



The International Society of Hypnosis NEWSLETTER

Building Bridges of Understanding

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Letter from the President



January 2017

Claude Virot MD

President's Letter

Translator:
Marion Orel

Hello,

Today let's build
bridges to the fu-
ture!

A few weeks ago,
the BOD members
met for two days in
Paris to lay the

foundation for ISH to adapt and prepare for the
future.

You will receive information soon about the topics
that were discussed including: revision of the eth-
ics requirements, updates to the ISH website,
teaching, research and the involvement of ISH in
the International Journal of Clinical and Exper-
imental Hypnosis.

One of the starting points of our reflection is the
spread of hypnosis in the world. ISH has CS's in
27 countries ([See below appendix 1 : Map of the
ISH and list of countries](#)), including 18 in Europe
(Austria, Belgium, Denmark, Finland, France, Ger-
many, Hungary, Iceland, Italy, Netherlands, Nor-
way, Poland, Portugal, Russia, Spain, Sweden,
Switzerland, United Kingdom), 3 in North America
(USA, Canada, Mexico), 4 in Asia (China, India,
Iran, Japan), Australia for Oceania and South Afri-
ca for the African continent. Thanks to each of you
for being part of this huge community.

Many countries in the world are working with hyp-

nosis. By observing the countries represented in the
World Congress of Paris, in the European Society of
Hypnosis, the Milton H. Erickson Foundation and
the Pan-American and Caribbean Society of Hypno-
sis, we discovered that hypnosis is integrated in at
least 70 countries. ([See below appendix 2 : Map and
list by continents of the countries where hypnosis is
used as we know today](#)). If your country is not on
this map or, if you know a group or an association of
hypnosis in another country, we would thank you
for sending us this information.

One of the main goals of ISH is to gather together
and create links between these countries. Even if it's
a dream, let us remember that the future is built
from our dreams!

How will we do this?

Today, I will speak only about two points: the crea-
tion of a new committee and the involvement of ISH
in the main congresses all over the world.



[Paris](#)

BOD meeting in Paris in January 2017

Réunion du bureau de l'ISH à Paris en janvier 2017

Vorstandsversammlung der ISH in Paris im Januar 2017

Reunión del Consejo Directivo en Paris, en enero 2017



Appendix 1

Map of the ISH and list of countries

Map of the ISH and list of countries

Carte et liste des pays de l'ISH

Karte und Liste der ISH Länder

Mapa de los países donde se encuentra la ISH

The Youth Committee

I am very glad to introduce the new « Youth Committee ». This committee was created from the question: How can we know the future? The answer is: Ask the youngest people! I'll be sixty years old in September and I learned hypnosis 32 years ago in 1986 when I was 29 years old. Since that time, I have been working with hypnosis in my office. I have been teaching to thousands of health professions. I have been involved in many associations in Brittany, France, Europe and now for ISH. It's the same for each member of the board and for many of our ISH members. We have so much experience in knowing about hypnosis, the best ways to help patients, how to train new therapists, and how to conduct research. This experience is vital to leading our International Society of Hypnosis in a complex world in which each country is unique and rich in differences.

So now it is important to think about the next 20, 30 or 40 years. We need to ask those who are just beginning their career the following questions; What do they want and what do they need? How is it sim-

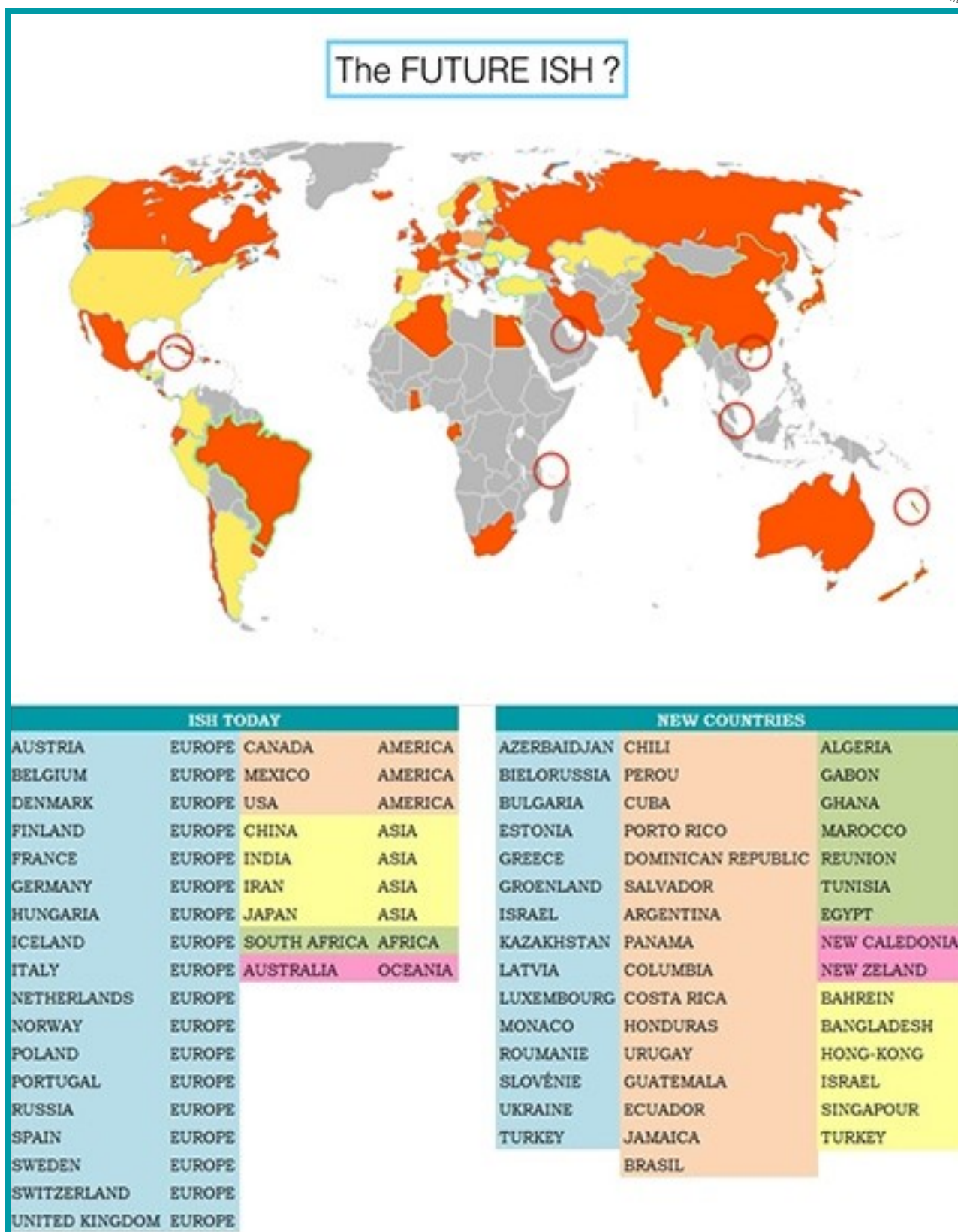
pler or perhaps more difficult to develop hypnosis today? How do they imagine the role of hypnosis in the future? What should we do to improve hypnosis, to help people to use hypnosis, to make hypnosis safer or perhaps, more efficient? How can ISH improve its communication for young people? How can ISH be the light to help each therapist, each society, and each country to offer hypnosis for each patient who needs it?

These questions are important for new medical doctors, dentists, surgeons, midwives, nurses, psychologists, physiotherapists... all over the world.

I am proud to introduce the members of this « Youth Committee ». They have been chosen because of their involvement in the development of hypnosis in their country.

Stephane RADOYKOV is a French student in Psychiatry, in Paris. Involved in the World Congress of Paris - 2015.

Gallant Gao is a psychologist, associate professor in the Department of Psychology, Fudan University of



Appendix 2

Map and list by continents of the countries where hypnosis is used as we know today
 Carte et liste par continents des pays où l'hypnose est utilisée à notre connaissance aujourd'hui
 Nach Kontinenten geordnet, Karte und Liste der Länder, in denen soviel wir wissen, Hypnose benutzt wird
 Mapa y lista – por continentes – de los países en los que sabemos se utiliza hipnosis

Shanghai, China. Involved in the International Congress of Beijing - 2017 (see below).

Daniel BASS, is a psychologist at the Vinzenz von Paul Hospital Rottweil, Germany. Involved in the World Congress of Bremen - 2012.

Sadaf SEDDIGH is a student in dentistry in Mashhad, Iran. Involved in the International Congress of Mashhad - 2016.

Two women and two men coming from three continents. It has been difficult for the board to choose each of them but this first « think tank » seems to have all the skills, the energy and the motivation that we could hope for. If you are younger than 40 years old, would you like to be part of this committee? Would you know someone who might be interested? Please contact me with any input.

You will find the CV of our Youth Committee representatives on the ISH website.

ISH and the International Congresses

One of the most important missions of the ISH is to organize a world congress every 3 years (Acapulco, Rome, Bremen, Paris are the most recent) and to participate in the main congresses in the world. So, have a look to the future.

Asia - China.

A first International congress will be held in Beijing from 21st to 24th of July 2017. Even if hypnosis is a new branch in the therapeutic tools in China, the development is unbelievable! This first congress will gather more than 1000 attendees. It's a great surprise for me and also a great surprise for the main organizers Xin Fang, Ting Wang, Gao Gallant and Bernhard Trenkle. Each ISH board member will be very active in Beijing by giving workshops during the pre-congress, the congress and the post-congress. It's a very interesting collaboration as well for the Chinese association as for ISH.

Europe - England.

The International Congress of the European Society of Hypnosis will be held in Manchester from the 23rd to 26th of August 2017. The links between ISH and ESH have been very strong for a very long time. In each ESH congress, we have an ISH board meeting and this year we will have an ISH COR meeting. (It's the same in ISH congresses). Most of the ISH board will participate as speakers and it will be a very good opportunity to meet you and your colleagues.

North America - Canada.

Our colleagues of the Quebec Society of Hypnosis, Michel Landry, Gaston Brosseau, Amir Raz and Assen Alladin, are creating a wonderful World Congress. We regret to report that Claude Verreault will not be with us as he has recently passed away (see below). This congress will be held from 22nd to 25th of August 2018 in Montreal. If you are not already registered, you can receive the best price by going to: <http://www.hypnosis2018.com/en/>. Register now to support this ISH congress and help our organizers add new ideas and new events to the program. The World Congress is one of the moments for us to support the research in Hypnosis.

