: Irhys and Ghyps. In the SMSH we are a majority of medical doctors, such as general practitioners, internists, psychiatrists, anaesthetists, but also psychologists and dentists.

Our organisation is responsible for the official formation in hypnosis in German and with the help of Irhys in French. We have a new Italian section since one year. It is important to underline that our formation in hypnosis is recognized by the Federation of Swiss Doctors with its own official certificate of aptitude in hypnosis.

The SMSH publishes a journal, "CH-Hypnose" to inform the members of interesting approaches and events.

It is important to promote hypnosis in the university settings. This has happened in surgery, in dealing with burned patients, but still needs to grow.

Of utmost importance for the SMSH is a well-organized curriculum in hypnosis. Continuing education in an on-going obligatory program must accompany this in order to keep the hypnosis certification.

These programs are organized in Switzerland and keep hypnotic treatment on a high performance level and within proper ethical conditions.

With interactions such as the ESH Board coming and teaching in Switzerland, we have been able to live an efficient and enjoyable example of collaboration and to share in the common cause, which is to provide our health professionals with the best tools and our patients with the best treatments.



ESH BoD cruising on La Suisse, 9 June 2016

Hypnosis – unlocking hidden potential Tools for communication, health and healing in the 21st century

The call for papers has gone out and abstracts for papers, workshops and presentations can now be submitted on line at www.esh2017.org before 1st January 2017.

The super early bird rate of £325 (approx. 455 Euros) will be available for registrations made until 31st July 2016 and the conference fee includes all lunches as well as 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 are other possibilities available. We are gathering a great array of interesting speakers many of whom have not often presented at European meetings and some advance details will be uploaded to the programme area of the website from time to time.

Book your place before end of July 2016!

So why should you come to Manchester? Manchester is a fascinating mixture of old and new; with buildings of modern glass and steel rising up next to ornate and beautiful Victorian facades. As well as the Manchester Ship Canal and Bridgewater Canal there are several open spaces where one can sit and relax after going on a shopping spree though the vibrant shops of the city. If you love food Manchester boasts a wide variety of world class cuisines and you can always go into the typical British pub for a pie and a pint!

Within easy reach of the Conference Hotel there is the Bridgewater Hall, a purpose built concert hall, where many orchestras, as well as our own Halle Orchestra, frequently perform. Nearby is


the ornate Victorian Palace Theatre, and the first theatre in the round, in what used to be the old Exchange Hall for the Lancashire cotton industry, and is now the Royal Exchange Theatre with the most beautiful sculpted ceilings.

There are many interesting concerts at the Royal Northern College of Music (RNCM) as well as contemporary dance and theatre at the Lowry Theatre in Salford Quays. This latter is very near the BBC and ITV Media City complex as well as the Imperial War Museum.

If you enjoy museums and art galleries we have several in Manchester, and the Manchester Art Gallery now includes the converted Athenaeum, where James Braid first demonstrated hypnosis to an audience of British doctors. Some of his original manuscripts are stored in another wonderful Manchester building – the John Rylands Library.

If you love old buildings then go and take a look at Manchester Town Hall and the circular Central Library. Trams and buses connect all parts of the city and it is easy to venture further afield into the surrounding countryside or other fascinating cities such as York or Liverpool. Truly Manchester has something for everyone!

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



Welcome to ESH 2017

**BOOK BEFORE 31st JULY 2016
FOR SUPER EARLY BIRD RATE**

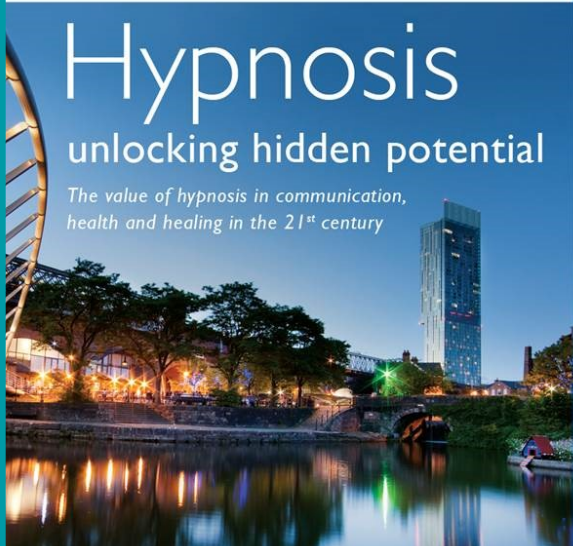
Early Registrations	GBP	Approx Euro Conversion
Early Registration Members	325	455
Early Registration Non-Members	400	560
Early Registration Students and 8 countries	225	315

