



The International Society of Hypnosis

NEWSLETTER

Building Bridges of Understanding

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Letter from the President



December 2016
Claude Virot MD

President's Letter
Translator:
Marion Orel

Hello,

It's the end of 2016, and I would like to share with you two rays of light coming from regions very distant one from the other in our world of hypnosis.

Let's go first to Iran. At the end of September, the 1st World Congress of Dental Hypnosis (*1st World Congress on Hypnodontics*) was held in Mashhad by the « Iranian Scientific Society of Clinical Hypnosis (ISSCH) ». It is the 4th congress of this constituent society member of ISH since 2010 (Mashhad in 2012 and 2013, Tehran in 2015).

The ISSCH was founded in 1990 to promote the use of hypnosis in the various fields of medicine, and was recognized in 2001 by the Commission of Scientific Societies under the supervision of the Iranian ministry of health and medical education. In other words, in Iran hypnosis is an official medical discipline.

To date, more than 7,000 health professionals have been trained in hypnosis by the ISSCH. If most come from Iran, some also come from other countries of Asia.

It was Dr. Mehdi Fathi, whom I had the pleasure of welcoming at the 5th congress « Hypnosis and

Pain » in La Rochelle in 2014, who assumed the scientific coordination and responsibility of the organization. I congratulate him warmly for the quality of this congress, which welcomed 450 attendees! Our colleague Dr. Enayat Shahidi, a member of the ISH Board of Directors, has been very much involved in this success.

Our Iranian friends were able to count on a nice international participation thanks to the work of Bernhard Trenkle our president-elect, and Veit Messmer former president of the dental hypnosis society in Germany.

The scientific program included lectures and workshops presented by Iranian experts and by international experts from Germany, France (Dr Xavier Penin and myself), Switzerland, Italy, Austria, Denmark, United Kingdom, & Indonesia.

This international collaboration is a perfect image of the mission of the ISH: to build bridges of exchange and understanding between individuals and health professionals, motivated by the implementation of hypnotic practice for the benefit of patients as well as in the most difficult moments of a person's life.

Of course, beyond the congress, we had the chance to discover this magnificent country and a culture of extraordinary wealth. Mehdi and Enayat helped us discover the traditions, architecture, and a breathtaking building: the mausoleum of Imam Reza, 8th Shiite Imam, which welcomes 25 million pilgrims every year.

In 2019, as part of an Asian hypnosis society, our Iranian friends planned to organize the first Asian congress. This new international meeting aims to energize the practice and teaching of hypnosis in this region of the world. The ISH will be present to support this nice initiative and will give you all the necessary information to participate.

Let's now go to another continent, 10,000 km from Mashhad. We are in Rio de Janeiro in Brazil, where I am invited to participate from 24 to 26 November at the 12th congress of the Brazilian Association of

Hypnosis, whose chairman is Dr. Joao Jorge Cabral Nogueira.

It is with a lot of pleasure that I discover that this congress brings together speakers and participants from most of the regions of Brazil, raveling from great distances.

This testifies to the quality and value of the association created in 1957, just a few years before the ISCEH was formed (1959) , and almost decade after the SCEH was formed (1949). The ISH founded in 1973, was a reorganization of the ISCEH.¹

Very far from Iran as well as France, I verify that hypnosis carries universal values based on the activation of the resources of each human being, even if each country has created modalities specific to its own culture. It is these differences that make the most of the links we build with each continent. Every country, every culture allows us to be even more just and effective in our hypnotic practice.

For a long time, Brazil has been a member of the ISH and then took some distance about fifteen years ago. In the interim, a Pan-American and Caribbean Hypnosis Association was developed, led today by Dr. Alfredo Cobian of Cuba. This society brings together Cuba, Puerto Rico, Brazil, Argentina, Uruguay, Colombia, Peru, Guatemala, Panama, the Dominican Republic, and Costa Rica.

This congress was an opportunity to renew the ties of respect and friendship with our friends in South America. Dr. Cabral Nogueira (speaker in Paris) and Dr. Osmar Ribeiro Colas (from São Paulo) - the new president of the Brazilian society - have decided to rejoin with the ISH, in order to exchange with colleagues from around the world. Beyond Brazil, our common wish is to welcome other societies from South America, Central America and the Caribbean. Discussions with Dr. Alberto Cobian are valuable in establishing links with each of these countries.

Before leaving Brazil, I would especially like to thank Dr. Ricardo Feix of Porto Alegre for putting all his energy into bringing ISH and Brazil closer together. I also thank him for being our guide during our stay to discover the statue of the Redeemer Christ atop Mount Corcovado, of course, and also a school of Samba in the heart of the musical and festive life of Rio de Janeiro.

These two wonderful experiences are an opportunity to remind you that all the members of the ISH Board of Directors are at your disposal at your congresses and whenever you want, to get to know us better and to integrate as much as possible the expertise of

one another.

Our 2016 year ends on these two rays of light that will enlighten us to start a new year 2017 as rich and fertile as 2016.

I wish each of the member societies of the ISH and each individual member a very fine end to 2016 and to year 2017, oriented towards the pleasure of sharing and collaboration.

See you soon,
Claude Virot

PS: A nice way to participate in this movement and these connections is to share this newsletter, Edited by Kata Varga, on your websites or in the e-mails to your members and colleagues.

¹ Please, visit the history of the ISH [clicking here](#).

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Lettre de la présidente French

Bonjour,

En cette fin d'année 2016, je souhaite partager avec vous deux rayons de lumière venant de régions fort éloignées l'une de l'autre dans notre monde de l'hypnose.

Allons d'abord en Iran. Fin septembre, a eu lieu le 1er congrès mondial en hypnose dentaire (*1st world congress on hypnodontics*) organisé à Mashhad par la « Iranian Scientific Society of Clinical Hypnosis (ISSCH) ». C'est le 4e congrès de cette société membre de l'ISH depuis 2010 (Mashhad en 2012 et 2013, Téhéran en 2015).

La Société Scientifique d'Hypnose Clinique a été fondée en 1990, pour promouvoir l'utilisation de l'hypnose dans les différents champs de la médecine et a été reconnue en 2001 par la Commission des Sociétés Scientifiques sous la supervision du ministère iranien de la santé et de l'enseignement médical. Autrement dit, en Iran, l'hypnose est une discipline médicale officielle.

À ce jour, plus de 7 000 professionnels de santé ont été formés à l'hypnose. Si la plupart viennent d'Iran, une partie vient aussi des autres pays d'Asie.

C'est le Docteur Mehdi Fathi, que j'avais eu le plaisir d'accueillir lors du 5e congrès « Hypnose et Douleur » à La Rochelle en 2014, qui a assumé la coordination scientifique et la responsabilité de l'organisation. **Je le félicite** chaleureusement pour la qualité de ce congrès qui a accueilli 450 participants ! Notre collègue Enayat Shahidi, membre du bureau de l'ISH a largement participé à cette réussite.

Nos amis iraniens ont pu compter sur une belle participation internationale grâce au travail de Bernhard Trenkle, notre président-elect et de Veit Messmer, ex-président de la société d'hypnose dentaire en Allemagne.

Le programme scientifique a associé des conférences et ateliers présentés par les experts iraniens et **des** internationaux **venants** d'Allemagne, de France (le Dr Xavier Penin et moi-même), de Suisse, d'Italie, d'Autriche, du Danemark, du Royaume Uni, d'Indonésie...

Cette collaboration internationale est une image parfaite de la mission de l'ISH : construire des ponts d'échanges et de compréhension entre les individus et les professionnels de santé motivés par la mise en

œuvre des pratiques hypnotiques au bénéfice des patients, et dans les moments les plus difficiles **de la** vie de chacun.

Bien sûr, au-delà du congrès, nous avons **eu** la chance de découvrir ce magnifique pays et une culture d'une richesse extraordinaire. Mehdi et Enayat nous ont fait découvrir les traditions, l'architecture et un édifice époustoufflant : le mausolée de l'Imam Reza, 8e Imam chiite, qui accueille 25 millions de pèlerins chaque année.

En 2019, dans le cadre d'une société d'hypnose asiatique, nos amis iraniens ont prévu d'organiser le premier congrès asiatique. Cette nouvelle rencontre internationale a pour vocation de dynamiser la pratique et l'enseignement de l'hypnose dans cette région du monde. L'ISH sera présente pour soutenir cette belle initiative et vous donnera toutes les informations pour y participer.

Allons maintenant sur un autre continent, à 10 000 km de Mashhad. Nous sommes à Rio de Janeiro, au Brésil, où je suis invité à participer, du 24 au 26 novembre, au 12e congrès de l'association brésilienne d'hypnose dont le président est le Dr Joao Jorge Cabral Nogueira.

C'est avec beaucoup de plaisir que je découvre que ce congrès réunit des conférenciers et des participants venant de la plus grande partie des régions du Brésil, pourtant très éloignées les unes des autres. Ceci témoigne de la qualité et de la valeur de l'association, créée en 1957, à la même époque que l'ISH ! Très loin de l'Iran comme de la France, je vérifie que l'hypnose porte des valeurs universelles basées sur l'activation des ressources de chaque être humain, même si chaque pays a fabriqué des modalités spécifiques à sa propre culture. Ce sont ces différences qui font tout l'intérêt de ces liens que nous construisons avec chaque continent. Chaque pays, chaque culture nous permet d'être encore plus juste et plus efficace dans notre pratique hypnotique.

Pendant longtemps, le Brésil a été membre de l'ISH puis s'en est éloigné, il y a une quinzaine d'années. D'un autre côté, s'est développée une association panaméricaine et caribéenne d'hypnose, dirigée aujourd'hui par le Dr Alfredo Cobian de Cuba. Cette société rassemble Cuba, Porto Rico, le Brésil, l'Argentine, l'Uruguay, la Colombie, le Pérou, le Guatemala, le Panama, la République Dominicaine, le Costa Rica...

Ce congrès était l'occasion de renouer des liens de respect et d'amitié avec nos amis d'Amérique du Sud. Le Dr Cabral Nogueira (conférencier à Paris) et

le Dr Osmar Ribeiro Colas (São Paulo) - le nouveau président de la société du Brésil - ont décidé d'intégrer de nouveau l'ISH, afin d'échanger avec leurs collègues du monde entier. Au-delà du Brésil, notre souhait commun est d'accueillir les autres sociétés d'Amérique du Sud, d'Amérique Centrale et des Caraïbes. Les échanges avec le Dr Alberto Cobian sont précieux pour établir des liens avec chacun de ces pays.

Avant de quitter le Brésil, je tiens à remercier tout particulièrement le Dr Ricardo Feix de Porto Allegre pour avoir mis toute son énergie pour rapprocher l'ISH et le Brésil. Je le remercie aussi de nous avoir servi de guide lors de notre séjour à Rio pour découvrir le Christ de Corcovado, bien sûr, mais aussi une école de Samba au cœur de la vie musicale et festive de Rio.

Ces deux magnifiques expériences sont l'occasion de rappeler que tous les membres du bureau de l'ISH sont à votre disposition lors de vos congrès et à chaque fois que vous le souhaitez, pour mieux nous connaître et pour intégrer au mieux les expertises de chacun.

Notre année 2016 se termine sur ces deux rayons de lumière qui vont nous éclairer pour commencer une nouvelle année 2017 aussi riche et fertile que 2016.

Je souhaite à chacune des sociétés membres de l'ISH et chaque membre individuel, une très belle fin 2016 et une année 2017 orientée vers le plaisir du partage et de la collaboration.

À très bientôt,
Claude Virot

PS : Une belle manière de participer à ce mouvement et à ces rapprochements est de diffuser cette newsletter, dirigée par Kata Varga, **sur** vos sites internet ou dans les courriers à vos membres.

Gedanken der Präsidentin

Translator: Reinhild Draeger-Muenke
German

Guten Tag,

Zum Ende des Jahres 2016 möchte ich gerne zwei Lichtblicke aus weit auseinanderliegenden Regionen in unserer Hypnosewelt mit Ihnen teilen.

Gehen wir zuerst in den Iran. Ende September hat der 1. Weltkongress in zahnärztlicher Hypnose in Mahhad stattgefunden, organisiert von der Iranischen Wissenschaftlichen Gesellschaft in Klinischer Hypnose (Iranian Scientific Society of Clinical Hypnosis -I SSCH). Seit 2010 ist dies der 4. Kongress dieser ISH Mitgliedsgesellschaft (Mashhad, 2012 und 2013, Teheran in 2015).

Die iranische Wissenschaftliche Gesellschaft für Klinische Hypnose ist 1990 gegründet worden, um die Anwendung der Hypnose in den verschiedenen medizinischen Gebieten zu fördern, und die Gesellschaft ist 2001 von der Kommission für Wissenschaftliche Gesellschaften unter der Supervision des Iranischen Ministeriums für Gesundheit und medizinische Ausbildung anerkannt worden. Anders gesagt, im Iran ist die Hypnose eine offizielle medizinische Disziplin.