And here is more good news! In Paris the ISH had organized a first scientific congress with 14 researchers speaking and discussing about their work. An article has been written by Mark Jensen to present all these projects. Entitled "*New Directions in Hypnosis Research: Strategies for Advancing the Cognitive and Clinical Neuroscience of Hypnosis*," this article will be published in "Neuroscience of Consciousness".

Our team, including Mark Jensen, Giuseppe de Benedittis and Franck Garden-Brèche is preparing another meeting for Montreal with both full time and clinician researchers. The goal is to reduce the gap between these two communities and to help them to build bridges to enable the sharing of ideas.

Africa - South Africa.

Woltemade Hartman has just sent us the first information about a 7th International Congress in February 2019 in South Africa or in Namibia, about Hypnosis and Ego-state Therapy. I participated for the first time in 2016 and what a souvenir, the scientific presentations were excellent! And the nature in South Africa is breathtaking, to meet lions, rhinos, elephants, giraffes just a few meters from us is unforgettable. You will receive more information very soon.

Asia - Iran.

The first Asian Congress of Hypnosis will be held at Mashhad from 15th to 18th of October 2019. The main organizers, Mehdi Fathi, Enayat Shahidi and Sadaf Seddigh are inviting people from all over the world to this event, first step to the creation of an Asian Society of Hypnosis which is a very important project strongly supported by ISH.

So, as you can see a lot of big events are coming in the future in Asia, Europe, America and Africa.

And where will the World ISH Congress be held after Montreal? Will it be in Europe? Will it be in Asia? It

is now time to receive applications from the candidates!

We can just be sure that it will be, once more, the main event in the world of hypnosis in 2021. We know that several countries are preparing their applications. You will find all necessary information by going to: <http://www.ishhypnosis.org/triennial-congress/bidding-procedure/>. Just a reminder, the closing date is the 30th of June 2017.



If the purpose of the ISH is to celebrate life, our purpose is also to share our grief about the loss of our members. A few weeks ago, Claude Verreault, a dentist in Montreal and one of the main organizers of the World Congress of Montreal passed away. I remember

many moments with Claude. Several times in Montreal he was so happy to invite us for a dinner; in France for 2 of the congresses Emergences; in 2014 when he came with Michel Landry to present the project of the congress in Montreal; and the last time in Paris where he came on the scene to let us dream of Montreal, his town, and Quebec his beloved home province. Claude was a famous « hypnodontist », he has been working with hypnosis for 40 years, teaching all along his life and was a very active member of the Quebec Society of Hypnosis. He has been administrator, secretary, treasurer, organizer and responsible for communication with the journalists.

Our thoughts are going to Magda, his wonderful wife, to his family and to all of his colleagues feeling this terrible loss for themselves and for hypnosis.

Warmest regards,

Claude VIROT
President of the
International Society of Hypnosis

Lettre de la présidente French

Bonjour,

Construisons aujourd'hui les ponts avec le futur !

Il y a quelques semaines, notre bureau s'est réuni pendant deux jours à Paris (photo) pour poser les bases de nombreuses évolutions de l'ISH pour s'adapter et préparer le futur. Révision de la charte éthique, enseignement, site internet, implication de l'ISH dans le International Journal of Clinical and Experimental Hypnosis, recherche...

Vous recevrez des informations sur tous ces thèmes dans les prochaines semaines au fur et à mesure de la maturation de chacun.

Un des points de départ de notre réflexion est la diffusion de l'hypnose dans le monde à ce jour. L'ISH regroupe 27 pays ([cf annexe 1 : carte et liste des pays de l'ISH](#)), dont 18 en Europe (Autriche, Belgique, Danemark, Finlande, France, Allemagne, Hongrie, Islande, Italie, Pays-Bas, Norvège, Pologne, Portugal, Russie, Espagne, Suède, Suisse, Angleterre), 3 en Amérique (Etats-Unis, Canada, Mexique), 4 en Asie (Chine, Inde, Iran, Japon), l'Australie pour l'Océanie et l'Afrique du Sud pour le continent Africain. Merci à chacun de vous de faire partie de cette immense communauté.

Beaucoup de pays dans le monde travaillent avec l'hypnose. En observant les pays représentés au Congrès de Paris, à la Société Européenne d'Hypnose, à la Fondation Milton H. Erickson ainsi qu'à la Panamerican et Caribbean Society of Hypnosis, nous avons découvert que l'hypnose est intégrée au minimum dans 70 pays ([cf annexe 2 : carte et liste par continents des pays où l'hypnose est utilisée à notre connaissance aujourd'hui](#)). Si votre pays est absent de cette carte, ou si vous connaissez un groupe ou une association présent dans un autre pays, n'hésitez pas à nous communiquer cette information. Merci à vous pour cela.

Bien sûr le but principal de l'ISH est de rassembler tous ces pays, et de les aider à établir des liens les uns avec les autres. Même si c'est un rêve, n'oublions pas que le futur est fait de nos rêves !

Comment procéder ?

Aujourd'hui je vous parlerai de deux points : la création d'un nouveau comité et l'engagement de l'ISH dans les importants congrès du monde.

Le Youth Committee

Je suis très heureux de vous présenter le « Youth Committee », le « Comité Jeunesse ». A la question : comment pouvons nous envisager le futur ? La réponse est : interrogeons les plus jeunes ! J'aurai soixante ans en septembre et j'ai appris l'hypnose il y a 32 ans, en 1986. J'avais 29 ans. Depuis, j'ai pratiqué l'hypnose dans mon cabinet, j'ai formé des centaines de professionnels de santé, je me suis impliqué dans de nombreuses associations, en Bretagne, en France, en Europe et maintenant au sein de l'ISH... Il en est de même pour chaque membre du bureau et pour une grande partie des membres de l'ISH. Nous pouvons donc considérer avoir une expérience importante de ce qu'est l'hypnose, des meilleures façons de venir en aide à nos patients, de la manière de former de nouveaux thérapeutes, de la façon de conduire une recherche... Cette expérience est précieuse pour mener la Société Internationale d'Hypnose dans un monde complexe où chaque pays est original et riche de ses différences.

Donc, maintenant, pour envisager les 20, 30 ou 40 prochaines années, le mieux est d'interroger ceux qui commencent leur carrière. Que veulent ils ? De quoi ont-ils besoin ? Comment est-il plus facile ou peut-être plus difficile de développer l'hypnose aujourd'hui ? Comment imaginent-ils la place de l'hypnose dans le futur ? Que devrions nous faire pour développer l'hypnose, pour aider les personnes à utiliser l'hypnose, pour rendre l'hypnose plus sûre ou peut-être plus efficace. Comment améliorer la communication autour de l'hypnose auprès des plus jeunes... Comment faire de l'ISH le guide de chaque thérapeute, chaque société, chaque pays qui souhaite rendre accessible l'hypnose à chaque patient qui en a le besoin ?

Un grand nombre de questions très importantes pour les jeunes médecins, dentistes, chirurgiens, sages-femmes, infirmières, psychologues, kinésithérapeutes... dans le monde entier.

J'ai le plaisir de vous présenter les membres de ce « Youth Committee ». Ils ont été choisis pour leur implication dans le développement de l'hypnose dans leur pays.

Stephane RADOYKOV est français et étudiant en psychiatrie à Paris. Investi dans le Congrès Mondial de Paris - 2015.

Gallant GAO est psychologue, professeure associée au département de psychologie à la Fudan University of Shanghai, en Chine. Investie dans le congrès International de Pékin - 2017 (voir ci-dessous).

Daniel BASS, est psychologue au Vinzenz von Paul Hospital à Rottweil en Allemagne. Investi dans le Congrès Mondial de Brême - 2012.

Sadaf SEDDIGH est étudiante dentiste à Mashhad en Iran. Investie dans le Congrès International de Mashhad - 2016.

Deux femmes et deux hommes de trois continents. Il a été difficile pour le bureau de choisir chacun d'eux mais ce premier groupe de pensée semble avoir les compétences, l'énergie et la motivation que nous attendons. Voudriez vous faire partie de ce comité (vous avez moins de 40 ans) ? Connaissez vous quelqu'un que cela intéresserait ? N'hésitez pas à me contacter.

Vous trouverez très prochainement les CV des membres du Youth Committee sur le site de l'ISH.

L'ISH aux Congrès Internationaux

Une des missions les plus importantes de l'ISH est d'organiser tous les 3 ans un congrès mondial (Mexico, Rome, Brême, Paris pour le plus récent) et de participer aux congrès importants dans le monde. Alors, regardons vers le futur.

Asie - Chine.

Le premier congrès International aura lieu à Pékin du 21 au 24 Juillet 2017. Même si l'hypnose n'est qu'une nouvelle branche parmi les outils thérapeutiques en Chine, son développement est incroyable ! Ce premier congrès devrait rassembler plus de 1000 participants. C'est une grande surprise pour moi ainsi que pour ses principaux organisateurs (Xin Fang, Ting Wang, Gao Gallant et... Bernhard Trenkle). Chaque membre du bureau de l'ISH sera très actif à Pékin notamment en présentant des workshops au pré-congrès, au congrès et au post-congrès. C'est une collaboration des plus intéressantes pour l'association Chinoise comme pour l'ISH.

Europe - Angleterre.

Le congrès international de la société Européenne d'Hypnose aura lieu à Manchester du 23 au 26 Août 2017. Les liens entre l'ESH et l'ISH sont extrêmement forts depuis très longtemps. Durant chaque congrès de l'ESH se déroule une réunion du bureau de l'ISH et cette année se déroulera également une réunion avec le Conseil des Représentants (COR), (c'est également le cas lors des congrès de l'ISH). La plupart des membres du bureau participeront en tant qu'intervenant et ce sera donc une belle occasion de vous rencontrer ainsi que vos collègues.

Amerique - Canada.

Nos collègues de la Quebec Society of Hypnosis, Mi-

chel Landry, Claude Verreault qui est malheureusement décédé il y a quelques jours (voir ci-dessous), et Gaston Brosseau avec Amir Raz, Assen Alladin... sont en train de préparer un magnifique congrès. Vous êtes probablement déjà inscrit mais dans le cas contraire, vous pouvez bénéficier des meilleurs tarifs en vous rendant sur le lien suivant: <http://www.hypnosis2018.com/fr/>

Vous inscrire dès maintenant est bon pour vous mais aussi pour les organisateurs qui auront davantage de moyens pour développer de nouvelles idées, de nouveaux événements et pour finalement vous accueillir au mieux ! Le Congrès Mondial est également l'occasion pour nous de soutenir la recherche en hypnose. Notre équipe (Mark Jensen, Giuseppe de Benedittis et Franck Garden-Brèche) prépare pour Montréal une réunion entre chercheurs cliniciens et chercheurs en recherche fondamentale. Le but est de réduire l'écart entre ces deux communautés et d'aider à construire les ponts qui faciliteront le passage des idées de l'une à l'autre.