**All lunches and refreshments are
included**

CALL FOR PAPERS & WORKSHOPS

**You are invited to submit an abstract
for a presentation at the ESH 2017
congress before 1st January 2017**

See www.esh2017.org
for further details



Hypnosis

unlocking hidden potential

*The value of hypnosis in communication,
health and healing in the 21st century*

A newborn: HypnoKairos

<http://www.hypnokairos.com/en/>

A few days ago, the doors of the 'Palais du Grand Large' in Saint-Malo have just closed on a muffled silence. The illuminated footlights of the 'Chateaubriand' lecture hall are still cooling down and listening to the past emotions rebounding to life on the walls... This 6th international congress on 'Hypnosis and Pain', which was organized by Emergences Institute, has come out to be the cradle of your new International Hypnosis Journal entitled 'HypnoKairos', pure coincidence (or not that pure, is it !). Conceived during lunch at home and throughout a series of chaotic events, this idea has finally required 3 short weeks, numerous friends and international colleagues to simply come to life in the presence of the people attending the congress. First of all Stephanie, my partner in life, attentive to this wild idea, and then Jean-Francois Marquet, Richard Gagnon and Kenton Kaiser, have accepted to join me on this project in a matter of hours. Claude Virot has immediately brought his moral and logistic support in becoming the head of the **International Scientific Committee**. Then came in thirty six hypnosis practitioners from all around the world to blend up this committee. Among them are 'celebrities' who have been sharing their knowledge with us for many years. They have taught us everything. There are also younger ones, rising stars for the future of the profession; the ones who should write the roots of the future.

All the projects are based on the hope that it will carry along convictions. HypnoKairos has outshined what one can imagine: the unhesitating support of all those healthcare professionals despite their tight schedules. They have said 'yes' to provide the scientific and pedagogical value of what will become – we hope so – one of the references in this infinite universe named the Internet, a source of resources for all practitioners using hypnosis and brief therapy. In this boundless momentum, one should not forget the ones without whom our baby-born wouldn't have a life of its own. They have stood over the crib, godfathers and godmothers, attentive during the presentation of the project and full of generosity just after granting their trust and their funds. This was one of a great moment seeing you come supporting us in the Palais just after the presentation of the project; or just telling us that this was what you had been waiting for: a new unifying project which would be at the same time benevolent, full of sharing, ex-

change and communication, respectful of all, using a modern and multimedia means.

A few minutes later, another occurrence of this 'providence' gave me the opportunity to say to you 'Yes You Can !', and to share with you the emotions of a job dealing with the moments when everything goes down, when lives fall apart at the corner of the street. These moments when the ephemeral shows its intense and unforgettable wealth. From the glances, we have shared with those we shall never meet again, to the words that heal fear and distress. The ancient Greeks have given a name to such moments when everything can change, this fleeting moment. It is Kairos and is embodied by a young man wearing a tuft of hair on the forehead. When you come across him, either you don't see him, either you see him and do not do anything, or you grasp his tuft of hair and then life changes. Something happens. A split second to decide, act or live with remorse and regrets. During this simple lunch at home, as often in life, and provided that one is attentive, it was a moment of Kairos. I cannot bring myself to ignore these opportunities, therefore the Journal should bear this name. We have fully grasped this second. When one wants something, when one believes in something, everything can come true if one gives oneself the means. Even if the initial response are, for some, to always see the impossible and the obstacles, all this merely brings incentive, acceleration and energy.



Then remained trying to imagine the first symbol image for HypnoKairos. I wanted to put together hypnosis, openness towards discovery, investigation of new perspectives, space for freedom of thinking and doing, and also the idea that this Journal could build bridges between all the countries in the world. It became obvious to use the image of the "hands of Ernest L. Rossi" gently around our beautiful blue planet, with the starry sky behind, as an opening towards the future. Nothing is frozen in our thinking. This logo might come to change one day with

our creativity, as a symbol of change and of all what today's hypnosis and brief therapy bring us to move towards tomorrow.