Gegenwärtig sind mehr als 7000 professionelle Mitarbeiter im Gesundheitswesen in der Hypnose ausgebildet worden. Die Mehrheit kommt aus dem Iran, aber auch andere asiatische Länder sind vertreten.

Doktor Mehdi Fathi, den ich während des 5. Kongresses „Schmerz und Hypnose“ 2014 in La Rochelle begrüßen durfte, hat die wissenschaftliche Koordination und die Verantwortung für die Gesamtorganisation übernommen. Ich gratuliere ihm herzlich zu der Qualität dieses Kongresses, der 450 Teilnehmer willkommen geheißen hat. Unser Kollege Enayat Shahidi, Vorstandsmitglied der ISH, hatte grossen Anteil an diesem Erfolg.

Dank der Arbeit Bernhard Trenkles und unseres nächsten Präsidenten, Veit Messmer, ehemaliger Präsident der deutschen Gesellschaft für Hypnose in der Zahnmedizin, haben unsere iranischen Freunde auf eine beachtliche internationale Teilnahme zählen können.

Das wissenschaftliche Programm hat Konferenzen und Workshops zusammengebracht, die von iranischen und internationalen Experten aus Deutschland, Frankreich (Dr. Xavier Penin und mir selber), Schweiz, Italien, Österreich, Dänemark, Grossbritannien, Indonesien... angeboten wurden.

Diese internationale Kollaboration ist ein perfektes Abbild der Mission von ISH: Brücken für Austausch und Verständnis zwischen Einzelnen und ganzen Berufssparten im Gesundheitswesen zu bauen, die daran interessiert sind, hypnotische Anwendungen zum Wohle der Patienten, oft in ihren schwierigsten Lebenssituationen, zu implementieren.

Natürlich haben wir Gelegenheit gehabt, ausserhalb des Kongresses dieses wunderbare Land und seine aussergewöhnlich reiche Kultur zu entdecken. Mehdi und Enayat haben uns die Traditionen, die Architektur und ein unglaubliches Gebäude entdecken lassen: das Mausoleum des Iman Reza, des 8. Schiitischen Imans, das jedes Jahr 25 Millionen Pilger willkommen heisst.

Für 2019 haben unsere iranischen Freunde im Rahmen einer asiatischen Hypnosegesellschaft geplant, einen ersten asiatischen Kongress zu organisieren. Dieses neue internationale Treffen hat sich zum Ziel gesetzt, die Ausübung und das Lehren der Hypnose in diesem Teil der Welt zu dynamisieren. ISH wird dabei sein, um diese schöne Initiative zu unterstützen und wird Ihnen alle Informationen zur Teilnahme an diesem Kongress zukommen lassen.

Lassen Sie uns jetzt zu einen anderen Kontinent gehen, 10.000 km von Mashhad entfernt. Wir befinden uns jetzt in Rio de Janeiro, Brasilien, wo ich eingeladen war, vom 24. bis 26. November am 12. Brasilianischen Hypnosekongress teilzunehmen, dessen Präsident Dr Joao Jorge Cabral Nogueira ist.

Mit grosser Freude habe ich entdeckt, dass dieser Kongress Vortragende und Teilnehmer aus fast allen weit auseinanderliegenden Regionen Brasiliens miteinander vereint. Das bezeugt die Qualität und den Wert dieser Gesellschaft, 1957 gegründet, zur selben Zeit wie die ISH! Weit weg vom Iran und von Frankreich kann ich feststellen, dass die Hypnose universelle Werte beinhaltet, die auf der Ressourcenaktivierung in jedem Menschen basieren, selbst wenn jedes Land seine eigenen Modalitäten aufgrund seiner speziellen Kultur entwickelt hat. Es sind genau diese Unterschiede, die es interessant machen, Verbindungen mit jedem Kontinent herzustellen. Jedes Land, jede Kultur erlaubt uns, noch präziser und noch effektiver in unserer Anwendung der Hypnose zu sein.

Brasilien ist seit langem Mitglied der ISH, hat sich aber über die letzten fünfzehn Jahre etwas davon entfernt. Andererseits hat sich eine panamerikanische und karibische Hypnosegesellschaft entwickelt, die heute von Dr Alfredo Cobian aus Kuba geleitet wird. Diese

Gesellschaft vereint Kuba, Puerto Rico, Brasilien, Argentinien, Uruguay, Kolumbien, Peru, Guatemala, Panama, die Dominikanische Republik, Costa Rica...

Dieser Kongress bot uns Gelegenheit, unsere respektvollen und freundschaftlichen Verbindungen mit unseren südamerikanischen Freunden zu verstärken. Dr Cabral Nogueira (Vortragender in Paris) und Dr Osmar Ribeiro Colas (São Paulo), der neue Präsident der brasilianischen Gesellschaft, haben entschieden, einen neuen Anlauf zu nehmen, um die ISH zu integrieren, und um den Austausch mit Kollegen aus der ganzen Welt zu fördern. Über Brasilien hinaus ist es unser gemeinsamer Wunsch, die anderen süd- und zentralamerikanischen, sowie die karibischen Gesellschaften willkommen zu heissen. Der Austausch mit Dr. Alberto Cobian ist sehr wertvoll, um Verbindungen mit jedem dieser Länder herzustellen.

Bevor wir Brasilien verlassen, möchte ich mich noch besonders bei Dr. Ricardo Feix aus Porto Alegre dafür bedanken, dass er seine ganze Energie für die Annäherung zwischen der ISH und Brasilien verwendet hat. Ich bedanke mich auch bei ihm dafür, dass er uns als Fremdenführer während unseres Aufenthaltes in Rio gedient hat, und wir somit den Christus von Corcovado, natürlich, aber auch eine Samba Tanzschule im Herzen des Musik- und Festivallebens in Rio entdecken konnten.

Diese zwei wunderbaren Erfahrungen geben mir Gelegenheit, Sie daran zu erinnern, dass Ihnen alle Vorstandsmitglieder der ISH während Ihres Kongresses zur Verfügung stehen, wenn Sie es wünschen, damit wir uns alle besser kennenlernen und die Kompetenzen eines jeden besser integrieren können.

Das Jahr 2016 neigt sich mit diesen beiden Lichtblicken seinem Ende zu, die uns in das neue Jahr 2017 leuchten werden, das genauso reich und ergiebig sein möge wie 2016.

Ich wünsche jeder Mitgliedsgesellschaft der ISH und jedem einzelnen Mitglied ein gutes Jahresende 2016, und ein Jahr 2017, das auf die Freude von Teilen und Zusammenarbeit ausgerichtet ist.

Bis ganz bald,
Claude Virot

PS : Es wäre schön, wenn Sie an dieser Bewegung und an diesen Annäherungen teilnehmen würden, indem Sie diesen Rundbrief unter der Leitung von Dr. Katalin Varga über Ihre Internetseiten oder durch Ihre eigenen Briefe an Ihre Mitglieder weiterverbreiten würden.

Lettera del presidente

Translator: Consuelo Casula
Italian

Ciao,

E' la fine del 2016, e vorrei condividere con voi due raggi di luce provenienti da regioni molto distanti una dall'altra nel nostro mondo di ipnosi.

Andiamo prima in Iran. Alla fine di settembre, il 1° congresso mondiale di Ipnosi in odontoiatria (*1st World Congress on Hypnodontics*) si è tenuto a Mashhad organizzato dalla "Società Scientifica di Ipnosi Clinica (ISSCH)". E' il 4° Congresso di questa società, membro ISH dal 2010 (Mashhad nel 2012 e 2013, Teheran nel 2015).

La Società Scientifica di Ipnosi Clinica è stata fondata nel 1990 per promuovere l'uso dell'ipnosi nei vari campi della medicina, ed è stato riconosciuta nel 2001 dalla Commissione delle Società Scientifiche, sotto la supervisione del ministero iraniano della Sanità e della formazione medica. In altre parole, in Iran l'ipnosi è una disciplina medica ufficiale.

Ad oggi, più di 7.000 operatori sanitari sono stati formati in ipnosi. Se la maggior parte proviene dall'Iran, un'altra parte proviene da altri paesi dell'Asia.

E' stato il dottor Mehdi Fathi che ho avuto il piacere di accogliere al congresso 5° «Ipnosi e Dolore» a La Rochelle nel 2014, che ha assunto il coordinamento e la responsabilità della organizzazione scientifica. Mi congratulo vivamente con lui per la qualità di questo congresso, che ha accolto 450 partecipanti! Il nostro collega Enayat Shahidi, membro del board della ISH, è stato molto coinvolto in questo successo.

I nostri amici iraniani sono stati in grado di contare su una notevole partecipazione internazionale grazie al lavoro di Bernhard Trenkle, il nostro presidente eletto, e Veit Messmer ex presidente della società ipnotica di odontoiatria in Germania.

Il programma scientifico comprendeva conferenze e workshop presentati da esperti iraniani e internazionali provenienti da Germania, Francia (Dr Xavier Penin e il sottoscritto), Svizzera, Italia, Austria, Danimarca, Regno Unito, Indonesia ...

Questa collaborazione internazionale è una perfetta rappresentazione della missione della ISH: costruire ponti di scambio e di comprensione tra individui e operatori della salute, motivati dalla implementazione di pratiche ipnotiche per il

beneficio dei pazienti, così come dei momenti più difficili nella vita di ogni persona.

Naturalmente, oltre al Congresso, abbiamo avuto la possibilità di scoprire questo magnifico paese con una cultura di straordinaria ricchezza. Mehdi e Enayat ci hanno fatto scoprire le tradizioni, l'architettura e un edificio mozzafiato: il mausoleo dell'Imam Reza, l'8° imam sciita, che accoglie 25 milioni di pellegrini ogni anno.

Nel 2019, in quanto facenti parte di una società ipnotica asiatica, i nostri amici iraniani hanno in programma di organizzare il primo congresso asiatico. Questo nuovo incontro internazionale ha lo scopo di stimolare la pratica e l'insegnamento di ipnosi in questa parte del mondo. La ISH sarà presente per sostenere questa interessante iniziativa e vi darà tutte le informazioni necessarie per parteciparvi.

Andiamo ora in un altro continente, a 10.000 km da Mashhad. Siamo a Rio de Janeiro in Brasile, dove sono invitato a partecipare dal 24 al 26 novembre al 12° Congresso della Associazione Brasiliana di ipnosi, il cui responsabile è il Dr. Joao Cabral Jorge Nogueira.

E' con molto piacere che scopro che questo congresso riunisce relatori e partecipanti provenienti da molte delle regioni del Brasile, anche molto distanti tra loro. Questo testimonia la qualità e il valore dell'associazione, creata nel 1957, nello stesso anno della ISH! Molto lontano dall'Iran, e anche dalla Francia, verifico che l'ipnosi porta valori universali basati sull'attivazione delle risorse di ogni essere umano, anche se ogni paese ha creato specifiche modalità per la propria cultura. Sono queste differenze che costruiscono la maggior parte dei collegamenti che costruiamo con ogni continente. Ogni paese, ogni cultura ci permette di essere ancora più validi ed efficaci nella nostra pratica ipnotica.

Per molto tempo, il Brasile è stato membro della ISH e poi ha preso le distanze circa quindici anni fa. D'altra parte, ha sviluppato una associazione ipnotica pan-americana e caraibica, guidata oggi dal dottor Alfredo Cobian di Cuba. Questa società riunisce Cuba, Porto Rico, Brasile, Argentina, Uruguay, Colombia, Perù, Guatemala, Panama, Repubblica Dominicana, Costa Rica ..

Questo congresso ha offerto l'opportunità di rinnovare i legami di rispetto e di amicizia con i nostri amici in Sud America. Dr. Cabral Nogueira (relatore a Parigi) e il Dr. Osmar Ribeiro Colas (São Paulo) - il nuovo presidente della società brasiliana -

Columna de la Presidencia

Translator: Teresa Robles
Spanish

hanno deciso di reintegrare la ISH, al fine di scambiare con colleghi di tutto il mondo. Oltre al Brasile, il nostro desiderio comune è di accogliere altre società provenienti dal Sud America, dall'America Centrale e dai Caraibi. Le conversazioni con il Dr. Alberto Cobian sono preziose per instaurare relazioni con ciascuno di questi paesi.

Prima di lasciare il Brasile, desidero soprattutto ringraziare il Dr. Ricardo Feix di Porto Alegre per aver profuso tutte le sue energie per avvicinare ISH e Brasile. Lo ringrazio anche per essere stato la nostra guida durante il nostro soggiorno a Rio e scoprire il Cristo del Corcovado e, naturalmente, anche una scuola di Samba, nel cuore della vita musicale e festosa di Rio.

Queste due esperienze meravigliose sono l'occasione per ricordare che tutti i membri del board della ISH sono a vostra disposizione per partecipare ai vostri congressi ogni volta che lo desiderate, per conoscere meglio e integrare il più possibile l'esperienza di ciascuno.