Afrique – Afrique du Sud.

Woltemade Hartman vient tout juste de nous informer d'un 7^{ème} congrès International à venir en février 2019 en Afrique du Sud ou en Namibie (Hypnosis and Ego-state Therapy). J'y ai participé pour la première fois en 2016 et quel souvenir ! Les présentations scientifiques y étaient excellentes et la nature à couper le souffle. Apercevoir les lions, les rhinocéros, les éléphants et les girafes à quelques mètres seulement est inoubliable. Vous recevrez davantage d'informations à ce sujet prochainement.

Asie - Iran.

Le premier congrès d'Hypnose d'Asie aura lieu à Mashhad du 15 au 18 octobre 2019. Les principaux organisateurs (Mehdi Fathi, Enayat Shahidi, Sadaf Seddigh) vont inviter des personnes du monde entier à cet événement, première étape de la création d'une société d'hypnose en Asie, projet très important et vivement soutenu par l'ISH.

Donc comme vous pouvez le voir, d'importants événements vont arriver dans le futur en Asie, en Europe, en Amérique et en Afrique.

Alors, où se tiendra le prochain congrès mondial de l'ISH après Montréal ? Ce sera bientôt une surprise pour vous... et pour nous puisqu'il est désormais temps de proposer votre candidature. Aura-t-il lieu en Europe ? En Asie ? Ce que nous savons déjà est que ce sera encore une fois l'événement le plus important de 2021. Nous savons que plusieurs pays préparent leur candidature, vous trouverez toutes les informations nécessaires en vous rendant sur le lien suivant : <https://www.ishhypnosis.org/triennial-congress/bidding-procedure/>

Pour rappel la date limite de candidature est fixée au 30 juillet 2017.

Si l'objectif de l'ISH est de créer la vie, il est également de partager les douleurs et les souffrances de nos membres. [Il y a quelques jours, Claude Verreault, dentiste à Montréal et l'un des principaux organisateurs du Congrès Mondial nous a quitté.](#) Je me souviens de nombreux moments avec Claude. Plusieurs fois à Montréal il nous a invité avec joie chez lui à dîner, en France lors de deux congrès d'Emergences, en 2014 lorsqu'il est venu accompagné de Michel Landry présenter le projet du congrès de Montréal, et la dernière fois à Paris lorsqu'il est monté sur scène pour nous faire rêver à Montréal sa ville et son pays tant aimé le Québec. Claude était un hypnodentiste reconnu, il a travaillé avec l'hypnose pendant 40 ans, a enseigné tout au long de sa vie et a été un membre très actif de la Quebec Society of Hypnosis. Il a été administrateur, secrétaire, trésorier, organisateur et responsable de la communication avec les journalistes.

Nos pensées vont à Magda, sa merveilleuse épouse, à sa famille ainsi qu'à tous ses collègues pour cette terrible perte, pour eux ainsi que pour le monde de l'hypnose.

A très bientôt,

Claude VIROT
Président de la société
Internationale d'hypnose

Gedanken der Präsidentin

Translator: Reinhild Draeger-Muenke
German

Bauen wir heute Brücken zur Zukunft!

Vor einigen Wochen hat sich unser Vorstand für zwei Tage in Paris getroffen (Photo), um die Grundlagen für zahlreiche Entwicklungen in der ISH zu legen, die uns auf die Zukunft vorbereiten sollen. Revision der Ethikgrundsätze, Lehre, Internetseite, Beteiligung der ISH am International Journal of Clinical and Experimental Hypnosis, Forschung....Sie werden in den nächsten Wochen mehr Informationen zu diesen Themen erhalten, sowie sich neue Entwicklungen ergeben.

Einer der Ausgangspunkte unserer Überlegungen ist die heute weltweite Verbreitung der Hypnose. Zu ISH gehören 27 Länder ([siehe Anhang: Karte und Liste der ISH Länder](#)), von denen 18 in Europa liegen (Österreich, Belgien, Dänemark, Finnland, Frankreich, Deutschland, Ungarn, Island, Italien, die Niederlande, Norwegen, Polen, Portugal, Spanien, Schweden, Schweiz, England), 4 in Asien (China, Indien, Iran, Japan), Australien in Ozeanien, und Südafrika in Afrika. Einen herzlichen Dank an alle für die Mitgliedschaft in dieser grossen Gemeinschaft.

Viele Länder dieser Welt arbeiten mit Hypnose. Wenn wir uns die Länder anschauen, die beim Kongress in Paris dabei waren, bei der Europäischen Gesellschaft für Hypnose, bei der Milton Erickson Gesellschaft, und bei der Panamerikanischen und Karibischen Gesellschaft für Hypnose, können wir feststellen, dass die Hypnose mindestens in 70 Ländern integriert ist ([siehe Anhang 2: Karte und Liste der Länder, nach Kontinenten geordnet, in denen die Hypnose nach unserem Wissen benutzt wird.](#)) Falls Ihr Land nicht Teil dieser Karte ist, oder wenn Sie über eine weitere Gruppe oder Vereinigung in einem anderen Land informiert sind, lassen Sie es uns doch bitte wissen. Vielen Dank.

Natürlich ist das Hauptziel der ISH, alle diese Länder zu versammeln und ihnen dabei zu helfen, sich miteinander zu vernetzen. Selbst falls das ein Traum sein sollte, sollten wir nicht vergessen, dass die Zukunft aus unseren Träumen entsteht.

Was sind die nächsten Schritte?

Heute möchte ich über zwei Punkte sprechen: die Gründung eines neuen Komitees, und die Beteiligung der ISH an den wichtigen Kongressen in der Welt.

Das Jugendkomitee

Ich freue mich, Ihnen das Jugendkomitee vorstellen zu können. Die Antwort auf die Frage: „Wie können wir uns die Zukunft vorstellen?“ ist: Fragen wir doch die Jüngeren! Ich werde im September sechzig, und ich habe 1986, vor 32 Jahren, eine Hypnoseausbildung gemacht. Damals war ich 29. Seitdem habe ich Hypnose in meiner Praxis angewendet, habe hunderte von Berufsangehörigen des Gesundheitswesens ausgebildet, habe in vielen Gesellschaften mitgearbeitet, in der Bretagne, in Frankreich, in Europa, und jetzt im Zentrum der ISH....So sieht es auch für eine grosse Anzahl der Mitglieder in der ISH aus.

Wir können also sagen, dass wir wichtige Erfahrungen haben, was die Hypnose angeht, viele gute Wege unseren Patienten zu helfen, neue Therapeuten auszubilden und Forschung anzugehen. ... Diese Erfahrungen sind kostbar, um die ISH in einer komplexen Welt zu führen, in der jedes Land einzigartig und reich in seinen Unterschieden ist.

Um also die nächsten 20,30, oder 40 Jahre anzuvisieren, sollte man also diejenigen zu Rate ziehen, die gerade ihre Karriere beginnen. Was wünschen sie sich? Was haben sie nötig? In welcher Weise ist es leichter, oder schwieriger, heutzutage die Hypnose zu entwickeln? Wie stellen sie sich den zukünftigen Platz der Hypnose vor? Was sollten wir tun, um die Hypnose weiterzuentwickeln, um Menschen zu helfen, die Hypnose zu benutzen, um die Hypnose sicherer oder vielleicht effektiver zu machen. Wie könnte man die Kommunikation über Hypnose unter den Jüngeren verbessern?...Wie kann die ISH jeden Therapeuten, jede Gesellschaft, jedes Land begleiten, die die Hypnose jedem Patienten, der es nötig hat, zugänglich machen möchte?

Viele wichtige Fragen für die jungen Ärzte, Zahnärzte, Chirurgen, Hebammen, Krankenschwestern, Psychologen, Physiotherapeuten auf der ganzen Welt.

Und jetzt stelle ich Ihnen gerne die Mitglieder des « Jugendkomitees » vor. Sie sind aufgrund ihrer Beteiligung an der Entwicklung der Hypnose in ihren jeweiligen Ländern ausgewählt worden.

Stephane RADOYKOV ist Franzose und Student der Psychiatrie in Paris. War am Weltkongress 2015 in Paris beteiligt.

Gallant GAO ist Psychologin, Assistenzprofessorin

in der Psychologieabteilung der Fudan Universität in Schanghai, China. Sie ist am Internationalen Kongress in Peking 2017 (siehe unten) beteiligt.

Daniel BASS ist Psychologe im Vinzenz von Paul Krankenhaus in Rottweil in Deutschland. War am Weltkongress in Bremen 2012 beteiligt.

Sadaf SEDDIGH ist Studentin der Zahnmedizin in Mashad im Iran. Sie war am Internationalen Kongress in Mashad 2016 beteiligt.

Zwei Männer und zwei Frauen aus drei Kontinenten. Es war für den Vorstand schwierig, diese vier auszuwählen, aber dieser erste „ThinkTank“ scheint die Kompetenzen, die Energie und die Motivation zu haben, die wir uns erhoffen. Würden Sie gerne an diesem Komitee teilnehmen (und sind unter 40)? Kennen Sie jemanden, die oder der daran interessiert wäre? Lassen Sie es mich gerne wissen.

In Kürze werden Sie die Lebensläufe der Mitglieder des Jugendkomitees auf der ISH Webseite finden können.

Die ISH und die Internationalen Kongresse

Eins der wichtigsten Ziele der ISH ist es, alle drei Jahre einen Weltkongress zu organisieren (Mexico, Rom, Bremen, Paris waren die letzten Veranstaltungen), und an den wichtigen Kongressen in der Welt teilzunehmen. Also schauen wir doch mal in die Zukunft.

Asien - China

Der erste Weltkongress wird in Peking vom 21. bis 24. Juli 2017 stattfinden. Selbst wenn die Hypnose nur ein neuer Zweig unter den therapeutischen Werkzeugen Chinas ist, ihre Entwicklung ist unglaublich! Dieser erste Kongress wird mehr als 1000 Teilnehmer haben. Das überrascht mich und die Hauptorganisatoren (Xin Fang, Ting Wang, Gao Gallant und....Bernhard Trenkle.) Alle Mitglieder des ISH Vorstandes werden in Peking sehr aktiv sein, vor allem werden sie Workshops vor, während, und nach dem eigentlichen Kongress geben. Sowohl für die chinesische Gesellschaft als auch für die ISH ist dies eine sehr interessante Kollaboration.