As if he wanted to put the finishing touch and put away the final doubts, Bertrand Piccard has offered us his message directly from Phoenix, Arizona. At the time, everybody told him it was unfeasible to go around the world by plane without a drop of oil, only using solar energy. One could say of him : 'believing is succeeding'. With his team around, he simply did it. A life lesson that teaches us the humbleness we sorely need with our patients and our peers...

Just a few notes from 'Imagine' by John Lennon for an inner journey looking for all what it is to change for each of us, and also to express to you my gratitude because, thanks to you...

“Si podemos !” **

“Oui, nous pouvons !” **

** "Yes we can!"

Your international therapeutic hypnosis webzine, the very one of its readers...

- An editor: Franck Garden-Brèche
- An editorial committee with Richard Gagnon (Québec), Kenton Kaiser (Belgium) and Jean-François Marquet (France).
- A scientific committee, gathering famous hypnosis practitioners in charge of specific theme as acute and chronic pain and diseases, psychiatry, odontology, maternity: Philippe Aïm (France), Jean-Marc Benhaiem (France), Gaston Brosseau (Québec), Isabelle Célestin-Lhopiteau (France), Sophie Cohen (France), Jérémy Cuna (France), Stéphanie Delacour (France), Stéphanie Desanneaux-Guillou (France), Gérard Fitoussi (France), Tony Fournier (Québec), Marc Galy (France), Christine Guilloux (France), Yves Halfon (France), Michel Landry (Québec), Guillaume Mathé (France), Hervé Musellec (France), Myriam N'Ciri (Marocco), Emmanuel Repingeon (France), Armelle Touyarot (France), Alain Vallée (France) for the French speakers and Brian Allen (Australia), Susanna Carolusson (Sweden), Consuelo Casula (Italy), Giuseppe de Benedittis (Italy), Mickhail Ginsburg (Russia), Mark Jensen (USA), Shaul Livnay (Israel), Maria-Laura Fasciana-Loriedo (Italy), Camillo Loriedo (Italy), Ali Ozden Ozturk (Turkey), Teresa Robles (Mexico), Nicole Ruyschaert (Belgium), Enayatollah Shahidi (Iran), Bernhard Trenkle (Germany), Katalin Varga (Hungary), Martin Wall (UK) for the English and other languages speakers

- Top-rank international partners on each continent
- Authors, only health professionals, all motivated to share in different languages, their practices, their experiences, their encounters

On the web, with a computer, tablet, and smartphone format in pdf, each paper presented will be approved by the international scientific committee, gathering all the best specialists in hypnosis at this time.

Multimedia, Kairos will also offer demonstrations videos, interviews, conferences, keynotes from congress with the approval of their authors. It will be a source of inspiration, available 24/24 7/7 365/365, all over the world.

A fountainhead of exchange and a way to share among the scientific community of hypnosis, brief and solutionist therapies.

After the scientific committee validation:

- The researchers will have a dedicated place to present their discoveries in neuroscience
- Clinicians will have their space to present and exchange about their practice, and
- Rising stars will also have a place to express

Now, dear ISH member, our Scientific Committee is waiting for your papers proposals to be send to publications@hypnokairos.com

The future life of HypnoKairos is in your own hands. We need you!

Thanks for what you are going to share worldwide...

Franck Garden-Brèche
(Translation by Frédéric Delacour)



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 ☺).



*Dr. Claude Verreault
dentist in Montréal
(Québec)
Canada*

Can you please introduce yourself, giving us the basic information about yourself?

I am a dentist in Montréal (Québec), Canada and a member of the Order of Dentists of Québec (O.D.Q.). I am also a member of the

Association of Dental Surgeons of Québec (A.C.D.Q.), as well as a member of the Société Québécoise D'Hypnose (S.Q.H.) which will host the 2018 ISH triennial Congress in Montréal.

How long have you been connected with ISH?

Through the S.Q.H I have been connected with the ISH for the last 12 years. I served as a Representative from the S.Q.H. to the ISH Council of Representatives during Congress in Paris in 2015.