Il nostro 2016 si conclude con questi due raggi di luce che ci illumineranno per iniziare il nuovo 2017, ricco e fertile come il 2016.

Auguro a ciascuno dei membri delle società della ISH e a ogni singolo membro una splendida fine 2016 e un 2017 orientato verso il piacere dello scambio e collaborazione.

A presto
Claude Viot

Hola,

Este fin de año 2016, quisiera compartir con ustedes dos rayos e Luz provenientes de regiones muy lejanas una de otra en nuestro mundo de la hipnosis.

Primero hablemos de Irán. A finales de septiembre, tuvo lugar el primer Congreso Mundial en Hipnosis Dental organizado en Mashhad por la Sociedad Científica Iraní de Hipnosis Clínica (ISSCH). Es el cuarto Congreso organizado por esta sociedad que es miembro de la Sociedad Internacional de Hipnosis desde 2012 (los otros se realizaron en Mashhad en 2012 y 2013 y en Teherán en 2015).

Esta sociedad fue fundada en 1990 para promover la utilización de la hipnosis en los diferentes campos de la medicina y fue reconocida en 2001 por la Comisión de Sociedades Científicas bajo la supervisión del Ministerio Iraní de la Salud y de la Enseñanza Médica. Es decir, en Irán, la hipnosis es una disciplina médica oficialmente reconocida.

Para este momento han formado más de 7000 profesionales de salud en hipnosis. Si bien la mayor parte proviene de Irán, otra parte proviene también de otros países asiáticos.

El doctor Mehdi Fathi, que tuvo el placer de recibir en el quinto Congreso sobre Hipnosis y Dolor en La Rochelle en 2014, fue el coordinador científico y responsable de la organización del Congreso en Irán. Lo felicito calurosamente por la calidad del Congreso que reunió a 450 participantes. Nuestro colega Einayat Shahidi, que es miembro del consejo directivo de la ISH tuvo una gran responsabilidad para lograr este éxito.

Nuestros amigos iraníes contaron con una gran participación internacional gracias al trabajo de Bernhard Trenkle, nuestro Presidente Electo y el Veit Messmer, ex Presidente de la Sociedad que Hipnosis Dental en Alemania.

El programa científico reunió conferencias y talleres presentados tanto por los expertos iraníes como por los internacionales llegados de Alemania, Francia (el doctor Xavier Penin y yo), de Suiza, Italia, Austria, Dinamarca, el Reino Unido e Indonesia...

Esta colaboración internacional es la imagen perfecta de la misión de la ISH: construir puentes de intercambio y de comprensión entre los individuos y los

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profesionales de la salud interesados en utilizar la hipnosis en beneficio de los pacientes y, en los momentos más difíciles de la vida de cada uno.

Y por supuesto, más allá del Congreso, tuvimos la oportunidad de descubrir ese magnífico país y su cultura de una riqueza extraordinaria. Mehdi y Enayat nos hicieron descubrir las tradiciones, la arquitectura de su país y en especial un imponente edificio que deja sin respiración al admirarlo: el mausoleo del Imam Reza, octavo Imam chiita que recibe 25 millones de peregrinos cada año.

Para 2019, en el contexto de una Sociedad de Hipnosis Asiática, nuestros amigos iraníes planean organizar el primer Congreso Asiático. Este nuevo encuentro tiene como finalidad dinamizar la práctica y la enseñanza de la hipnosis en esta región del mundo. La ISH estará presente para apoyar esta bella iniciativa y dará a todos ustedes, toda la información para poder participar.

Vayamos ahora a otro continente, a 10,000 km de Mashhad. A Río de Janeiro, Brasil, donde fui invitado a participar del 24 al 26 noviembre en el doceavo Congreso de la Asociación Brasileña de Hipnosis que preside el doctor Joao Jorge Cabral Nogueira.

Fue para mí un gran placer descubrir que este Congreso reunió conferencistas y participantes que provenían de la mayor parte de las regiones de Brasil a pesar de que se encuentran muy alejadas unas de otras. Esto es un testimonio de la calidad y el valor de la asociación creada en 1957 ¡en la misma época que la ISH! Tan lejos de Irán y de Francia, pude constatar que la hipnosis tiene valores universales basados en la activación de los recursos de cada ser humano, aunque en cada país se hayan creado modalidades específicas surgidas de su propia cultura. Estas diferencias son lo que hacen interesantes los vínculos que construimos con cada continente. Cada país, cada cultura, nos permite ser cada vez más justos y más eficaces en nuestra práctica de la hipnosis.

Durante mucho tiempo Brasil fue miembro de la ISH y hace aproximadamente 15 años se alejó. Por otro lado, se ha creado una Asociación Panamericana y Caribeña de Hipnosis dirigida hoy en día por el doctor Alfredo Cobián de Cuba. Esta sociedad reúne a Cuba, Puerto Rico, Brasil, Argentina, Uruguay, Colombia, Perú, Guatemala, Panamá, República Dominicana y Costa Rica...

Este Congreso nos dio la oportunidad de renovar los lazos de respeto y amistad con nuestros amigos de América del Sur. El doctor Cabral Nogueira (conferencista en París) y el doctor Omar Ribeiro

Colas (de Sao Paulo), nuevo presidente de la Sociedad Brasileña, han decidido integrarse de nuevo a la ISH para intercambiar con sus colegas del mundo entero. Más allá de Brasil, todos deseamos poder recibir a las otras sociedades de América del Sur, de América Central y del Caribe. Los intercambios del doctor Alberto Cobián son preciosos para establecer relaciones con cada uno de sus países.

Antes de dejar el Brasil, quiero agradecer de manera muy especial al doctor Ricardo Feix de Porto Alegre todos sus esfuerzos para que la ISH se reencontrara con Brasil. Le agradezco también habernos servido como guía durante nuestra estancia en Río para descubrir el Cristo de Corcovado, claro, así como una escuela de samba en el corazón de la vida musical y festiva de Río.

Estas dos maravillosas experiencias nos recuerdan que todos los miembros de la mesa directiva de la ISH están a su disposición para cualquier Congreso que organicen, siempre que lo deseen, para así poderlos conocer mejor e integrar los conocimientos y habilidades de cada quien.

Nuestro año 2016 termina iluminado por esos dos rayos que vienen a llenarnos de claridad para comenzar un año nuevo, 2017 que será tan rico y fértil como 2016.

Deseo a cada una de las sociedades miembros de la ISH y a cada miembro individual, un hermoso final de 2016 y un 2017 que nos permita disfrutar el placer de compartir y de colaborar.

Hasta pronto,
Claude Viro

PD. Una linda manera de participar en este movimiento y en estos acercamientos es difundir esta revista dirigida por Kata Varga, en sus sitios de Internet o mandarla a los correos de sus miembros.



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Letter from the Editor

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



This is a really international issue. It gives me such a warm feeling that so many colleagues are working on the various sections of the Newsletter from all around the world – and it is especially heartwarming that all of this is voluntary work.

Raw texts, language checks, photos, CVs are coming and going

before the final, “ready to go” version is born.

Let’s see what we have in this issue that brings us to the close of 2016.

The **Main Interview** introduces Dr. **Mehdi Fathi**, who is the most prominent and well-known researcher in hypnosis disciplines in Iran. He has organized three international congresses on hypnosis in Iran (2012, 2013, and 2015) serving as the scientific secretary and main organizer of them. He was also the scientific secretary and main organizer of the first World Congress on Hypnodontics (September 2016), not to mention more than 200 hypnosis conferences around Iran universities. No wonder that Bernhard Trenkle, who conducted this interview, could easily get in tune with him – two excellent organizers...

In the **“Meeting our Masters”** column an interview with **Richard Kluft**, MD, PhD, by Nicole Ruysschaert (who also reviewed one of his recent books). Dr. Kluft is Clinical Professor of Psychiatry at Temple University School of Medicine, a Director of the China America Psychoanalytic Alliance, and a faculty member of the Psychoanalytic Center of Philadelphia. He has served as president of various hypnosis organizations, and co-chaired the 1997 ISH congress in San Diego. His scientific contributions have focused on the diagnosis and treatment of dissociative disorders, the development of clinical techniques, improving safety in the use of hypnosis, and

the issue of dignity in scholarship and clinical work. No wonder that his work was recognized by Pierre Janet Award for Clinical Excellence from ISH in 2009.

In our section: **Clinical Relevance of Research Findings we would like to connect** the research fields of hypnosis and hypnotherapy. In this issue we continue connecting psychogenetics and hypnosis. The previous issue the basic concepts of psychogenetics were summarized, now **Rózsa Enikő Katonai** explains the possible genetic background of hypnotizability.

As always, **András Költő** again summarizes for us new prominent clinical and research papers in the column of **"Findings of Note"**. This time he also reviews two books: *Hypnosis and Meditation: Towards an Integrative Science of Conscious Planes*, Edited by Amir Raz and Michael Lifshitz and *Handbook of Medical and Psychological Hypnosis: Foundations, Applications, and Professional Issues*, Edited by Gary R. Elkins.

We continue the creation of the "network" between our members: in the **"10 questions"** section **Consuelo Casula** answers the questions of Wollie Hartman.

Among the colleagues who are working for ISH "behind the curtain" we introduce **Isabel Stengler**, President and Senior Project Manager of "IS Event Solutions". She is one of the local organizers of the 2018 ISH Congress in Montreal

Of course: we are also updating our readers on the ESH Conference to be held in Manchester, 2017.

Let me end my letter with a personal note. On the 5th of December I defended my thesis for the "Doctor of Academy of Sciences" degree. The topic is a kind of summary of decades of research on hypnotic interaction, focusing on the "Phenomenology of Hypnosis Interaction". In this photo you can see me celebrating the successful defense of my thesis, with Éva Bányai, my mentor, who "opened a door" for me 30 years ago, and since then I am enjoying being captivated in the field of hypnosis...

I repeat my invitation to all members: please do contact me with your ideas, suggestions for topics, questions, or new columns – and of course your feedback on this issue. Your comments continue to improve our newsletter.

Katalin Varga
Dipl. Psych. Ph.D.



Interview by Bernhard Trenkle

Main Interview



Dr. Mehdi Fathi is the most prominent and well-known researcher in hypnosis disciplines in Iran. He graduated in anesthesiology with cardiac anesthesia as a subspecialty. He has been trained in heart transplantation anesthesia in Paris (2009) and became a faculty member of Iran University of Medical Sciences (Tehran) at the

same time. He is an Associate Professor of Cardiac Anesthesia at Mashhad University of Medical Sciences and the head of the Training Program of Cardiac Anesthesia Fellowship there.

He is one of the first trainers in the Iranian Scientific Society of Clinical Hypnosis (ISSCH) and has nearly 30 years of experience in the field. He has been a board member of ISSCH for 18 years and has the most important role in enhancement of hypnosis sciences in Iran. He has organized three international congresses on hypnosis in Iran (2012, 2013, and 2015) and he himself was the scientific secretary and main organizer of them. These events introduced the state of Iranian hypnosis to the world. He was also the scientific secretary and main organizer of the first World Congress on Hypnodontics (September 2016).

He has organized more than 200 hypnosis conferences around Iran universities and presented more than 50 articles in national and international conferences.

He has guided more than 50 hypnotic projects as MA to postdoctoral thesis, published 6 articles in international journals (ISI and Pubmed indexed), and written 58 titles of books in hypnosis and health care. He is the chief of the only branch of ISSCH in Khorasan state (Mashhad).

During the First World Congress on Hypnodontics I heard you called the father of Iranian Hypnosis? Can you tell us about the history of hypnosis in Iran?

Yes. They call me "Father of Iranian hypnosis". This refers to my hard attempts to introduce and improve scientific hypnosis in Iran for now almost 30 years. Before me hypnosis in Iran was used in ambiguous ways and connected to magic practices usually. I started to introduce hypnosis to scientists first individually in one to one interactions, later in small groups and seminars. Then the interest in hypnosis was growing in demonstrating hypnotic anesthesia for small surgeries and other medical treatments. So I slowly started to change the beliefs about hypnosis in medical and psychological universities. Of course I met many resistances before my colleagues more and more trusted hypnosis as therapeutic approach.

Then I needed to free hypnosis from being seen as magical thinking. After my graduation in medicine I reported many of my successful treatments to university departments and they changed their opinions little by little. After nearly 15 years we (my psychiatrist friend, Ali Sharifi, and I) succeeded to establish and organize the Iranian Scientific Society of Clinical Hypnosis (ISSCH) as a scientific branch of the Iranian health ministry. Now this was a good time to enhance hypnosis by doing scientific research and teaching that to practitioners.

After almost 10 years of teaching hypnosis the Iranian health minister accepted hypnosis courses officially for continuing education.

At the first international congress which I organized (Mashhad, 2012) I said in the main hall of the congress that hypnosis is like my son. I took care of it like a son, its growing and caring and now it is time for the son to live on his own. This address is the origin of the terminology of "Father of Iranian hypnosis" that others call me.