Europa - England

Der internationale Kongress der europäischen Hypnosegesellschaft wird in Manchester vom 23. Bis 26. August 2017 stattfinden. Die Verbindung zwischen der europäischen und der internationalen Hypnosegesellschaft ist seit langem sehr stark. Während des europäischen Kongresses gibt es normalerweise ein Vorstandstreffen der ISH, und

dieses Jahr wird sich auch das Repräsentantengremium (COR) treffen (wie auch bei ISH Kongressen). Die Mehrheit der Vorstandsmitglieder wird daran teilnehmen, und so ist es eine gute Gelegenheit, sich miteinander und mit Kollegen zu treffen.

Amerika - Kanada

Unsere Kollegen der Hypnosegesellschaft von Quebec, Michel Landry, (ursprünglich auch Claude Verreault, der aber leider vor wenigen Tagen verstorben ist, siehe unten), und Gaston Brosseau mit Amir Raz, Assen Alladin.....sind dabei, einen grossartigen Kongress vorzubereiten. Sie sind vielleicht schon angemeldet, aber falls noch nicht, können Sie sich über den folgenden Link: <http://www.hypnosis2018.com/en/> über günstige Anmeldegebühren informieren.

Sich jetzt anzumelden lohnt sich für Sie, aber auch für die Veranstalter, die dadurch mehr Spielraum gewinnen, neue Ideen und Veranstaltungen zu entwickeln, und Sie letztendlich besser willkommen heissen zu können. Der Weltkongress bietet uns auch die Gelegenheit, die Hypnoseforschung zu unterstützen. Unser Team (Mark Jensen, Giuseppe de Benedettis und Franck Garden- Brèche) bereitet für Montréal ein Treffen zwischen klinischen und Grundlagenforschern vor. Das Ziel ist, den Abstand zwischen diesen beiden Sparten zu verringern und dabei zu helfen, Brücken zu bauen, die den Ideenfluss zwischen ihnen fördern können.

Es gibt noch mehr gute Neuigkeiten! In Paris hat die ISH einen ersten wissenschaftlichen Kongress organisiert, bei dem 14 Forscher über ihre Arbeit gesprochen haben. Mark Jensen hat einen Artikel geschrieben, um alle diese Forschungsprojekte vorzustellen. Der Titel ist *"New Directions in Hypnosis Research: Strategies for Advancing the Cognitive and Clinical Neuroscience of Hypnosis,"* und wird in der Zeitschrift *"Neuroscience of Consciousness"* erscheinen.

Afrika - Südafrika

Woltemade Hartman hat uns gerade darüber informiert, dass im Februar 2019 der 7. Internationale Kongress (Hypnose und Ego-State Therapie) in Südafrika oder Namibia stattfinden wird. Ich habe 2016 zum erstenmal daran teilgenommen, und was für eine Erlebnis! Die wissenschaftlichen Darbietungen waren ausgezeichnet, und die Natur atemberaubend. Löwen, Rhinocerosse, Elefanten und Giraffen aus wenigen Metern Abstand zu sehen ist unvergesslich. Sie werden sich bald genauer darüber informieren können.

Asien - Iran

Der erste Hypnosekongress in Asien wird vom 15.-18. Oktober 2019 in Mashad stattfinden. Die Hauptorganisatoren (Mehdi Fathi, Enayat Shahidi, Sadaf Seddigh) werden Leute aus der ganzen Welt zu diesem Ereignis einladen - ein erster Schritt zur Gründung einer asiatischen Hypnosegesellschaft: ein sehr wichtiges Projekt, energisch von der ISH unterstützt. Wie Sie also sehen, wichtige Ereignisse werden bald in Asien, Europa, Amerika und Afrika stattfinden.

Wo wird wohl der nächste ISH Weltkongress nach Montréal stattfinden? Das wird möglicherweise eine Überraschung für Sie werden...und für uns auch, denn es ist mittlerweile an der Zeit, für die Abhaltung dieses Kongress zu kandidieren. Wird er in Europa stattfinden? In Asien? Wir wissen jetzt schon, dass dieser Kongress wieder das wichtigste Ereignis des Jahres 2021 sein wird. Wir wissen, dass mehrere Länder an ihren Bewerbungen arbeiten. Sie können alle notwendigen Informationen über den folgenden Link bekommen: <https://www.ishhypnosis.org/triennial-congress/bidding-procedure/> Achtung: Einsendeschluss für die Bewerbungen ist der 30. Juli 2017.

Sollte ein Ziel der ISH sein, Leben zu wecken, so ist es gleichermassen ihre Pflicht, Schmerz und Leid unserer Mitglieder zu teilen. [Vor einigen Tagen ist Claude Verreault, Zahnarzt in Montréal und einer der Hauptorganisatoren des Weltkongresses, von uns gegangen.](#) Ich erinnere mich an viele Augenblicke mit Claude. Mehrfach hat er uns mit Freude in Montréal zum Abendessen eingeladen, in Frankreich während der zwei „Emergences“ Kongresse, in 2014, als er mit Michel Landry kam, um das Projekt „Kongress Montréal“ vorzustellen, und zum letzten Mal in Paris, als er auf die Bühne kam, um uns von seiner Stadt Montréal und seiner geliebten Provinz Québec träumen zu lassen. Claude war ein bekannter Hypnozahnarzt, der für 40 Jahre mit Hypnose gearbeitet hat, sein Leben lang gelehrt hat, und ein sehr aktives Mitglied der Hypnosegesellschaft von Québec war. Claude war Verwalter, Sekretär, Schatzmeister, Organisator, und für die Kommunikation mit der Presse verantwortlich.

Unsere Gedanken gehen zu Magda, seiner wunderbaren Frau, und zu seiner Familie, wie auch an alle seine Kollegen, die diesen schrecklichen Verlust für sich selber und für die Welt der Hypnose fühlen.

Bis zum nächsten Mal,
Claude VIROT
Präsident der Internationalen Hypnosegesellschaft

Lettera del presidente Translator: Consuelo Casula Italian

Oggi costruiamo ponti per il futuro!

Qualche settimana fa, i membri del Comitato direttivo della ISH si sono incontrati per due giorni a Parigi (foto) per gettare le basi per adattarsi e preparare il nostro futuro.

Presto riceverete le informazioni sugli argomenti discussi tra cui: la revisione dei requisiti etici, l'aggiornamento del sito ISH, l'insegnamento, la ricerca e il coinvolgimento della ISH nell'International Journal of Clinical and Experimental Hypnosis.

Uno dei punti di partenza della nostra riflessione è la diffusione dell'ipnosi nel mondo. La ISH è composta da 27 paesi ([vedi nell'appendice 1: Mappa della ISH e l'elenco dei paesi](#)), di cui 18 in Europa (Austria, Belgio, Danimarca, Finlandia, Francia, Germania, Ungheria, Islanda, Italia, Paesi Bassi, Norvegia, Polonia, Portogallo, Russia, Spagna, Svezia, Svizzera, Regno Unito), 3 in Nord America (USA, Canada, Messico), 4 in Asia (Cina, India, Iran, Giappone), l'Australia per l'Oceania e Sud Africa per il continente africano. Grazie a ciascuno di voi per far parte di questa grande comunità.

Molti paesi nel mondo lavorano con l'ipnosi. Osservando i paesi rappresentati nel Congresso Mondiale di Parigi, nella Società Europea di Ipnosi, nella Milton H. Erickson Foundation e nella società di ipnosi Panamericana e Caraibica, abbiamo scoperto che l'ipnosi è integrata in almeno 70 paesi. ([Vedi nell'appendice 2: Mappa e lista dei continenti e dei paesi in cui l'ipnosi viene utilizzata, per ciò che ne sappiamo oggi](#)). Se il vostro paese non è in questa mappa o, se conoscete un gruppo o una associazione di ipnosi in un altro paese, vi ringraziamo se ci inviate queste informazioni.

Uno dei principali obiettivi della ISH è di riunire e creare collegamenti tra questi paesi. Anche se è un sogno, ricordiamoci che il futuro si costruisce a partire dai nostri sogni!

Come faremo tutto ciò?

Oggi, parlerò solo di due punti: la creazione di un nuovo comitato e il coinvolgimento di ISH nei principali congressi nel mondo.

Il Comitato per la gioventù

Sono molto lieto di presentavi il nuovo «Comitato per la gioventù». Questo comitato è nato dalla domanda:

come possiamo conoscere il futuro? La risposta è: Chiedi ai più giovani! A settembre compirò sessanta anni e ho imparato l'ipnosi 32 anni fa nel 1986, quando avevo 29 anni. Da quel momento, ho lavorato con l'ipnosi nel mio studio. Ho insegnato a migliaia di professionisti della salute. Sono stato coinvolto in molte associazioni in Bretagna, in Francia, Europa e ora nella ISH. Lo stesso per gli altri membri del consiglio direttivo e per molti dei nostri membri ISH. Abbiamo tanta esperienza con l'ipnosi, conosciamo i modi migliori per aiutare i pazienti, come addestrare nuovi terapisti, e come condurre una ricerca. Questa esperienza è vitale per condurre la ISH in un mondo complesso in cui ogni paese è unico e ricco di differenze.

Così ora è importante pensare ai prossimi 20, 30 o 40 anni. Dobbiamo chiedere a coloro che hanno appena iniziato la loro carriera le seguenti domande: Che cosa vogliono e di che cosa hanno bisogno? E' più semplice o forse più difficile sviluppare l'ipnosi oggi? Come si immaginano il ruolo dell'ipnosi in futuro? Che cosa dovremmo fare per migliorare l'ipnosi, per aiutare le persone a usare l'ipnosi, per rendere più sicura l'ipnosi o forse più efficiente? Come può la ISH migliorare la sua comunicazione con i giovani? Come può la ISH essere la luce che aiuta ogni terapeuta, ogni società, ogni paese a offrire l'ipnosi a ogni paziente che ne ha bisogno?

Queste domande sono importanti per i nuovi medici, dentisti, chirurghi, ostetriche, infermieri, psicologi, fisioterapisti ... in tutto il mondo.

Sono orgoglioso di presentare i membri di questo «Comitato per la gioventù». Essi sono stati scelti grazie al loro coinvolgimento nello sviluppo dell'ipnosi nel loro paese.

Stephane RADOYKOV è uno studente francese in Psichiatria, a Parigi. Coinvolto nel Congresso Mondiale di Parigi - 2015.

Gallant GAO è una psicologa, professore associato presso il Dipartimento di Psicologia, Università di Fudan di Shanghai, in Cina. Coinvolta nel Congresso Internazionale di Pechino - 2017 (vedi sotto).

Daniel BASS, è uno psicologo al Vinzenz von Paul Hospital Rottweil, Germania. Coinvolto nella World Congress di Brema - 2012.