I am the Vice President of the organization for the Montréal ISH International Congress 2018 and am the Ex-President of the S.Q.H.

What is your current job?

I am a Dentist in my own practice and am involved in teaching hypnosis for S.Q.H at the basic level, intermediate and advanced levels.

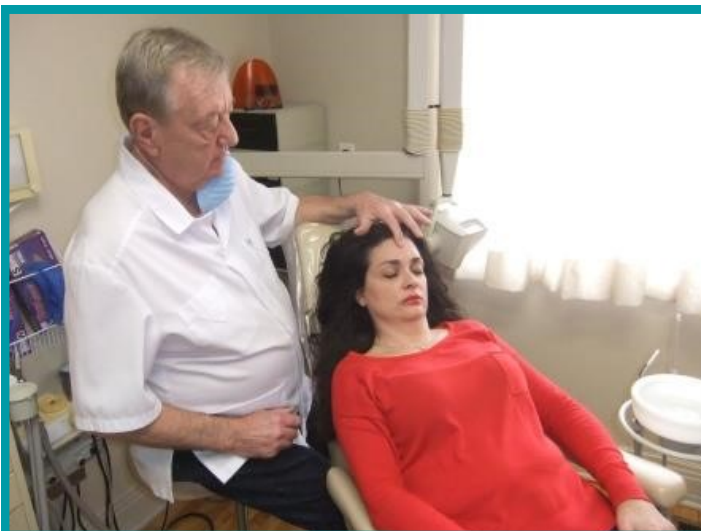
And something about your hobbies and interests in your free time?

There are many: Reading, antique restoration and collector, opera, and traveling.

Memorable moment?

Assisted Auto-Hypnosis...

Years ago, in the city of Ephesus, Turkey. I was visiting The Holy Mary house where she lived with St -John the Apostle after the crucifixion of her son Jesus. Nearby, there is a Mosque, the IMAM, invited me to visit and showed me his little store in the market place. The IMAM noticed that I was in pain while walking, he really felt bad for me, a real genuine gentleman! While in his little boutique I asked him to relieve me from that terrible pain. I sat on a small stool and asked him gently to set me free from that pain. He said “I cannot do miracles” and he put his hand on my hurting knee. I closed my eyes and let go in a deep comforting trance and after a while I opened my eyes, got up, walked freely and said: “Thank you I have no more pain”



XXIst World Congress of Hypnosis

The www.hypnosis2018.com website is now up and running. Now you can go there to register and see what will be in store for you in August 2018!

A welcome note from the organizer, Michel Landry

We are very pleased to invite you to the XXIst WORLD CONGRESS OF HYPNOSIS. The triennial Congress of the [INTERNATIONAL SOCIETY OF HYPNOSIS \(ISH\)](http://www.ish-hypnosis.org) will promote exchanges between researchers, clinicians and students from over 30 clinical and medical hypnosis societies from around the world.

WHERE: MONTREAL (CANADA)
WHEN: AUGUST 23 – 25, 2018

Montreal is a unique cosmopolitan city, where French and English languages coexist, as well as 80 other languages, all in a Euro-American context. Considered one of the safest cities in the world, Montreal offers a multicultural atmosphere which will seduce you with its energy, culinary delights and attractions. We believe your stay here will be a rich, memorable and unique experience.

The Montreal Convention Centre, located in the heart of the city, is just a few steps from historic Old Montréal, providing an exceptional environment for participants at this scientific meeting.

Montreal's clinicians and researchers have a long-standing investment in hypnosis and a solid international reputation with it. Several university centers recognized for their work in hypnosis have contributed to the 21st Century's understanding of the neurocognitive mechanisms involved in the field.

THEME:
HYPNOSIS AND SYNERGY

This congress will offer an opportunity to attend state-of-the-art presentations on clinical and medical hypnosis.

Registering now on Montreal 2018's send list will keep you informed of all the newest developments and congress details. The members of the host society, [Société québécoise d'hypnose](http://www.societe-quebecoise-dhypnose.org), look forward to welcome you in Montreal.



Michel Landry
Chairman
XXIst World Congress of Hypnosis
Montréal 2018



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