What was the start of your interest in the topic of hypnosis?

I really don't remember when and where it happened. I met so many unexplainable states such as cataleptic state in my childhood. But in my mind it maybe refers to early high school.

Surprisingly, I never had any trainer. I experimented every day in school time as a hobby and for curiosity. After entering to medical university I thought this can be a tool to help others, but the view of hypnosis at this time was mixed by magic and was not accepted easily by others including

patients and colleagues. Therefore all of my practice at that time must be done with volunteers (more than 3000 within 7 years) and I thank them.

You told me about some experience of hypnotic like phenomena in your childhood. Can you try to tell us about them?

Yes. I have experienced many undefined events in my childhood such as telepathy by quite illiterate people. Also, for example, I remember someone who was able to touch his tongue to a fiery blade when he was fully awake with no tissue damage or pain sensation. These observations engaged my mind and I tried to understand. This was leading me to hypnosis.

Some Christian groups are rejecting hypnosis because they are thinking it is connected with evil forces, with the devil, black magic. Are there similar beliefs in Iran and how are you dealing with them?

Surprisingly, this thinking was one of the most prominent barriers to improvement of hypnosis in Iran before I finally was successful in changing the view of hypnosis. This was one of the main roles I played for more than two decades. Although you still can meet some people who have these beliefs, the majority of people know hypnosis as a therapeutic approach now and I am so happy for this.

In Islam magic is religiously prohibited, but in Islam therapeutic hypnosis is allowed because it isn't magic. We have no problem with the use of hypnosis, because hypnosis is absolutely legal for therapeutic use and also teaching hypnosis to therapists is legal.

I am so happy about this situation when I look to some problems in the past.

I heard you have written already more than 50 books. Can you tell us about the books you have written?

Yes I have written 58 books in native language (Persian), some of them having been published by universities and others by private publishers.

I have written on Anesthesia as my main professional specialty (6 titles), Hypnosis training (9 titles), Life skills (12 titles), Yoga therapy (16 titles), social health (15 titles).

Also I have supervised 72 research projects in hypnosis fields for theses of anesthesiology residents and psychology students.

How many people have you trained in Iran?

My colleagues and I in ISSCH have trained more than 7000 practitioners within the last 14 years including medical doctors, psychiatrists, psychologists, nurses, dentists and midwives. They are using hypnosis in their practice. They are members of the Iranian medical council which supervise them in all aspects of their practice including their use of hypnotherapy. ISSCH is certifying them after theoretical and practical exams and is giving them continuing educational training via workshops, meetings and seminars monthly and/or annually.

Who are the leading Iranian hypnotherapists and what are their special topics of expertise?

Fortunately we have a fantastic BOD of ISSCH bringing together some colleagues motivated to improve hypnosis. The BOD of ISSCH is comprised of 2 psychiatrists (Ali Sharifi and Amirhoushang Bagheri), a psychologist (Kazem Tabatabaee), a General Physician (Enayat Shahidi), a Dentist (Kambiz Abghari) and an Anesthesiologist (myself). This team works together now to promote hypnosis. Also some others helped us in provinces of Iran and at medical, psychology and dental universities such as Majid Eshghpour (orofacial surgeon) and Foroozan Pasalar (GP) who helped me in organizing the first world hypnodontic congress.

Iran has a very young population. Around 70% of the population is below 35 years old. Do you see some special young talents in the field of hypnosis from whom we can expect contributions which will get international attention?

Yes, that's true. Young interest in hypnosis is very good. I haven't seen any one who is not interested in hypnosis, does not have questions about hypnosis or says he or she doesn't like the experience trance state. Interest in learning hypnosis in medical and psychological students is big.



Prof. Fathi doing live hypnosis in plenary room of September congress in Mashhad. A full dental office was set in plenary room and a complicated tooth extraction.

As you saw in our congresses, a majority of attendees are young (in contrast to what I found in European congresses). The young university students also are interested in hypnosis research. I feel very hopeful for the future of hypnosis in Iran.

There is the idea of organizing a first Asian Congress of Hypnosis in 2019. Can you tell us something about this idea?

As you know some countries are active in hypnosis fields, but they do their activities only in their own countries. I think this isn't enough for improving hypnosis in this area. It seems so important that Asian countries share their knowledge. Hypnosis and trance is strongly related to our Asian cultures. And we should meet and share and discuss this with European, American, Australian and African colleagues.

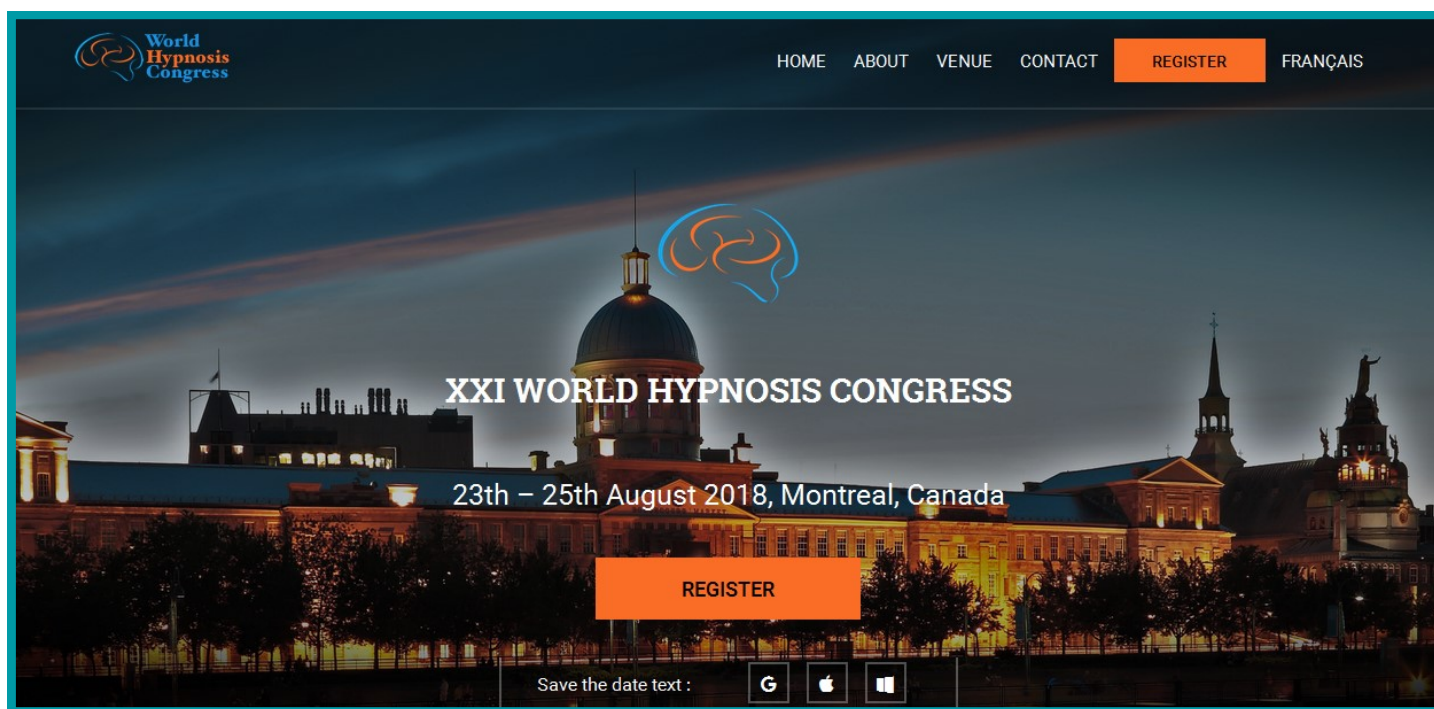
After the third international congress in Tehran (Iran, 2015), this Asian Congress idea developed in a discussion with you and Kris Klajs from Poland. There this idea was born.

I know that some countries such as Singapore, Japan, India, Indonesia and China are doing hypnosis and some of them have national congresses, but they haven't yet used their potentials for organizing an Asian Society of Hypnosis and Congress.

I hope this event happens in Iran, 2019.



Prof. Claude Virot and Prof. Mehdi Fathi



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.



Richard P. Kluft, M.D., Ph.D., practices psychiatry, psychoanalysis, and medical hypnosis in Bala Cynwyd, PA.

He is a Clinical Professor of Psychiatry at Temple University School of Medicine, and on the faculties of the Psychoanalytic Center of Philadelphia

and the China American Psychoanalytic Alliance.

He has published over 260 scientific papers and book chapters. Most of these papers concerned trauma, dissociation, dissociative disorders, therapeutic impasses, boundary violations, hypnosis, and psychoanalysis. His recent book, *Shelter from the Storm* (2013), an exploration of a compassionate approach to the abreaction of trauma, won the 2013 Written Media Award of the International Society for the Study of Trauma and Dissociation.

His edited books are *Childhood Antecedents of Multiple Personality*, *Treating Victims of Sexual Abuse*, and *Incest-Related Syndromes of Adult Psychopathology*. He and Catherine G. Fine, Ph.D., co-edited *Clinical Perspectives on Multiple Personality Disorder*.

Dr. Kluft was Editor-in-Chief of the journal *DISSOCIATION* for ten years. He is currently Clinical Forum Editor of the *International Journal of Clinical & Experimental Hypnosis* and Advisory Editor of the *American Journal of Clinical Hypnosis*.

He has presented over 1,000 scientific papers and workshops. He was a co-founder and an early President of the *International Society for the Study of Trauma and Dissociation*, and has been President of the *American Society of Clinical Hypnosis* and the *Society for Clinical and Experimental Hypnosis*.

He has received numerous awards for his published

research and his clinical and teaching contributions. These include four **Erickson Awards** for the best scientific paper of the year in hypnosis, the 2009 **Pierre Janet Award** for Clinical Excellence from the International Society of Hypnosis, and the 2016 for improving safety in the use of hypnosis and clinical innovations that improved the treatment of the dissociative disorders from the Society of Clinical and Experimental Hypnosis.

The Journal of Trauma and Dissociation has established the **Richard P. Kluft, M.D. Award** to honor its best scientific paper of the year.

Dr. Kluft has held several visiting professorships. He was the Director of the Dissociative Disorders Program at The Institute of the Pennsylvania Hospital for 8 years. He has extensive experience in treating victims of sexual exploitation by psychotherapists, has served as an expert witness in several malpractice cases involving boundary violations.

He also has served as an expert witness in cases in which the diagnosis of dissociative disorders or matters of memory were major issues, including those involving murder and serial murder charges. Dr. Kluft served as a consultant to the Dreamworks and Showtime series, "The United States of Tara". He was featured in the Showtime documentary, "What Is DID? With Richard P. Kluft, M.D.," which won the 2009 Media Award of the International Society for the Study of Trauma and Dissociation.

Dr. Kluft is currently writing a series of books about the treatment of chronic complex dissociative disorders. He has a second career as a writer of novels and short stories. His first novel, *Good Shrink/Bad Shrink*, and a novella, *How Fievel Stole the Moon: A Tale for Sweet Children and Sour Scholars*, were published in 2014. *An Obituary to Die For*, was published in 2016. His short stories include "Finders Weepers".

Please visit the review of Nicole Ruysschaert of Dr. Kluft's recent book, *Shelter from the Storm* (2013), at [Hypnokairos website by clicking here](#).

Interview by Nicole Ruysschaert

What was your first contact with hypnosis?

I was a medical student on my psychiatry rotation. An amateur hypnotist had put a woman in trance at a party and she couldn't be re-alerted. She would be brought in for evaluation and treatment. The on-call resident knew nothing about hypnosis, but he knew I read very rapidly. He told me to research what to do. Four or five hours passed. The resident went to sleep, the patient never arrived, and I had read a full textbook on hypnosis and part of another, and developed an interest in hypnosis.

Please describe your career and current work.

If I were to describe the circumstances I have encountered from early in my career until quite recently, it would be hard for readers not to wonder whether I were suffering paranoid delusions and preoccupied with conspiracy theories of psychotic intensity. I completed my residency training in the early 1970s. I was still in training when, before *Sybil* was published, I diagnosed a patient with what now is called Dissociative Identity Disorder. I turned to several senior colleagues for guidance. With one exception they ridiculed me. Along with a major figure in the world of hypnosis, they insisted I must have read the sensational now newly published book, *Sybil*, and created the condition because I was naive and inept, and no doubt narcissistic. I withdrew from their intense ridicule, shaming, and hostility, and worked out how to treat DID in solitude. I hoped that the publication of my first research on DID and its treatment, which won the Milton Erickson Award from the *American Journal of Clinical Hypnosis*, would win me some credibility and it did... outside of Philadelphia. There, it got worse! I was not reappointed to my university position. Later I would learn that my ouster had been spearheaded by a prominent professor, outraged by my publishing an article that challenged premises of an article of his, then in press. In brief, my career has been characterized by polarized reactions to me and to my work... Kind praise and vituperative condemnation in varying proportions.