Sadaf Seddigh è una studentessa in odontoiatria in Mashhad, l'Iran. Coinvolta nel Congresso Internazionale di Mashhad - 2016.

Due donne e due uomini provenienti da tre continenti. E' stato difficile per il consiglio scegliere

ciascuno di loro, ma questa primo «think tank» sembra avere tutte le competenze, l'energia e la motivazione che si possa sperare. Se hai meno di 40 anni, ti piacerebbe essere parte di questo comitato? Conoscete qualcuno che potrebbe essere interessato? Potete mandarmi i vostri suggerimenti.

Troverete il CV dei nostri rappresentanti del comitato dei giovani sul sito ISH

ISH e i Congressi internazionali

Una delle più importanti missioni della ISH è quella di organizzare un congresso mondiale ogni 3 anni (Acapulco, Roma, Brema, Parigi sono i più recenti) e di partecipare ai principali congressi in tutto il mondo. Quindi, date uno sguardo al futuro.

Asia - Cina.

Un primo congresso internazionale si terrà a Pechino dal 21 al 24 luglio 2017. Anche se l'ipnosi è un nuovo ramo negli strumenti terapeutici cinesi, il suo sviluppo è incredibile! Questo primo congresso raccoglierà più di 1000 partecipanti. E' una grande sorpresa per me e anche una grande sorpresa per i principali organizzatori Xin Fang, Ting Wang, Gao Gallant e Bernhard Trenkle. Ogni membro del consiglio ISH sarà molto attivo a Pechino, dando workshop durante il pre-Congresso, il Congresso e il post-congresso. Si tratta di una collaborazione molto interessante sia per l'associazione cinese sia per la ISH.

Europa - Inghilterra.

Il Congresso Internazionale della Società Europea di ipnosi si terrà a Manchester dal 23 al 26 agosto 2017. I legami tra ISH e ESH sono stati molto forti da tanto. In ogni congresso ESH abbiamo una riunione del consiglio ISH e quest'anno avremo un incontro con i rappresentanti delle nostre società costituenti (come nei congressi ISH). La maggior parte dei membri del consiglio direttivo della ISH parteciperanno in qualità di relatori e sarà un'ottima occasione per incontrare voi e i vostri colleghi.

Nord America - Canada.

I nostri colleghi della Società Quebec di ipnosi, Michel Landry, Gaston Brosseau, Amir Raz e Assen Alladin stanno creando un meraviglioso ISH World Congress. Siamo spiacenti di comunicare che Claude Verreault non è più tra noi (vedi sotto). Questo congresso si terrà dal 22 al 25 agosto 2018 a Montreal. Se non vi siete ancora iscritti, è possibile avere il prezzo migliore andando a: <http://www.hypnosis2018.com/en/>. Registrati subito per sostenere questo congresso ISH e aiutare i nostri organizzatori ad aggiungere nuove idee e nuovi

eventi nel programma. Il Congresso Mondiale ISH è una delle occasioni per sostenere la ricerca in ipnosi.

E ora vi do una buona notizia! A Parigi la ISH aveva organizzato un primo congresso scientifico con 14 ricercatori che hanno presentato i loro progetti. Mark Jensen ha scritto un articolo dove ha presentato tutti questi progetti. L'articolo è intitolato *"New Directions in Hypnosis Research: Strategies for Advancing the Cognitive and Clinical Neuroscience of Hypnosis"* e sarà pubblicato in *"Neuroscience of Consciousness"*

Il nostro team, tra cui Mark Jensen, Giuseppe de Benedittis e Franck Garden-Brèche sta preparando un altro incontro per Montreal per ricercatori a tempo pieno e ricercatori clinici. L'obiettivo è di ridurre il divario tra queste due comunità e di aiutarli a costruire ponti per facilitare uno scambio di idee.

Africa - Sudafrica.

Woltemade Hartman ci ha appena inviato le prime informazioni sul 7° Congresso Internazionale nel Febbraio 2019 in Sud Africa e in Namibia, su ipnosi e Ego-state Therapy. Ho partecipato per la prima volta nel 2016 e ricordo che le presentazioni scientifiche erano eccellenti! E la natura in Sud Africa è mozzafiato; incontrare leoni, rinoceronti, elefanti, giraffe a pochi metri da noi è indimenticabile. Potrai ricevere maggiori informazioni al più presto.

Asia - Iran.

Il primo Congresso asiatico di ipnosi si terrà a Mashhad dal 15 al 18 ottobre 2019. I principali organizzatori, Mehdi Fathi, Enayat Shahidi e Sadaf Seddigh invitano persone provenienti da tutto il mondo a questo evento, primo passo per la creazione di una società asiatica di ipnosi, progetto molto importante fortemente sostenuto da ISH. Quindi, come si può vedere tanti grandi eventi stanno arrivando in futuro in Asia, Europa, America e Africa.

E dove sarà il Congresso Mondiale ISH dopo Montreal? Sarà in Europa? Sarà in Asia? E' giunto il momento di ricevere le domande dei candidati! Possiamo solo essere sicuri che sarà, ancora una volta, l'evento principale nel mondo di ipnosi nel 2021.

Sappiamo che diversi paesi stanno preparando le loro offerte. Troverete tutte le informazioni necessarie su: <http://www.ishhypnosis.org/triennial-congress/bidding-procedure/>

Solo un promemoria, la data di chiusura è il 30 giugno 2017.

Se lo scopo della ISH è quello di celebrare la vita, il nostro scopo è anche quello di condividere il nostro dolore per la perdita dei nostri membri. [Poche settimane fa, Claude Verreault, un dentista di Montreal e uno dei principali organizzatori del Congresso Mondiale di Montreal è scomparso.](#) Mi ricordo di molti momenti con Claude. Più volte a Montreal era così felice di invitarci a cena. E' venuto in Francia per 2 congressi Emergences; nel 2014 è venuto con Michel Landry per presentare il progetto del congresso a Montreal; l'ultima volta a Parigi entrò in scena per farci sognare di Montreal, la sua città, e del Quebec sua amata provincia. Claude era un famoso «hypnodentist» che ha lavorato con l'ipnosi per 40 anni, insegnando tutta la sua vita ed era un membro molto attivo della Società Quebec di ipnosi.

Cari saluti
Claude VIROT

Visit ISH Video Library by clicking below.



Columna de la Presidencia

Translator: Teresa Robles
Spanish

¡Construyamos puentes para el futuro, hoy!

Hace varias semanas, el Consejo Directivo de la ISH se reunió durante dos días en París (ver foto) para construir las bases para que la ISH se prepare y adapte para el futuro.

Pronto recibirás información sobre los temas que se discutieron, incluyendo la revisión de los requerimientos éticos, adaptaciones a la página de la ISH, enseñanza y la involucración de la ISH en el *International Journal of Clinical and Experimental Hypnosis and Research*.

Uno de los puntos de partida de nuestras reflexiones fue la extensión de la hipnosis en el mundo. La ISH se encuentra ya en 27 países ([ver el Anexo 1: Mapa de los países donde se encuentra la ISH](#)), que incluyen: 18 en Europa (Austria, Bélgica, Dinamarca, Finlandia, Francia, Alemania, Hungría, Islandia, Italia, Holanda, Noruega, Polonia, Portugal, Rusia, España, Suiza, Suecia, Reino Unido), 3 en América (Estados Unidos, Canadá, México), 4 en Asia (China, India, Irán, Japón), Australia para Oceanía y Sudáfrica en el continente africano. Gracias a cada uno de ustedes por ser parte de esta gran comunidad.

Muchos países en el mundo están trabajando con hipnosis. Si observamos los países que estuvieron representados en el Congreso Mundial de París así como los que forman parte de la Sociedad Europea de Hipnosis, la Fundación Milton H. Erickson y la Sociedad Caribeña y Panamericana de Hipnosis, descubrimos que se trabaja con hipnosis al menos en 70 países. ([Ver Anexo 2: Mapa y lista -por continentes- de los países en los que sabemos se utiliza hipnosis](#)).

Si tu país no está en el mapa, o si conoces algún grupo o asociación de hipnosis en otro país, agradeceremos nos mandes esta información.

Una de las principales metas de la ISH es reunir y conectar a estos países. Aún cuando sea un sueño, recuerda que el futuro se construye con nuestros sueños.

¿Cómo lo haremos?

El día de hoy hablaré sólo de dos temas: la creación de un nuevo comité y la participación de la ISH en los principales congresos en el mundo.

El comité de la juventud

Me da mucho gusto presentarles el nuevo "Comité de la Juventud". Este comité se creó a partir de la pregunta: ¿Cómo podemos conocer el futuro? La respuesta fue: ¡Pregunta a los más jóvenes! En septiembre próximo tendré 60 años; aprendí hipnosis hace 32, en 1986, cuando tenía 29 años. Desde entonces, he estado trabajando con hipnosis en mi consultorio; enseñando a miles de profesionales de salud. He participado en muchas asociaciones: en Bretaña, Francia, Europa y ahora en la ISH. Y más o menos lo mismo sucede con cada uno de los miembros del Consejo Directivo y con muchos de los miembros de la ISH. Tenemos mucha experiencia sobre la hipnosis, conocemos las mejores maneras de ayudar a nuestros pacientes, sabemos como entrenar nuevos terapeutas y cómo realizar investigación. Esta experiencia es vital para manejar nuestra ISH dentro de un mundo complejo en donde cada país es único y rico en diferencias.

Pero ahora tenemos que pensar en los próximos 20, 30 o 40 años. Tenemos que preguntar a los que están iniciando su carrera: ¿Qué quieren y qué necesitan? ¿Cómo es más fácil o tal vez más difícil desarrollar la hipnosis hoy en día? ¿Cómo imaginan el papel de la hipnosis en el futuro? ¿Qué debemos hacer para mejorar la hipnosis, para ayudar a la gente a utilizar hipnosis, a hacer la hipnosis más segura o tal vez más eficiente? ¿Cómo puede la ISH mejorar su comunicación con los jóvenes? ¿Cómo puede ser la ISH la luz que ayuda a cada terapeuta, cada sociedad, cada país a ofrecer hipnosis a cada paciente que la necesite?

Estas preguntas son importantes para los nuevos médicos, dentistas, cirujanos, parteras, enfermeras, psicólogos, fisioterapeutas... en el mundo entero.

Con mucho orgullo les presento a los miembros de este "Comité de la Juventud". Los elegimos por su compromiso con el desarrollo de la hipnosis en su país.

Stephane RADOYKOV, francesa, que estudia Psiquiatría en París y participó en el Congreso Mundial de París en 2015.

Gallant GAO, psicólogo, profesor asociado en el Departamento de Psicología en Fudan, en la Universidad de Shanghai, China y que participó en el Congreso internacional de Beijing en 2017 (ver abajo).