Had anyone cared to ask, or listened when I tried to explain, they might have learned that I had been taught about dissociation, dissociative disorders, and the work of Janet during a long elective with John Nemiah, Editor of the *American Journal of Psychiatry* and Chair of Psychiatry at Beth Israel Hospital in Boston. Nemiah was my mentor at Harvard Medical School, one of the few American psychiatrists who studied Janet and wrote about dissociation. No such luck! Facts like these were irrelevant to those who had made up their minds in advance.

Working outside the academic mainstream, I

developed many techniques for intervening in the treatment of DID, and did follow-ups of treated and untreated DID patients to ascertain the natural history of the disorder and its prospects for successful treatment. My natural history articles along with the work of others revised the classic picture of DID (rare, florid, dramatic) to the more muted and commonplace disorder currently described in the American *DSM 5*. I was able to demonstrate that treatments facilitated by hypnotic interventions offered excellent prospects for successful outcomes. I was invited to open a dissociative disorders program at The Institute of Pennsylvania Hospital, over the vociferous opposition of the usual protesters. Our powerful team included Catherine Fine, David Fink, and Ira Brenner. Together we helped a large number of DID patients until the plague of managed care destroyed The Institute.

Back in full-time private practice, I continued to develop new approaches to the treatment of the traumatized, and to improve on those already formulated. Near the turn of the millennium a young graduate student came to see me. She had taken a basic workshop in hypnosis two weekends before. Although her eyes were open after a hypnosis exercise, she had not been truly alert. She was assured she would leave trance completely when she was ready to do so. Another student nearly succeeded in exploiting her vulnerability while still in residual trance. She states her therapist seized upon this information and used hypnosis to rape her. Soon I was confronted with two additional serious but quite different adverse consequences associated with workshops. Thus began a ten-year participant observer research project: I began to take, observe, and teach in basic workshops. This led to four articles that demonstrated that inadequate dehypnosis is at the root of most adverse sequelae to hypnosis, confirming Josephine Hilgard's assertion four decades before. I was able to offer several suggestions for the improvement of safety in clinical, research, and workshop hypnosis. Hedy Howard, who had studied with both Peter Bloom and me at The Institute many years before, built upon my findings to develop a unique approach to assessing the effectiveness of dehypnosis (Howard, in press).

I continue in full time private practice, still working to improve my approaches to treating DID. I have become a novelist. Two of my novels, *Good Shrink/Bad Shrink* and *An Obituary to Die For*, concern themselves with the misuse of hypnosis and mind control methodologies by intelligence agencies and in the private sector.

Whom do you consider your Mentor/Mentors?

After John Nemiah, I learned without a mentor, as might be inferred from the above.

Whom do you consider your students/followers?

The controversies that have surrounded my subjects of interest (and me in consequence) restricted my teaching activities to workshop settings for over 30 years. Sorry to have no students, but glad to have no followers. I encourage independent thinking.

What Is/Was Your Main Area of Practice?

I regard hypnosis as a facilitator of treatment, not a treatment in and of itself. While I work primarily with trauma victims, dissociative and otherwise, a typical day might find me treating a wide spectrum of conditions and employing a diversity of therapeutic modalities that I may or may not facilitate with hypnosis. As I grapple with my own diabetes I take particular pleasure in using hypnosis with severe diabetics to prevent their losing toes and limbs threatened by compromised circulation to amputation.

What are your major contributions to the field?

I am proud of many contributions. Here are four:

- First, I defended hypnosis against the irrational attacks against hypnosis itself and its value as a treatment facilitator during the “memory wars”.
- Second, I identified key problems and proposed preventive and corrective solutions for the usually overlooked unwanted effects of failed dehypnosis.
- Third, my longitudinal observations began and instigated further study of the course and phenomenology of DID, culminating by DSM IV and 5 in a more accurate picture of the condition,

correcting the sampling error artifacts of what was considered the classic picture of DID.

- Fourth, with Catherine Fine, I proposed and developed the fractionated abreaction technique, a hypnosis-facilitated approach to detoxifying traumatic material that is kinder, less destabilizing, but ultimately more definitive than most other methodologies.



Offer for Students

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ISH is offering free non-voting membership to master level and above students in Dentistry, Medicine and Psychology while they are full time students. Students must either be members of a constituent society of ISH or submit a recommendation from an ISH member. The free membership is offered as an incentive to students to learn about ISH and to be connected to the worldwide hypnosis community, and does not give the right to practice clinical hypnosis.

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 Rózsa Katonai

Enikő is a psychologist (MA degree, modul: clinical- and health-psychology, Eotvos Lorand University, Hungary) and a dedicated ashtanga yoga practitioner and teacher with a deep interest of the topics hypnosis and consciousness, health-psychology, ayurvedic medicine and behavioral- and epigenetics.

HYPNOSIS AND GENETICS

Enikő Rózsa Katonai
Eötvös Loránd University (ELTE)
Faculty of Education and Psychology
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Hypnotizability is a term used to describe the degree to which a hypnosis subject is responsive to suggestions during hypnosis sessions (Hilgard, 1973). The standardized measure of hypnotizability – which can be quantified by standard and reliable hypnotizability scales – is almost stable over a 25-years-long life-period in the case of adults (Piccione, Hilgard & Zimbardo, 1989).

Heredity is the genetic information passing for traits from parents to their offspring. *Heritability* is an index – a proportion – quantifying heredity itself: it can be defined as the ratio of variance due to genes to total variance in a population (Plomin, 1990). This index can vary and depends on the examined population and in the case of hypnotizability it depends on severe environmental factors also e.g. the subjects' age and condition because hypnotizability increases in adolescence, during pregnancy and following traumas or big lifestyle changes, etc. (Kihlstrom, 2016).

Based on results from twin studies the heritability of this trait is 44-64%, depending on the age and ethnicity of participants (Bányai, 2008). This ratio is quite high compared to other psychological variables so it could be considered as a stable trait. In Hungary, our group - Katalin Varga's Hypnosis lab, Eotvos Lorand University, Budapest - reported positive findings on the effect of kinship at the behavioral and phenomenological level of hypnosis in 2013 (Varga et al., 2013).

Hypnotizability - and maybe the subjective experiences during hypnosis sessions as well - can be called inheritable traits.

According to inheritable characteristics finding the concrete genetic components – gene variants – in the background is always an interesting question. These *genes* which cause biochemical, physiological and psychological diversity are not easy to find and their effects are not clear. Even so, three research groups found a significant association between hypnotizability and the "Val¹⁵⁸Met" variation of the "Catechol-O-methyltransferase" (COMT) gene (Lichtenberg, Bachner-Melman, Ebstein, & Crawford, 2004; Raz, 2005; Szekely et al., 2010).

Subjective experiences during hypnosis-interaction

Subjects are different in how they react to suggestions, how many test-suggestions they perform and how they experience hypnosis sessions subjectively. At the same time, behavior and inner subjective experiences within an individual are not necessarily at the same level. For example, if somebody's hypnotizability score is low (0-3 point) it does not necessarily mean that this subject has no visual nor any sensory, motoric, emotional or spiritual experience during the session. Even attachment can be formed between the "low" subject and the hypnotist (Shor, 1962).

According to Shor's classical theory (1962) hypnosis is characterized with 3 dimensions: trance, hypnotic role playing and archaic involvement. Hypnotizability can be defined with *standardized scales* in group or individual sessions. Hypnotizability score, as seen above, depends on the number of executed test-suggestions. Hypnotic trance is associated with the alteration of body-image and self-consciousness, altered sense of place and time, reduced reality-monitoring, and with the so-called "trance-logic" which is not realistic nor linear and ignores causality. So, with this is mind, trance-depth as a variable can be measured along these changes with self-report questionnaires about their experiences.

According to the classical theories of hypnosis, some kind of attachment, "archaic involvement" develops between the subject and the hypnotist during hypnosis. It can be considered as a transference in psychoanalytic terms. This transference-like relationship is temporal and highly emotional and may be expressed through projection. It is interesting that this specific situation is a model of our most important relationships (e.g. parent, spouse) in our real lives (Nash & Spinler, 1989).

This archaic involvement has types – positive and negative – and based on this approach hypnosis has different styles (maternal and paternal) also specified by our hypnosis group (Varga et al., 2008). Eva Bányai and her colleagues developed a social psychobiological model of hypnosis which conceptualizes hypnosis as a social interaction with several subjective characteristics. This model is integrative and proven by several studies (Bányai, 1991, 1998, Bányai, Gösi-Greguss, Vágó, Varga & Horváth, 1990; Bányai, Mészáros & Csókay, 1985).

COMT and Hypnotizability

In the case of the hypnotizability score, three research groups, including us, revealed the key role of

one of the COMT gene variations (Lichtenberg, Bachner-Melman, Ebstein, & Crawford, 2004; Raz, 2005; Szekely et al., 2010). But our lab's results differ from the other two. We found that another distinct genotype (from the three types) of this gene variant is optimal for the highest hypnotizability, unlike Lichtenberg's group and Raz who found a different pattern. Our research group in Hungary showed one variant's additive effect (Szekely et al., 2010).

So, all three studies confirmed that this COMT polymorphism has a significant effect on hypnotizability; however, the direction of this effect is not obvious. It may be caused by the setting as we used group hypnosis, the other researchers used individual sessions. The social environment has a huge effect on hypnosis and the key can be that in groups people have higher arousal levels. In summary, people differ in their hypnotizability, an inheritable trait which is related to the Val¹⁵⁸Met polymorphism of the COMT gene.

Genetics and dopamine in the background

[Catechol-O-methyltransferase](#) (COMT) itself is a significant protein and has a major role in controlling the neurotransmitter dopamine level of the prefrontal cortex. Degradation of dopamine by the enzyme COMT is of significant functional importance, because it is the only enzyme which is processing the dopamine's degradation in this very important region. The gene which is processing this enzyme is the COMT gene and has several variants. Depending on which variant is present the prefrontal dopamine level in the synaptic cleft can vary on a large scale (Mannisto & Kaakkola, 1999). Prefrontal dopamine level has a huge influence on certain psychological functions such as executive functions (Meyer-Lindenberg et al., 2006) and on the temperament of substance users (Demetrovics et al, 2010). Hosak (2007), in his review, points out that the published genetic results of the COMT polymorphism association with personality traits, schizophrenia, attentional deficit hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD) are not consistent so this is a still open question

COMT variants and the subjective aspects of hypnosis

Our group also examined the subjective, inner experience-based aspects of hypnosis and, as Shor's model declares, the association between the hypnotizability and the dopaminergic COMT gene strongly correlated with the phenomenological, subjective, self-reporting parameters. Interestingly, one of the Archaic Involvement's dimension (through a self-reporting questionnaire), the so-called „Need of de-

pendence” scale, which measures the intensity of the feeling of the dependence which formed between the subject and the hypnotist, is associated with the COMT gene. It is consistent with some previous behavioral genetics results from the literature of substance abuse and OCD which also emphasized the role of the COMT Val¹⁵⁸Met (Demetrovics et al, 2010; Karayiorgou, 1997). The COMT genotypes explained 5% of the scale’s variance, so the result was quite strong and we can replicate this significance and statistical power within two sub-populations.

Possible explanations

The documented physiological changes during hypnosis highly support our results in some respects – e.g. the „right hemisphere-related” creativity was associated in the experimental situation depending on COMT genotypes (Volf et al, 2009). It seems that hemispheric difference could play a key-role. Mészáros et al. (1984) in their classical study showed a dominant right-hemisphere activity by the subjects with high hypnotic susceptibility in an awake state and also during hypnosis. In addition, this same EEG profile was also shown by the subjects with medium and low hypnotizability during deep hypnosis, despite the fact that they had dominantly left hemisphere activity in the awake state. Confirming and improving this conception it is shown that subjects with high hypnotizability have significantly thicker corpus callosum and they can „change” between the hemispheres more flexibly – proven by brain-imaging studies (Horton, Crawford, Harrington & Downs, 2004).

Presently, this topic has received a lot of research attention – as Giuseppe De Benedittis (2016) summed up in this Newsletter: “the most recent clinical-experimental paradigms have established the role of the Hypnotic Brain as a physiological probe to explore brain/mind mechanisms, producing, in turn, an important impact on the advances of our knowledge on the nature of trance” (about neurophysiology see also the full article “HOW THE HYPNOTIC BRAIN CAN LINK NEUROSCIENCE TO PSYCHOTHERAPY”).

Hypnosis and genetics in practice

If hypnotizability is a trait, encoded by COMT genotypes, which is not about to change quickly in a person’s life and if the prefrontal functions are very much influenced by the degradation of dopamine which is caused by COMT genotypes, we can then ask what do we do with genetically “lows” in therapy? Fortunately it is not a “mission: impossible”. This type of individual difference can be measured statistically in real life just by standardized hypno-

tizability (group)scales. With a well-established, individually developed suggestion-set each and every one can be helped by hypnotherapy as, in my opinion, millions of clinical cases show worldwide. ... If the subject and we are motivated enough, of course.

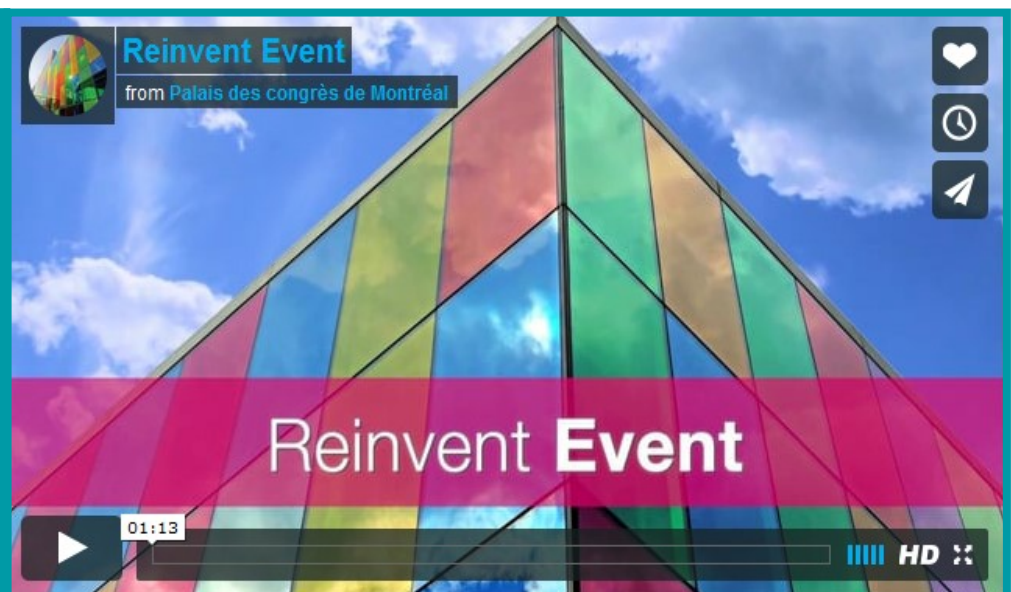
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Findings of Note

Prominent Papers in Clinical and Research Hypnosis

A review by András Költő
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The “Findings of Note” section serves as a review of current hypnosis literature published not in the hypnosis journals but in the wider scientific – medical and psychological – area. It continues the tradition of the “Salient Findings” appearing in the *International Journal of Clinical and Experimental Hypnosis*

between 2000 and 2007.

Hypnosis is like an ocean in a water drop: 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, in arts. No wonder that researchers from many areas apply hypnosis as a model situation, which facilitates us to channel their findings back to the hypnosis community. Attitudes towards hypnosis is a tricky area. While some people are open to the idea of being hypnotized, others may be frightened by the idea. Acceptance of hypnosis may have an effect on how much people (and which people) volunteer for hypnosis experiments. It may also shape active seeking and asking for hypnotherapeutic help. Therefore it is essential to investigate what people think about hypnosis, and if they would accept being hypnotized. Opinions of healthcare providers – about either embracing hypnosis in their own practice, or hypnosis in general – may have a large bearing on whether they will offer hypnotic interventions to their patients. A concept closely related to attitude is expectancy: the subjects’ expectations about hypnosis and their susceptibility direct or shape their actual hypnotic responses (Kirsch,

1991). Early studies suggested that there are no personality differences between volunteers and non-volunteers participating in hypnosis experiments (Levitt, Lubin, & Zukerman, 1959; Martin & Marcuse, 1958). The attitudes towards hypnosis were not different in low versus high hypnotizables, nor in volunteers versus nonvolunteers (Zamansky & Brighbill, 1965). Should we conclude that attitudes toward hypnosis don’t count? Not in the least. Recent studies, applying standardized measures of attitudes towards hypnosis, suggest that these indeed have a large bearing on hypnotic responses. Attitudes seem to mediate between psychological “reactance” and hypnotizability (Shimizu, 2016). Providing scientific information can change subjects’ opinions about hypnosis (Capafons et al., 2005). Hypnotic responsiveness seems to have increased over time, which is probably also associated with a positive change in the public’s acceptance of hypnosis (Költő, Gösi-Greguss, Varga, & Bányai, 2014).

In the present Prominent Findings, four articles are summarized. These, although not directly concentrating on attitudes towards hypnosis, greatly contribute to our understanding of evaluating and accepting hypnotic interventions. The first two articles deal with dental hypnosis. The first one investigates what allows parents to accept different “management techniques” applied in pediatric dentistry. One of the findings is a bit disquieting: that when parents see a list of ways their children’s behaviour can be managed in the dentist’s office, just about 16% would accept the dentist applying hypnosis with their kids. From a list of seven different methods, hypnosis is just the fourth most preferred, after positive reinforcement, “tell-show-do”, and modeling. However, the second article demonstrates that if hypnosis is the only addition to dental ‘treatment-as-usual’, it is highly accepted by adult patients assigned for tooth removal, and it has a remarkable effect on reducing anxiety. In the third article, healthy subjects underwent a painful cold-pressor test in six conditions: with or without any intervention, with brief hypnosis- or mindfulness-based pain reduction, which they received live from a therapist, or from a DVD. In general, they found no or small differences between the tasks, although reduction for pain and anxiety was significantly higher in hypnosis than under the mindfulness-based therapy; and people enjoyed face-to-face interventions more than those they received from a DVD. This implies that hypnosis and mindfulness (if there are no other alternatives) can be attractive to the patients to a similar extent, although in experimen-

tally induced pain, hypnosis seems to be a bit more effective. The fourth article provides a theoretical understanding of how hypnosis could have been (more) widely disseminated in healthcare. This model suggests that the largest obstacle for broad availability of hypnotic interventions is the limitations in adopting these techniques.

PERETZ, B., KHAROUBA, J., & BLUMER, S. (2013). PATTERN OF PARENTAL ACCEPTANCE OF MANAGEMENT TECHNIQUES USED IN PEDIATRIC DENTISTRY. JOURNAL OF CLINICAL PEDIATRIC DENTISTRY, 38(1), 27-30. DOI: 10.17796/JCPD.38.1.8264110PRH577428

A visit to the dentist can be quite stressful to children. It is essential that dental healthcare providers are able to use management techniques which do not aim to restrain the child but to help her or him get relaxed and calm. The authors of this paper investigated the attitudes of ninety parents, accompanying their kids to the dentist's office, toward seven different management techniques. Parents were asked to make judgements in a questionnaire on whether the given methods would have been acceptable to them in all conditions; acceptable only when it is needed, or entirely unacceptable.

They were also asked about the general temperament of their children; about their own responses when the child is not behaving properly; they had to predict whether the child will cooperate with the dentist; and they had to make an evaluation of their child's dental status. The most interesting part of the study, in my opinion, was that the researchers compared the parent's own dental anxiety across the acceptance levels of the different methods; this would be used to control the effect of vicarious anxiety (Bandura, 1971). The most accepted method was positive reinforcement of appropriate behaviour (81.1% of the parents entirely agreed with applying this technique), followed by "Tell-Show-Do" (76.7%),

and modelling (22.22%). Attitudes were not very favourable towards relaxation/hypnosis (15.6% of the parents would entirely support its application, while 53.3% expressed dislike and would only accept such a technique only if it was really needed); and the least favourable were sedation (8.9%), voice control (7.8%), and restraint (1.1%). Interestingly, attitudes towards these techniques were, in general, independent from the age of the parent, age of the child, and the parent's own dental anxiety.

This is not a "pleasant" finding for the supporters of hypnosis – it seems that parents, if a large selection of interventions are offered, would rather chose other techniques for their children. We have to acknowledge, however, that despite anecdotal observations of the efficacy of hypnosis in paediatric dentistry, the so far conducted meta-analyses (Al-Harasi, Ashley, Moles, Parekh, & Walters, 2010; Mejare et al., 2015) uncovered a lack of systematic, high quality clinical trials. Hypnosis professionals have to accumulate more scientific evidence for the well-known fact that hypnosis may help a lot to reduce dental anxiety and increase the cooperation of children.

GLAESMER, H., GEUPEL, H., & HAAK, R. (2015). A CONTROLLED TRIAL ON THE EFFECT OF HYPNOSIS ON DENTAL ANXIETY IN TOOTH REMOVAL PATIENTS. PATIENT EDUCATION AND COUNSELING, 98(9), 1112-1115. DOI: 10.1016/J.PEC.2015.05.007

Tooth removal may be a very stressful intervention to dental patients (de Jongh et al., 2008) Meta-analysis, however, support the notion that hypnosis is a largely effective tool to reduce the anxiety, pain and blood loss of patients undergoing tooth extraction or other surgical procedures (Montgomery, David, Winkel, Silverstein, & Bovbjerg, 2002). It remains a question, though, whether clients would like to have adjunctive hypnosis to the usually applied analgetic/anxiolytic methods, which in most of





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the cases mean administering drugs. In this naturalistic clinical study, every second patient assigned for tooth extraction got additional hypnotic suggestions for relaxation, pleasantness, reframing unpleasant stimuli, pain reduction and adequate blood supply in the intervention area. Following tooth extraction and dehypnosis, all patients had to rate their anxiety prior to the intervention and at the moment.

Attitudes towards hypnosis were assessed before and after the operation, in the entire sample. Beforehand, subjects filled in a short questionnaire including items like “Hypnosis is a science-based intervention”, “Hypnosis is hanky panky” [!], “Hypnosis should be used more frequently”, etc. Following treatment, they were asked how pleasant hypnosis was; how likely that they would use hypnosis again; and whether hypnosis improved or worsened their anxiety. Although before and after the intervention, treatment-as-usual and treatment-as-usual + hypnosis group did not experience different levels of anxiety, during the operation the hypnotized group felt significantly less anxious. More than half of the patients evaluated hypnosis as very pleasant, and a quarter of them rather pleasant; only one patient (2% of the sample) made a negative assessment of hypnosis.

The majority of the patients (60.8%) would be keen to use hypnosis again, and most of the rest would probably use it again (29.4%); four patients were ambivalent about it, and only one patient said that she or he would not use it again. Around 80% of the patients reported that hypnosis largely or slightly reduced their anxiety. This result sheds a light on the importance of how hypnosis gets “served” to the patients. If it is offered as an adjunctive method over traditional treatment, and the healthcare provider gives adequate information on hypnosis – which is essential in both clinical and research fields – most patients will be either eager or at least receptive to the idea of being hypnotized. If only a standardized measure, for instance, the Valencia Scale of Beliefs and Attitudes Towards Hypnosis (Capafons, Cabanas, Espejo, & Cardeña, 2004) were used in clinical trials, before and after implementing hypnosis!

SWAIN, N. R., & TREVENA, J. (2014). A COMPARISON OF THERAPIST-PRESENT OR THERAPIST-FREE DELIVERY OF VERY BRIEF MINDFULNESS AND HYPNOSIS FOR ACUTE EXPERIMENTAL PAIN. NEW ZEALAND JOURNAL OF PSYCHOLOGY, 43(3), 22–28.

Let us consider a third possibility of offering hypnosis to patients – not as one of many methods, and not as the only possible adjunctive technique, but as one of two possible ways for reducing pain and anxiety.

In this study, the authors wanted to compare whether hypnosis or a mindfulness-based intervention, and whether administered live or from DVD, would be more effective to reduce experimentally induced pain.

They recruited 60 healthy right-handed subjects to participate in the investigation twice, randomly assigned to two conditions. After being exposed to a cold pressor test (the subjects’ right hand and arm were immersed in $2\pm 1^{\circ}\text{C}$ cold water), one of two therapists gave them a 3-minute-long standardized intervention starting as “When you place your hand in the cold water...”. The subjects got either hypnotic suggestions or mindfulness-based therapy; and the therapist either gave the intervention live, or a pre-recorded DVD was presented to the subjects. The researchers assessed pain tolerance (measured by the time the subjects were able to hold their hand under the cold water); then subjects judged their pain level, the helpfulness of the intervention, enjoyment of the procedure, and their anxiety on Visual Analogue Scales. As for tolerance time, since there was a remarkable percentage (21.3%) of subjects who kept their hand under the cold water for the maximally allowed time (2 minutes), pain tolerance times were compared across the groups with these “long endurers” being excluded from the analysis, to prevent the distortion of a ceiling effect.

This control did not change the patterns of tolerance across group. In general, in the therapeutic phase, pain tolerance was significantly higher (i.e., longer) than in the baseline phase, but no difference was found across modalities or methods of administration. Controlling for ceiling effect again did not change the pattern. There was, however, an interesting difference in subjective pain scores: those who received hypnosis reported significantly lower scores than those who received the mindfulness intervention. Perceived helpfulness and pain reduction was not different across modalities or ways of administration. Enjoyment was significantly greater in face-to-face situations than in the DVD administration.