Daniel BASS, psicólogo en el Hospital de San Vicente de Paul en Rottweil, Alemania. Participante del Congreso Mundial en Bremen en 2012.

Sadaf SEDDIGH, estudiante de odontología en Masshad, Iran. Participó en el Congreso Internacional de Masshad en 2016.

Dos mujeres y dos hombres que vienen de tres continentes. Fue muy difícil para el Consejo directivo escogerlos, pero en la primera lluvia de ideas pero coincidimos en que todos tenían las capacidades, la energía y la motivación que podríamos desear. Si tienes menos de 40 años, ¿te gustaría ser parte de este comité? ¿Conoces a alguien que estaría interesado? Por favor contáctame si tienes cualquier idea.

En la página web de la ISH encontrarás los CV de los miembros del Comité de la Juventud.

La ISH y los Congresos Internacionales

Una de las misiones más importantes de la ISH es organizar un congreso mundial cada tres años (México, Roma, Bremen, París, son los más recientes) y participar en los principales congresos en el mundo. Así que, echemos una mirada al futuro.

Asia-China

Por primera vez se llevará a cabo un Congreso Internacional en Beijing del 21 al 24 julio 2017. ¡Aún cuando la hipnosis es un instrumento terapéutico nuevo en China, su desarrollo es increíble! El primer congreso reunirá más de 1000 asistentes. Realmente es una gran sorpresa para mí y para los principales organizadores Xin Fang, Ting Wang, Gao Gallant y Bernhard Trenkle. Todos los miembros del Consejo Directivo de la ISH estaremos muy activos en Beijing ofreciendo talleres durante el Pre Congreso, el Congreso y el Post Congreso. Es una colaboración muy interesante tanto para la Asociación China como para la ISH.

Europa-Inglaterra

El Congreso Internacional de la Sociedad Europea de Hipnosis tendrá lugar en Manchester del 23 al 26 agosto 2017. Las relaciones entre la ISH y la ESH han sido muy estrechas desde hace mucho tiempo. En cada Congreso de la ESH tenemos una reunión del Consejo Directivo de la ISH y este año tendremos también la reunión de la Asamblea (y lo mismo sucede en los Congresos de la ISH). Casi todos los miembros de nuestro Consejo Directivo participarán como conferencistas. Tendrás una gran oportunidad de encontrarte con tus colegas.

América – Canadá

Nuestros colegas de la Sociedad de Hipnosis de Quebec, Michel Landry, Gaston Brosseau junto con Amir Raz y Assen Alladin, están organizando un congreso mundial maravilloso. Siento mucho comunicarles que Claude Verrault no podrá acompañar

nos porque acaba de fallecer (ver abajo). Este congreso tendrá lugar del 22 al 25 agosto 2018 en Montreal. Si todavía no te has registrado, puedes obtener el mejor precio entrando a <http://www.hypnosis2018.com/en/>. Regístrate ahora para apoyar el Congreso y ayudar a los organizadores a agregar eventos e ideas nuevas al programa. El Congreso Mundial es uno de los momentos en que podemos apoyar la investigación en hipnosis. ¡Y todavía hay más buenas noticias! En París, la ISH organizó un primer congreso científico con catorce investigadores que nos mostrarán y discutirán su trabajo. Mark Jensen escribió un artículo para presentar estos proyectos. Se titula "New Directions in Hypnosis Research: Strategies for Advancing the Cognitive and Clinical Neuroscience of Hypnosis" y será publicado en *Neuroscience of Consciousness*.

Nuestro equipo, incluyendo a Mark Jensen, Giuseppe de Benedittis y Franck Garden-Brèche, está preparando otro encuentro en Montreal tanto con clínicos como con investigadores muy importantes. La meta es reducir la brecha entre estas dos comunidades y ayudarlas a construir puentes para facilitar el intercambio de ideas.

África-Sudáfrica

Woltemade Hartman acaba de enviarnos la primera información sobre el VII Congreso Internacional que se realizará en febrero 2019 en Namibia. El tema del Congreso es Hipnosis y Terapia de Estados del Yo. Yo participé por primera vez en el 2016 y guardo un muy lindo recuerdo. ¡Las presentaciones fueron excelentes! Y la naturaleza en Sudáfrica, increíble... ver leones, rinocerontes, elefantes, jirafas, a unos cuantos metros... es algo inolvidable. Muy pronto recibirán más información.

Asia – Irán

El primer Congreso Asiático de Hipnosis tendrá lugar en Mashad del 15 al 18 de octubre del 2019. Los principales organizadores, Mehdi Fathi, Enayat Shahidi y Sadaf Seddigh están invitando gente de todo el mundo a este Congreso que será el primer paso para crear la Sociedad Asiática de Hipnosis, un gran proyecto apoyado por la ISH.

Puedes ver cuántos grandes eventos estarán ocurriendo en un futuro cercano en Asia, América y África.

Y ¿dónde será el Congreso Mundial de la ISH después de Montreal? ¿En Europa? ¿En Asia? En este momento estamos recibiendo candidaturas.

Aun cuando no sepamos todavía adónde, de lo que sí estamos seguros es de que, una vez más, será el principal evento en el mundo de la hipnosis en 2021.

Sabemos que algunos países ya están preparando sus solicitudes. Si te interesa, puedes encontrar toda la información que se requiere en: <http://www.ishhypnosis.org/triennial-congress/bidding-procedure/>. Sólo como recordatorio, todas las solicitudes deben ser enviadas a más tardar el 30 de junio del 2017.

Uno de los propósitos de la ISH es celebrar la vida, pero también compartir nuestra pena por la pérdida de nuestros miembros. [Hace unos días, falleció Claude Verreault, dentista de Montreal y uno de los principales del Congreso de Montreal](#). Recuerdo muchos momentos compartidos con Claude. Varias veces en Montreal, feliz de invitarnos a cenar; en Francia, durante dos de los congresos organizados por Emergences; en 2014 cuando vino con Michel Landry a presentar el proyecto del congreso de Montreal y la última vez en París, cuando nos hizo verdaderamente soñar con Montreal, su ciudad, y Quebec, su amada tierra. Claude era un famoso dentista que utilizaba hipnosis desde hace 40 años; fue maestro durante toda su vida y un miembro muy activo de la Sociedad de Hipnosis de Quebec donde ocupó las posiciones de administrador, secretario, tesorero, organizador y responsable de la comunicación con la prensa.

Y al hablar de Claude, pensamos en Magda, su maravillosa mujer, su familia y en todos los colegas que sienten esta terrible pérdida para ellos y para la hipnosis.

Afectuosamente

Claude VIROT
Presidente de la
International Society of Hypnosis

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Letter from the Editor



So many things have occurred since the last issue. The BOD had a board meeting in Paris, discussing many important issues. I was not able to be present – I was in Mexico, finishing my “Ericksonian Psychotherapist” intensive training.

This was a really intensive time, learning day and night, seeing many-many patients, and meeting my nice Mexican friends.

On the “free” weekends I was giving lectures at various universities, so – I think – my being away from the BOD meeting is justified: I worked internally and externally to spread the knowledge of hypnosis and suggestive method.

Coming back in February the new issue of ISH Newsletter was an important task. Let's see what we can provide for our members:

In the “**Main Interview**” we introduce Dr. Amir Raz. Among many other functions he is the Canada Research Chair in the Cognitive Neuroscience of Attention at the Faculty of Medicine, McGill University. He is a world leader and top researcher-clinician unlocking the neural correlates of altered consciousness. His publication activity is nearly unbelievable:

with more than 130 peer-reviewed papers in some of the top scientific journals and several books. I do recommend everyone to visit his website (razlab.org) to get an impression of the highest quality of research. This by itself would be enough to invite him for



Dr. Kata Varga & Dr. Amir Raz

the main interview – But we also have the privilege to have him among the organizers of the next ISH Congress in Montreal.

Connected to this event we have an invitation to visit his world-famous lab. We briefly met Dr. Raz in Bremen, at the ISH Conference in 2012. Now we have a more detailed interview, immediately sharing it with our readers.

In the **“Meeting our Mentors”** we meet Dr. Martin Wall. He is an Honorary Lecturer and Clinical Supervisor at the Peninsular College of Medicine and Dentistry. Of course he is not a simple “dentist”. He is running a holistic dental practice, treating various psychologically-related problems of dental patients. I was amazed to hear how wisely he teaches young dentists to use the hypnotic language. Dr. Wall has several important positions in various hypnosis-organizations: he is President-Elect of the European Society of Hypnosis (ESH), he serves on the ESH Board of Directors, and Chairs the Committee for Educational Programs in Europe (CEPE). He has served two terms as President at The Royal Society of Medicine (RSM), Section of Hypnosis and Psychosomatic Medicine.

In our section **“Clinical Relevance of Research Findings”** we would like to connect the research fields of hypnosis and hypnotherapy. In this issue Raechel Drew writes about a very specific environmental suggestion: Plants in hospital settings: the role of nature in patient well-being. Raechel is finishing her MA Psychology studies at the Clinical Psychology M.A. Program at Eötvös Loránd University (ELTE) in Budapest, Hungary.

As always, András Költő again summarizes for us new prominent clinical and research papers in the

column **“Findings of Note”**. In Bad Kissingen, at the recent conference of the Milton-Erickson-Gesellschaft, there was a panel where Bernhard Trenkle, Dirk Revenstorf and ESH Board members discussed ethical aspects of hypnosis. It was identified that admittance of professions into hypnotherapy trainings (apart from medical doctors, dentists and psychologists) is a problematic issue. Hope this FON will add some points to this discourse.

Michel Landry, the Chairman of XXI World Congress of Hypnosis in Montreal 2018 has a sad duty – to write a commemorative tribute for Dr. Claude Verreault, who passed away on February 9th 2017.

We are also updating our readers on the ESH Conference to be held in Manchester, 2017.

I would like to acknowledge the help of many colleagues and friends who contributed to this issue. Especially 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, and helped in many ways very effectively. It is good to know that our next Triennial Meeting is in good hands.

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.

Kata



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Main Interview



Dr. Raz is the Canada Research Chair in the Cognitive Neuroscience of Attention at the Faculty of Medicine, McGill University. He is a Professor in the Department(s) of Psychiatry (Neurology & Neurosurgery, and Psychology); Senior Researcher with the Lady Davis Institute for Medical Research and the Institute for Community and Family Therapy of the Jewish General Hospital in Montreal;

and Director of the Institute for Interdisciplinary Brain and Behavioral Sciences at Chapman University. He is a world leader and top researcher-clinician unlocking the neural correlates of altered consciousness with more than 130 peer-reviewed papers in some of the top science journals, such as *Nature*, *Nature Reviews Neuroscience*, *Lancet*, *Psychological Science*, *American Psychologist*, *Archives of General Psychiatry (JAMA Psychiatry)*, and *Proceedings of the National Academy of Sciences*. Dr. Raz has published five books, including SCEH award winning volume on Hypnosis and Meditation. He is married and the father of four.