Anxiety reduction was also more pronounced for hypnosis conditions than for mindfulness. No difference was found in the subjects’ intention to use the techniques again, although there was a general preference to have the therapist present or the DVD at hand over applying the techniques without the therapist/DVD. The authors conclude that very brief interventions such as these can be useful to reduce acute pain. An interesting addition to their study is that when they let the therapists make slight changes in the protocol (e.g., alterations in the wording, or providing longer interventions), all changes were more favorable, which suggests that – besides rigor-

ously standardized clinical trials – we should not miss the personalization aspect and possibility for individual tailoring in even such short interventions.

YEH, V. M., SCHNUR, J. B., & MONTGOMERY, G. H. (2014). DISSEMINATING HYPNOSIS TO HEALTH CARE SETTINGS: APPLYING THE RE-AIM FRAMEWORK. *PSYCHOLOGY OF CONSCIOUSNESS: THEORY, RESEARCH, AND PRACTICE*, 1(2), 213–228. DOI: 10.1037/cns0000012

After taking a quick look at the examples on how attitudes of the parents, patients and subjects shape hypnotic response, let us see how healthcare providers themselves evaluate hypnotic interventions. Hypnosis, although a large and expansively growing research corpus proves its efficacy in many medical areas – just take a look at the large variety of implementations mustered in the handbook by Elkins (2017) –, it is not typically involved in the repertoire of healthcare providers.

This paper suggests that our efforts to make it a standard way of standalone or adjunctive medical or psychological therapy is quite unsuccessful. In this article, the authors apply the RE-AIM model (Glasgow, Vogt, & Boles, 1999) of disseminating methods in the public health to hypnotic interventions. “The RE-AIM framework includes five dimensions for dissemination. Reach refers to the breadth of the population who can benefit from the intervention. This is characterized not just by the percentage of individuals who could use the treatment, but whether this includes a diversity of demographic, psychosocial, and medical conditions. Efficacy is whether the data support the outcomes intended by the treatment and whether there are any unanticipated negative outcomes. Adoption is characterized by the percentage of possible settings that use a treatment, and whether these settings are representative of all possible settings. Implementation is whether the program is delivered as intended by the developer. The RE-AIM framework considers effectiveness in clinical settings to depend on an interaction between efficacy and implementation (i.e., Efficacy × Implementation = Effectiveness).

Lastly, maintenance is the extent to which an intervention can sustain itself after the procedures are originally implemented. This refers to the degree to which an intervention becomes an entrenched part of regular activities for both the individual and the organization” (ibid. p. 215, highlights in the original). Yeh and her colleagues give a detailed overview of whether hypnosis is fulfilling these criteria or is in accordance with these elements. Hypnosis seems to be acceptable to people from different ethnic, racial or cultural backgrounds; and by providing scientific

cally grounded information, it could reach many possible stakeholders. Evidence for the efficacy of hypnotic interventions is the most developed of the RE-AIM elements. Implementing hypnotic interventions seem to be a feasible step, acceptable for many healthcare providers. No studies exist so far which deal with the maintenance of hypnosis in healthcare settings. Reimbursement rates, however, suggest that it is one of the most supported forms of psychological therapy by insurance agencies and authorities. The large problem seem to be adoption: relative to its merits, hypnosis is under-utilized.

It seems to be necessary to offer hypnosis education (and public dissemination) to both professionals and lay people. We have more work to do in sharing our knowledge with the approximately 70% of the people who haven’t received any information on hypnosis yet (Capafons et al., 2008), since the lack of proper information may lead to misunderstandings and negative attitudes in both professionals and lay people.

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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.

In the last issue Wollie Hartman chose Consuelo Casula to answer our standard questions and the one dedicated specifically to her.



Consuelo Casula is the President of ESH; a psychologist and psychotherapist with a private practice in Milan, a graduate in Philosophy, specialized in the psychology of work and an NLP Trainer, she has used hypnosis in her practice since 1993.

She teaches hypnosis at the Scuola Italiana di Ipnosi e Psicoterapia Ericksoniana and other Italian schools of psychotherapy. She has been a member of the Board of Directors of SII as well as on that of the ESH and ISH) for many years. She has given lectures and workshops at congresses in Europe, USA, Japan, Mexico, and Brazil and has published several books on communication skills, leading groups, metaphors, women's development and resilience. In her practice she integrates hypnotherapy with pragmatic, systemic and strategic approaches, and with positive psychology and mindfulness.

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

My first contact with hypnosis came in 1993 during a Neuro Linguistic Programming course in Milan, where Norma and Phil Barretta were teaching Ericksonian hypnotherapy. I was fascinated by their way of talking and sending suggestions in such a harmonious and elegant way. I was also touched by their effectiveness in reaching positive outcomes.

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

My first experience with hypnosis was in 1966, during an Ericksonian congress in San Diego. I was Michael Yapko's subject during his demo entitled "Exploring Options".

At that time, I was stuck in writing my first book and he helped me to explore my hidden talents. After that demo, I was able to finish my book, and, since then, I have published 7 books. The book on metaphors has been translated into Portuguese, Spanish, French and German.

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?

The person who has influenced me the most is Kay Thompson. I participated in her first workshop in 1996 during an Ericksonian congress, and, when I came back from USA, I left the NLP group and started to study hypnosis. I learned from her to be aware of the implications of words useful in sending different messages at different levels.

4. What is your favorite book?

Usually my favorite book is the one I am reading, since I get involved in the content as well as in the style. My most favorite book in the field of hypnosis is the first one I read: *My Voice Will Go with You*. Now I am interested in books on mindfulness and spirituality.

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

Yoga, walking, biking, reading, being with friends, going to the theater, and seeing movies.

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

My English and working less. I'd like to have more time for myself and my loved ones, especially for my two granddaughters (14 and 11 years old). This would mean improving my ability to say "no" to some tempting offers to teach, or write articles.

7. Which human feature do you admire the most?

Honesty, integrity, authenticity, sincerity, congruence between words and actions, simplicity, modesty, openness, curiosity, transparency, mental clarity, compassion, generosity, gratitude.

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

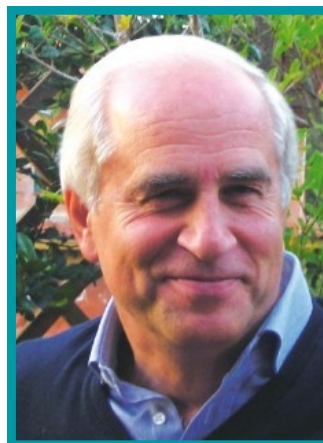
I like cooking, not only everyday meals, but also for parties with 30 people where I present my favorite dishes, such as Lasagna with zucchini, soups of legumes, vegetable pies and fish. I enjoy experimenting with new recipes, new flavors, mixing Mediterranean herbs, such as thyme, basil and rosemary with oriental flavors, such as lemon grass, ginger, and curcuma.

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

Integration between Hypnosis, Mindfulness and Spirituality. I am also interested in studying changes and developments in women in these years, their freedom in establishing open relationship with men and women, their use and misuse of technology, especially regarding becoming pregnant in difficult situations, their new ways of approaching their job and their professional evolution.

10. Wollie chose you with this question: What in your opinion makes you such a special woman and professional?

I use discipline to care for my body and mind. I attend individual yoga classes twice a week, use a treadmill three times a week, read professional books, listen to tapes of masters, attend congresses, and write articles and books. My curiosity pushes me to want to explore new paths.



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

Camillo Loredio

Question: You have been awarded by the Milton Erickson Foundation, ESH, and ISH. What personal meaning do you give to these awards?

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.

ESH president’s letter: ...as time goes by...



At the end of 2016, it is time to take stock of what has happened over the year that is about to end, as well as to make plans for what we would like to happen during the year that is about to begin. I consider the results of the board activities to be positive, thanks to the valuable contribution of each member. Special

thanks go to Nicole Ruysschaert, ESH past president and ISH board member, who uncovered the official documents certifying that ESH was officially registered by Walter Bongartz in Constance, Austria, in 1990, as “European Society of Hypnosis in Psychotherapy and Psychosomatic Medicine”. So now we have our original birth certificate.

Let me also share with you other 2016 accomplishments. We have updated the Regulations, Constitution, Ethics, and the contract with the society organizing the next ESH congress.

The next months will be dedicated to preparing the CoR meeting for Manchester, August 2016. I hope that each of you has already registered for this interesting congress, which offers the opportunity to be inspired by the new ideas experts will share with us, to encounter old colleagues, to establish new friendships from all over the world, and to assess the state of the art of hypnosis. Some of the presenters will share with us their personal way to unlock subjects’ hidden potentials and so help them to expand and live a full life. Other presenters will reflect on the value of hypnosis in the generic field of communication, and in the specific field of health and healing.

I wish you a lovely holiday season and that 2017 will unlock your hidden potential, enriched and reinforced by values.

Consuelo Casula

HANDBOOK OF MEDICAL AND PSYCHOLOGICAL HYPNOSIS: FOUNDATIONS, APPLICATIONS, AND PROFESSIONAL ISSUES

EDITED BY GARY R. ELKINS

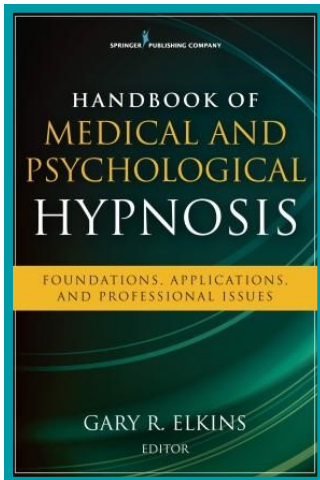
NEW YORK: SPRINGER PUBLISHING COMPANY

723 P., \$125.00

ISBN 9780826124869

Reviewed by András Költő

It was in 2008 when the last comprehensive science-based guide to the world of hypnosis, *The Oxford Handbook of Hypnosis: Theory, Research and Practice*, by Michael Nash and Amanda Barnier, was published. That volume gave a balanced overview on theoretical, empirical and clinical aspects of hypnotism. Another rather extensive tome, dedicated predominantly to therapeutic applications, *The Handbook of Contemporary Clinical Hypnosis*, edited by Les Brann, Jacky Owens and Ann Williamson, was issued in 2012. At first it may seem untimely to launch one more handbook on this topic again in such a short time. However, if we consider



the boom we have recently seen in the number of randomized controlled clinical studies – just take a look at the table of contents of the *International Journal of Clinical and Experimental Hypnosis* – it becomes clear why this new volume will be out in 2017.

The copious, 723-page volume consists of four parts. The first introduces the theory and practice of

hypnosis. The chapters include a historical account, an up-to-date summary of the neurophysiology of hypnosis, and a theoretical summary. Other chapters describe different hypnotherapeutic approaches, including hypnotic relaxation therapy, cognitive and Ericksonian hypnotherapy, hypnoanalysis, and ego-state therapy. Although this list is quite comprehensive, a chapter is missing that is dedicated to therapies that utilize “active” or “alert” forms of hypnosis (e.g., Bányai, Zseni, & Túry, 1993; Wark, 2006). It is a great innovation, however, that separate chapters address the technical issues of inducing, maintaining, and making use of hypnotic phenomena. These cover topics like how to present hypnosis to the patients, or how to address and eliminate resistance. Various ways of inducing hypnosis, deepening hypnosis, and creating adequate suggestions are also discussed.

The second, largest chunk features 34 chapters on how to apply hypnosis to different medical problems. This variability itself demonstrates how flexible and versatile the therapeutic tool of hypnosis can be. It is remarkable that hypnotherapeutic approaches to many diseases are deployed in the handbook for the first time. To the best of my knowledge, cystic fibrosis, loin pain hematuria, spasmodic torticollis, or vocal cord dysfunction – just to name a few – have never been discussed in such a detailed way in handbooks of hypnotherapy. This variety, however, sometimes seems arbitrary. The editor emphasizes in the introduction that the basis for the selection was the availability of scientific evidence for the given condition (and therefore the chapters follow an alphabetical order in the medical and in the psychological block). For instance, there are still separate chapters dedicated to cancer-related fatigue, nausea associated with chemotherapy, palliative care, and prostate cancer. These could have been combined into one chapter on hypnotherapy in oncological care (involving aspects of somatic and psychotherapeutic, active and

palliative treatments). Another question is why are there separate chapters for warts and Morgellons disease (but not for itching, psoriasis, or allergies) while there is also a general chapter for skin diseases? Longer, compound chapters, with all specialists of the above mentioned problems acting as co-authors, would have made the book more economical. It is, however, worthy to mention that the variety also allowed including important but rarely elaborated topics, like palliative care, enuresis, rehabilitation, nail biting, and hypertension.

Part 3 involves chapters on the psychological applications of hypnosis. These again vary in focus, width and depth, including addiction, anger, anxiety (separately for adults, and for children and adolescents), just to name the A-letter chapters. It is a great innovation that beside the negative emotions such as bereavement, depression, or stress, there are separate chapters for the positive dimensions of life, including flow, peak experiences, and mindfulness. If sports and forensic applications are discussed separately, some pages could also have been dedicated to hypnosis in education. Also missing are the obsessive-compulsive and personality disorders, although these are available in other books.