Interview by Katalin Varga

Dear Dr. Raz,

Your extended research activity is reflected in the numerous high prestigious scientific papers. Please describe your typical workday.

I currently head two large research laboratories: one near the Montreal Neurological Institute of McGill University and one near the Lady Davis Institute for Medical Research at the Institute for Community and Family Psychiatry at the Jewish General Hospital. The two locations work in close synergy and share students, interns, and scholars. I split my time between the two locations and strategically live in between them. At the University I typically run the kind of experiments many a cognitive, social,

and experimental psychologist would run, whereas at the hospital I usually focus on pediatric populations, neuropsychological assays, and individuals with psychopathologies.

My days are usually hectic: I start early in the morning and run until late at night. If I let my eyes as much as glaze at a typical schedule I find it peppered with lectures that I either deliver or attend; teaching, grading, or otherwise professing; meeting with students/colleagues with whom I work/ collaborate; communicating with university administrators, grant officers, community leaders, foundations, research institutes, members of the media, and professional organizations; sitting on various committees; participating in teleconferences and phone calls with remote researchers; and only then reading and writing of correspondence, science and research materials, preparation of grant applications and manuscripts for publication, and writing of books. When I have a bit of time I think about what I'd like to do when I grow up. It's this last thinking part that I like the best.

Driving my kids to/from school, looking over their homework, and spending quality time with them daily is a critical component of my schedule and one that I rarely pass on.

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

I got into hypnosis having practiced as a professional magician. In those early days in my career I learned quite a bit from several conjurors, wizards, stage performers, and other actors playing the role of great hypnotists. As I gained formal expertise in and exposure to psychology, behavioral science, and medicine, I interacted with and learned from many clinicians and researchers, notably American psychiatrists Herbert Spiegel and Theodore Shapiro in New York City, and Clinical Psychologists Stanley Fisher and Irving Kirsch. Whereas Herb and Stan were at the tail end of their lives, Ted and Irving have remained close mentors and inspiring colleagues since I first befriended them.

My background and training permit me first-hand experience discerning the differences among stage hypnosis, clinical hypnosis, and research-based hypnosis.

Your laboratory is one of the most modern laboratories where hypnosis is studied. As we heard, we will have the possibility to visit your lab during the Montreal congress. What will we see there?

During the ISH conference in Montreal, it would be

my pleasure to organize a tour for interested participants and walk around the McGill campus, showcase my lab, and present the research facilities available to us. You will be able to see state-of-the-art eye trackers – specialized infrared cameras that capture video-based footage to ascertain and measure eye movements and changes in pupil dilation; electroencephalography (EEG) systems that permit eavesdropping on the electrical activity of (mostly cortical) neurons; psychophysics setups; brain scanners; and other assorted techniques.

As part of the collective research tools available at the Montreal Neurological Institute and the 33-year old McConnell Brain Imaging Centre (BIC), we possess many “brain toys” in line with the most recent technology available for imaging the living human brain. This one-of-a-kind research hub provides a multimodal platform dedicated to neuroimaging; a research and clinical flagship at McGill University; and a top research-intensive institution with the mission of understanding the structure and function of the brain, in health and disease, through the development of novel neuroscience approaches and neuroimaging methods. Our work ranges from instrumentation, acquisition, analysis methods, and practical software solutions, to clinical and systems neuroscience. The work we do with hypnosis and altered states of consciousness is but one of the ways we facilitate a translation of brain science into clinical care.

You will be able to see Magnetic Resonance Imaging scanners at the 1.5, 3 and 7 Tesla range; Transcranial Magnetic Stimulation (TMS) units – a magnetic method to stimulate small regions of the brain; high-density EEG; high-resolution positron emission tomography (PET) – an imaging test that uses a special dye with a radioactive tracers – and micro-PET; and real-time Magnetoencephalography (MEG) scanner to measure tiny magnetic fields produced within the brain; and a computer digital backbone for data storage and distributed grid computing.

I feel fortunate to have the privilege of access to one of the premier labs in the world.

The recent neuropsychological studies of hypnosis helped a lot to understand the “behind” mechanisms of it. How would you briefly summarize our understanding of these processes at the moment? What are the avenues for future research in this field?

Imaging of the living human brain can help unlock the neural dynamics of hypnosis. However, if you look closely at the available literature you will find that few reliable brain patterns emerge across studies. A guiding global theory positions hypnosis along

the top-down axis of control processes and my students and I have been able to identify intrinsic brain networks known to operationalize cognitive control and self-referential cognition, including attention networks referred to as – for example – executive, salience, and default. One thing is clear, head and shoulders above the neural mess: hypnosis correlates with activation of the lingual gyrus—a brain region involved in higher-order visual processing and mental imagery. So it appears that people envision what they process. But we are constantly working to further understand the neurobiological substrates and we know quite a bit about key frontal and temporoparietal structures and their involvement in hypnotic experiences. I think that a combination of genotype-phenotype imaging would pave the road for a better scientific understanding of these phenomena.

The typical lay representation of hypnosis is that a person is focusing on a (shining / spinning / magical) object. The most advanced studies are also connecting hypnosis to attentional networks. Is there anything new “under the sun”?

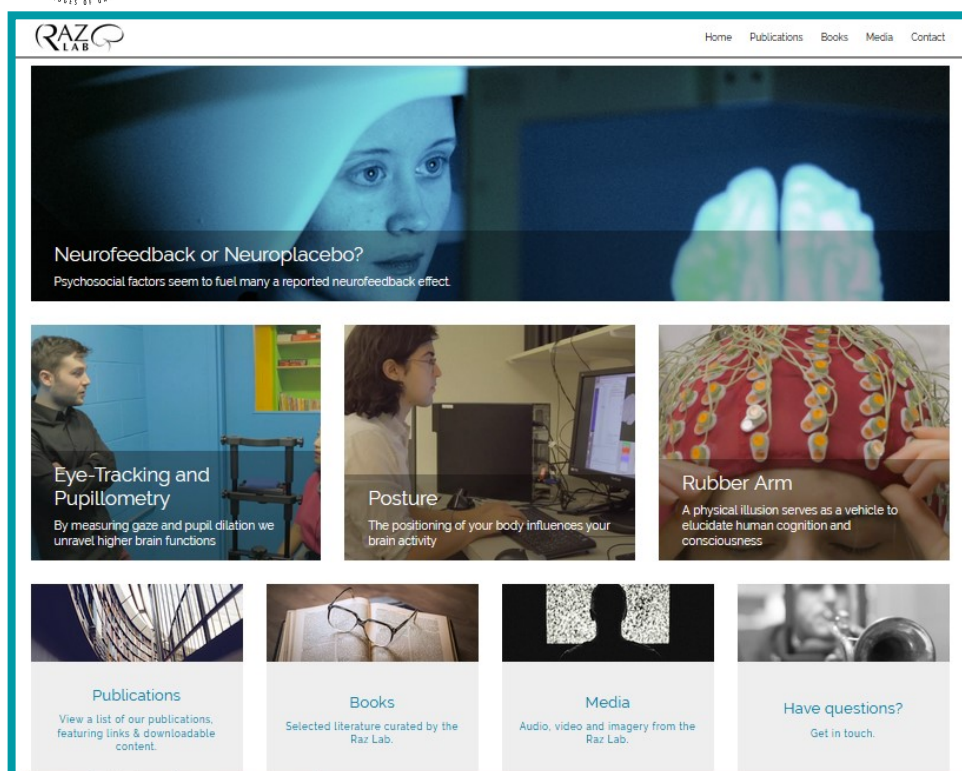
Yes. In science, every experiment has the potential to inform and teach us new things and when it comes to modern cognitive science, the field of hypnosis is a relatively virgin vehicle.

Most people have an intuitive notion of what attention is, sure, but today we can do a bit better than hand-wave about attention and its components. For example, we know the functional anatomy, neuropharmacology, cellular structure, and connectivity of these control networks. Specifically, we realize that attention is a strong regulator of cognition, emotion, thought, and action. We explore meditative planes, reflective processes, and begin to unravel the mystery of consciousness.

Hypnosis is at the intersection of these investigations, offering a unique and rich milieu that binds subjective feelings and objective measurements of higher brain function to the techniques of neuroscience.

You published some extremely important results connected to hypnosis. I would mention for instance the psychogenetic studies or the possibility to modulate the Stroop effect with appropriate suggestions. Can you please explain these results – and their implications - briefly?

The best way I can answer this question briefly is with a hearty recommendation to visit our ever-changing and visually appealing website: RazLab.org wherein I provide the actual papers, media snippets,



video interviews, movies, links, and other converging material that touches on aspects of an overarching answer.

My contributions to hypnosis (and other fields) are multifactorial and span many fields. Over the years I have developed a penchant for using hypnosis to de-automatize automatic processes and override what we often refer to as “ballistic” behavior. Even if nascent, this type of intervention has clear clinical merit.

Over the years I have branched out to include additional related domains: for example, placebos, meditation, and posture. My team follows a programmatic and cogent research trajectory to explore these questions, and hypnosis provides a great tool to operationalize and illuminate, let alone elucidate, some of these issues.

How do you see the relationship of suggestion effect and placebo? What is your (ethical) position of applying placebo in clinical practice?

The relationship between suggestion and placebos is complex and nuanced. But psychosocial effects, including placebo response and placebo effect, fuel many therapeutic effects (e.g., antidepressants in depression, psychotherapy, and neurofeedback). Hypnosis is no different. Moreover, hypnosis and placebo share in phenomenology, but the therapeutic effects of hypnosis seldom require deception. Whereas identifying highly hypnotizable individuals

may be of limited interest to the greater clinical community, identifying good placebo responders may revolutionize both basic research and clinical science, offer insights into transcultural psychiatry, and elucidate individual differences. Hypnosis may provide a good lens to achieve this goal.

As far as ethics, I consider myself an ethical person in my personal and professional affairs. But I am unsure that I, or anyone else for that matter, defines the ultimate ethicist. What was ethical in the days of yore is hardly ethical today, and what’s ethical today will likely shift in the future, so ethics is in a constant flux as a function of changing knowledge, trends, cultures, and times – but also as a function of personalities and social climates.