The closing section discusses professional issues of hypnosis, including ethics, certification, placebo effects and precautions of applying hypnotic techniques in patient care. One could argue that the chapter on placebo effect could have been put in the first part, and – since it is largely based on the role of expectancies in hypnosis – it could have been extended to other social cognitive accounts. It is an elegant gesture, however, that the closing chapter brings back research, and deals with how to accumulate empirical evidence for medical and psychological hypnosis. If only the section on conducting research in hypnotherapy was a bit longer, and gave more encouragement to practitioners and scholars to use the hypnotherapeutic contexts of “naturalistic” and intrinsic settings to carry out more research projects together.

The logic of building the chapters around medical and psychological applications allows a large variability, thus make a book suitable for trainings in hypnotherapy. Most of the chapters follow a similar structure, including empirical evidence, case examples, concrete techniques or transcripts, and summaries. However, making a distinction between “medical” and “psychological” feels again, to some extent, arbitrary. Take the examples of cancer or skin disorders. Almost none of them can be explained solely on the ground of medical mechanisms, and their healing in a bio-psycho-social model (Engel, 1977) needs integrated somatic and psy-

chological treatment. That was one of the reasons for the emergence of psycho-oncology (Holland & Rowland, 1989) and psychodermatology (Harth, Gieler, Kusnir, & Tausk, 2009). Many psychological diseases such as depression, OCD, or eating and body disorders, may be strongly associated with somatic symptoms and mechanisms. Thus, the hypnosis practitioner may have to address both the physical and the psychological mechanisms with adequate techniques.

This distinction, however, does not detract from the merits of the handbook. This volume is a rich resource to clinicians and researchers who use hypnosis in their everyday practice, or who contemplate studying hypnotherapy. The technical and the professional chapters are especially worthwhile, as they have not been discussed in such a detailed and elaborate way in previous hypnosis handbooks. The trained practitioner will get many useful tools to address several problems. The bio-psycho-social model can be utilized in the practice if you take the messages of the different chapters together. For instance, if you see a patient with high blood pressure and psoriatic symptoms – these are very likely to be comorbid (Armstrong, Harskamp, & Armstrong, 2013) –, you can make use of the chapters on addressing hypertension and the other skin disorders. You may find it useful to combine these suggestions with those offered for ego-strengthening or mindfulness, according to the needs of the given patient. In sum, this book is an excellent and up-to-date guide into medical and clinical applications of hypnosis.

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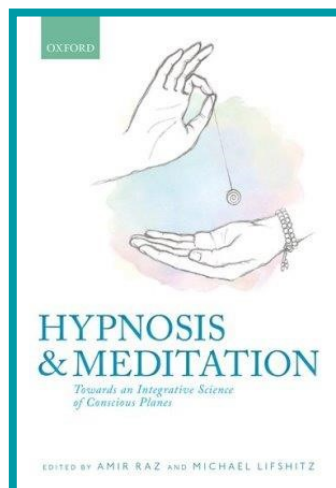
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HYPNOSIS AND MEDITATION: TOWARDS AN INTEGRATIVE SCIENCE OF CONSCIOUS PLANES

EDITED BY AMIR RAZ AND MICHAEL LIFSHITZ
 NEW YORK, NY: OXFORD UNIVERSITY PRESS
 496 P., \$85.00
 ISBN 978-0-19875910-2

Reviewed by András Költő

In our laboratory, a routinely applied way to assess subjects' hypnotizability is the Harvard Group Scale



of Hypnotic Susceptibility, Form A (HGSHS:A) (Shor & Orne, 1962). Usually, we administer the HGSHS:A to groups consisting of 10–20 subjects, and after the subjects are de-hypnotized and have filled in the response booklets, I initiate a discussion with them. I always ask the subjects if they have had any experience similar to being in hypnosis. There is at least one person in almost every group who

has been or is practising some kind of meditation, and they usually draw a parallel between their hypnotic and meditative experiences. This confirms scientific findings suggesting commonalities and overlaps between these two states, including specific phenomenological changes (Holroyd, 2003), attentional processing (Davidson & Goleman, 1977), peripheral physiologic mechanisms (Morse, Martin, Furst, & Dubin, 1977), and shared patterns in the central nervous system (Halsband, Mueller, Hinterberger, & Strickner, 2009). However, despite many similarities – and contrasts – of hypnosis and meditation, so far we have missed a comprehensive guide and a synthesis. The impressive, 470-page volume by Raz and Lifshitz aims to fill in this niche. They invited a large group of experts from different areas, including anthropology, history, social and cognitive neuroscience, theology, communication, philosophy, clinical and experimental psychology, psychotherapy and medicine, to contribute to this monograph. A merit of the copious volume is that all chapters begin with an abstract which highlights the content and raises the most important message of the given chapter. The book consists of seven parts, of which

the first and the last one serve as a framework, introducing and summarizing the discussed topics. The second section gives an overview on the philosophical, historical and cultural perspectives of meditative practice and hypnosis. It sheds a light on how scholars dealing with hypnosis, meditation and other trance states, such as shamanism or spirit possession, are faced with the same problems, confusion, and controversy on the nature of these phenomena. Nevertheless, both meditation and hypnosis seem to “cultivate” certain states of the mind, via specific ways of modulating attention. The example of *Chöd*, a Tibetan meditative practice demonstrates that the two methods, despite their similarities, cannot be reduced to each other. Even if the “formal” features of meditation and hypnosis seem to be similar, it is essential to consider their contextual and tradition-specific meanings, values and purposes – such as eliminating or enhancing the sense of self – which may be totally different.

The third part contains chapters which outline theories and empirical findings on similarities and differences of hypnosis and meditation. Some authors argue that they are essentially different, for instance Dienes and his colleagues consider meditation as “self-insight” while hypnosis is a form of “self-deception”; others acknowledge the potential overlaps. For instance, Tart emphasizes that both phenomena can be discussed as altered states of consciousness. The fourth and fifth sections give a detailed picture of the underlying cognitive processes and neural mechanisms; these chapters utilize well-known concepts such as absorption (authored by Ott), or introduce new approaches, like the interoceptive predictive coding model (Jamieson).

The sixth segment comprises chapters on clinical applications. Yapko – while he analyses the shared role of focus, dissociation and suggestion within hypnotic and mindful interventions – makes a cautionary note on the so far uncertain borders between the spiritual and clinical aspects of meditative practices. Farb highlights the therapeutic mechanisms which make hypnosis and mindful practices effective – in some ways, complementary – tools of self-transformation. Zeidan and Grant review evidence on meditative and hypnotic pain modulation, concluding that they show a certain level of convergence and divergence as well. Toneatto and Courtice provide a psychoanalytic framework: according to them, hypnosis and mindful meditation may facilitate a reorganization of the personality structure through elimination of narcissistic ego functioning. They give an explanation on why individuals with primary narcissistic residues might be attracted to spiritual practices: these may reinforce either the “ideal ego” (e.g., through the feeling of perfectness), or the

“ego ideal” (for instance, striving for Buddha nature). In the last chapter of this block, Lynn and his colleagues offer a “synergistic” smoking-cessation intervention which combines hypnotic induction, mindfulness, and acceptance-based strategies.

It would be hard to find “gaps” in the book – and those are fairly discussed in the opening chapter by Lifshitz. Among other things, missing is embodiment – and movement-centered practices, including Hatha Yoga and Tai Chi. In my opinion, the shortfall of this comprehensive volume is the lack of discussion on the affective elements; in particular, how hypnosis and meditation is associated with emotional processing and motivation. In addition, the book, even in its current form, seems to be a bit over-written. Maybe a more compact segment on the cognitive mechanisms, and one chapter dedicated to affective aspects would have given some balance. Another tricky issue, which feels a bit unresolved, is the usage of terms “meditation” and “mindfulness”. Some authors treat these concepts as synonyms; others seem to put meditation under the broader category of mindful practices; and some do not clarify their conceptual associations. These criticisms, however, do not reduce the value of this book, which provides important insight to theorists and practitioners, to those who meditate and to those who hypnotize or get hypnotized; and to anybody whose interests lies in the union of these categories.

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SEASON'S GREETINGS AND A HAPPY NEW YEAR!

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So decide today, take an active part in your Congress, come and enjoy Manchester and be part of developing the future of hypnosis! **Book your place at:** <http://www.esh2017.org/>


Please pass the word about the Congress to your professional colleagues, even those who are not trained in hypnosis, as we have a Pre-congress Foundation Training Workshop for those new to hypnosis. We attach a flier and a poster that you could use.

Dr Ann Williamson
Chair ESH 2017 Organising Committee





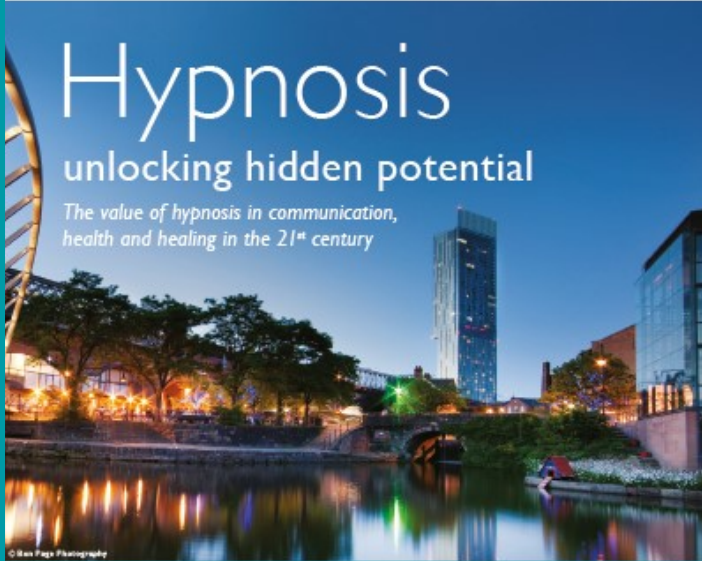
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Keynote addresses by Prof Walter Bongartz, Professor Marie-Elisabeth Faymonville, Stuart Derbyshire, Prof Dr. Ulrike Halsband, Dr Veit Messmer and Dr Claude Virost. Invited speakers include Dr Michael Heap, Prof Leslie Walker, Prof Zoltan Dienes and Members of the ESH Board of Directors.

If you would also like to give a presentation, poster or workshop please submit an abstract and your details on www.esh2017.org


Speakers already booked:




**Professor
Walter Bongartz**




Dr Consuelo Casula




**Associate Professor
Stuart Derbyshire**




**Professor
Marie-Elisabeth
Faymonville**




Dr Ulrike Halsband




Dr Veit Messmer




Dr Claude Virost




**Professor
Leslie Walker**



Dr Martin Wall





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 ☺).

**Isabel Stengler, CMP
President and Senior Project Manager
IS Event Solutions**



Having studied Commerce, Congress Management and International Marketing in Germany gave Isabel a solid start as an international conference planner.

Over the past 16 years, Isabel successfully managed over 120 national and international conferences in the medical

fields (urology, gynecology, family physicians, cardiology, global health, epidemiology, ultrasound), as well as in information technology and food sciences and technology. Her biggest passion is managing turnkey projects for over 1000 delegates from A to Z in Montreal or anywhere in the world.

According to Isabel, the most satisfying and inspiring experience is to manage a “product” from its launch to its delivery and consumption and receiving the direct “customer” feedback at the end. This process allows her to apply her knowledge and experience in finance management, project management, fundraising, marketing, logistics, people management and more without ever falling into a routine.

How long have you been connected with ISH? Please describe the way you got connected to this organization. What is your current “job” / task here?

My name is Isabel Stengler and I am the President of IS Event Solutions, a Professional Congress Organizer (PCO) based in Montreal, Canada.

The Local Organizing Committee of the XXI World Congress of Medical and Clinical Hypnosis has hired my company in January 2016 and I am very proud to be the project manager of this important event.

How your team is taking part in the organization?

Our team will invest over 1,000 hours into the planning of this World Congress. Our greatest reward will be to welcome over 1,000 participants to Montreal and to give them an outstanding congress experience that is not only rich in content but that reflects the many great values and characteristics of Montreal, Quebec and Canada.

It is a great pleasure to learn about hypnosis and to help organize the various elements of this World Congress including finances, registration, marketing and promotion, speaker and presentation management, logistics and of course the social program.

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

I spend my free time with my husband and 2 children, with our families and with our large circle of friends. I have a great interest in eating and living healthy and dedicate much time to reading and learning about it, and to cooking healthy but fun meals.

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.ishn.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 yours 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.societequebecoisehypnose.com), look forward to welcome you in Montreal.



Michel Landry
Chairman
XXIst World Congress of Hypnosis
Montréal 2018



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