Whereas the common stance of many, perhaps most, practitioners posits that physicians should not use (deceptive) placebos in clinical practice, I feel strongly that under some circumstances it is actually unethical not to use placebos. My recent volume *Placebo Talks* – published with Oxford University Press and co-edited with my former postdoctoral fellow, Dr. Cory Harris – provides supporting arguments for this stance. Moreover, I am now in the process of writing a popular book on this theme. I expect this forthcoming book to cater to a wide readership and appeal to many a clinician, scholar, and lay person.

If I am lucky, I may be able to finish the writing before the Montreal meeting and have it available for those interested. Keep your eyes peeled for it and you will be in for a placebo treat.

At least in research studies, open-label placebos (i.e., non-deceptive administration of placebos) seem to entail some clinical merit for specific conditions. On the one hand, one can probe whether (or how much) we should consider placebos as regular treatment. Such questions require us to find a comfortable answer on a spectrum that ranges between “not on your life” to “most definitely” on contentious statements such as those recently circulated by the Society for Interdisciplinary Placebo Studies:

- Making use of placebo effects to optimize treatments will ultimately lead to better treatment outcomes.

- Making use of placebo effects to optimize treatments will ultimately lead to lower treatment side effects.
- Making use of placebo effects to optimize treatments will ultimately lead to lower costs.
- Open-label placebos should be officially registered as regular (FDA approved) treatments if positive evidence and positive replications continue to accumulate.
- If a treatment shows equal efficacy to a placebo, both should be offered to the patient.
- If a treatment shows equal efficacy to a placebo, the treatment should not be offered to the patient, since, by definition, it is more invasive and expensive than a placebo.
- Given that more invasive treatments have sometimes been found to have larger placebo effects, more invasive treatments should be preferred.
- Patients should be informed about the role of placebo effects in treatment outcomes.
- It is unethical for doctors not to make use of placebo effects.

Treatments should never be hidden, but always be given in an open and transparent manner to make optimal use of placebo effects.

On the other hand, even placebo experts cannot come to a consensus and do not have a clear stance on these charged matters.

One of the missions of ISH and the Newsletter is to get closer to the research and clinical “branches” of hypnosis. As a researcher, how do you see the connection (or the distance?) of clinical and scientific hypnosis?

I see the connection and I appreciate the distance. In a word, you always strive to get closer but you never quite get there. It’s like a frustrating version of infinitesimal calculus, only in the behavioral sciences. As we amass more and more data by running better paradigms and experiments, we will forge closer connections.

And of course our traditional question: your message, hints to the young(er) colleagues?

In the field of hypnosis, as in other fields, I hear and read quite a bit from folks who overpromise and underdeliver. My suggestion to young (and old) colleagues: Underpromise and overdeliver. In science it’s better to be judicious and transparent: rely on solid experiments, quality evidence, and replicable data. That’s a good way to advance knowledge in just about any field, including hypnosis. Underpromise and overdeliver!

Thank you,
Kata



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Meeting Our Mentors

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



Dr. Wall is an Honorary Lecturer and Clinical Supervisor at the Peninsular College of Medicine and Dentistry.

Dr. Wall qualified as a dental surgeon in 1973 at University College Hospital London. He retired from running an award winning holistic dental practice in a West Country market town

several years ago. Hypnosis was always a central element in practice life, and was an important element in achieving awards such as 'Dental Practice of the Year' and 'Innovation National Dental Award'. The BBC made a prime-time documentary of his practice dealing with the treatment of dental phobia with a hypnotic intervention.

Dr. Wall is President Elect of the European Society of Hypnosis (ESH), he serves on the ESH Board of Directors, and Chairs the Committee for Educational Programs in Europe (CEPE). He has served two terms as President at The Royal Society of Medicine (RSM), Section of Hypnosis and Psychosomatic Medicine.

He is currently part of the RSM section council and chairs the Training Committee that is engaged in commissioning a Master's degree: MSc Hypnosis in Research, Medicine and Clinical Practice.

This is designed to give common purpose to academics and clinicians in developing and promoting hypnosis in all areas of therapeutic practice.

Interview by Katalin Varga

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

I have spent most of my career running a holistic dental practice in a rural market town in the south-west of England. I was there for over 30 years and was treating the children of the children of the children, and that trust and access to the lives of my patients in a small community was a privilege for which I shall be ever grateful.

I retired from practice several years ago and now teach at the Peninsular College of Medicine and Dentistry part of the Universities of Plymouth and Exeter.

Throughout my career hypnotic theory and phenomena have informed and guided my journey - a philosophy of practice. A philosophy that understands and promotes the interactive dynamic between clinician and patient, one that can catalyse positive outcomes for all necessary surgical and preventative initiatives. Importantly for a harmonious practice this mutual appreciation of the unique standing of every patient, staff member and colleague helps to facilitate trust and safety.

In my work with my students I am becoming increasingly concerned with the nature of the profession they are entering here in the UK. It is a profession increasingly dominated by corporate bodies motivated by profit for shareholders. It is an environment where they are two times more likely to be sued for professional malpractice than any other country in the world. This culture encourages a defensive approach to patient care, in which the patient is seen as an adversary rather than someone in need of help and compassion. My endeavour is to instill in them the knowledge that the study of hypnosis can bring. To understand the meaning of 'agape', that love and respect for their patients can be the means by which they can change our profession from one of fear to a culture of trust and commitment.

* A universal, unconditional love that is perhaps closer to beneficence or altruism. It is the sort of disinterested but unconditional commitment needed by professionals.

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



The clue here is in the sub text, because as far as I am aware there is nothing 'officially associated with my name', and that illuminates what I consider to be my contribution. It is a vision in which the insights of Hypnosis are translated into a discipline that transcend the name. A concept in which these insights become the mortar that holds together the whole edifice of training and education in clinical skills, at both undergraduate and post graduate level.

It is to demystify hypnosis, and move it into the everyday. Hypnosis uses phenomena that are with us constantly shaping and constructing our reality, with the relentless use of suggestion and dissociation by the media, both commercial and political, to create and modify our experience of the world and of each other. So let's normalize hypnosis - it is simply a powerful tool, used to enhance our clinical skills for all of our patients all of the time.

For me the core Unique Selling Point (USP) of hypnosis can be summed up in the maxim:

"Communication for transformation."

This highlights the defining power of hypnosis, in that via its essential precursor of good communication, profound somatic and emotional change can be

effected. Critically this is available at all levels for all patients.

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

A fascinating question open to multiple interpretations...

As time passes, questions that imply that there are right and wrong answers seem less and less relevant to practical experience. Copper and gold on a hierarchy of noble metals would place gold before copper, and thus if I were to award gold to suggestion, it would imply that suggestion was the primary therapeutic intervention in clinical practice, and conversely copper demotes it to a function of secondary importance. Clinical experience teaches that there is no 'one size fits all', with the understanding that the patient / clinician interface is the primary factor in determining whether suggestion will play a leading role in the therapeutic endeavour, and this is a narrative that is constantly in a state of flux.

I think a more constructive way to address this question could be to use the analogy of the metallurgy of gold dental casting alloys. These are alloys in which gold is the major component, however pure gold is a soft mechanically compromised material, a small amount of copper is added to give a strong resilient alloy. And so it is with our patients, some will need the pure noble clarity of unalloyed gold suggestion, whereas others will benefit from copper suggestion where it is added in small measure to give bite and rigor to other primary modalities.

Who are/were your personal masters and/or mentors in the field of hypnosis?

Without doubt the most important mentor in my initial engagement with hypnosis was Kay Thompson.

Her skillful and playful interventions combined with her warm sense of humor continues to inspire the treatment and care of my patients. She came to the UK to run a workshop at Churchill College Cambridge early in my career, and two moments at that event stand out for me.

She was a woman who 'walked the walk' and she showed a video of her undergoing a rather bloody 'abrasive dermal reduction' solely using hypnotic analgesia, two colleagues fainted in the audience and had to be carried out! In one of her lectures she imperceptibly moved into a 'confusional induction', I have never forgotten the shock and amazement of a large group becoming aware and being instructed to come out of 'trance'. Her wit and wisdom have

stayed with me and I often ponder her thought that:
"You always teach what you most need to know".

What is your favorite professional book?

Zen and the Art of Motorcycle Maintenance: An Inquiry into Values. By Robert M. Pirsig.

This was influential when developing my practice at the start of my career, and it continues to inform my journey.

It is a book that gave substance and inspiration to my nascent but poorly formed notion, that there was more to patient care than my excellent empirical education might have suggested. Early on in the text there is this rather sardonic observation:

"The truth knocks on the door and you say, "Go away, I'm looking for the truth," and so it goes away. Puzzling."

I believe that the encouragement to listen with an open mind, needs to be constantly renewed at all levels, in both our professional and personal lives.





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Building Bridges of Understanding

Clinical Relevance of Research Findings

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

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

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

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



Raechel Drew hails from Vancouver Island, British Columbia, Canada. She is currently enrolled in the Clinical Psychology M.A. Program at Eötvös Loránd University (ELTE) in Budapest, Hungary, where she has resided for 5 years.

During her time in Budapest she has also completed the B.A. Psychology program at ELTE, Behavior Analyst, with honors.

Raechel is an active member of the ESI Ádám György Laboratory at the ELTE Institute for Health Promotion and Sport Sciences, where she has been researching "visceral detection" under the supervision of Dr. Ferenc Kőteles.

Aside from her studies, she works as an English language consultant for Hungarian researchers, and operates a successful food truck business in Canada.

Her future plans are to work with young families in the field of prenatal/postnatal care.

Plants in hospital settings: the role of nature in patient well-being

As a part of my Psychology M.A. studies, we visited the children's ward at a hospital in Budapest. Although there was clearly a cheerful ambience in the ward, I realized that the only view when standing in the recovery rooms was of a strictly urban landscape. One of the suggestions I made in class for a group project was to contemplate the possible psychological and physiological benefits of placing living plants in the rooms. I had read about the biophilia hypothesis (Kahn, 1997; Wilson, 1984), and it inspired me to think about previous research related to the incorporation of natural elements into hospital settings. I'm presenting here the research that I conducted following our hospital visit, which outlines the value of including elements of nature in waiting rooms, recovery rooms, and other clinical settings.

The biophilia hypothesis suggests that humans have an innate desire to affiliate with other forms of life, which motivates them to interact with other living things including plants, animals, and the natural environment (Kahn, 1997; Wilson, 1984). An evolutionary perspective suggests that despite the rapid development of modern society, humans lived close to nature for the majority of our evolution as a species; thus, we still feel a deep connection to the natural environment and generally respond to elements of nature positively (Hartig et al., 2011). Accordingly, contact with nature can be preventative of illness and it can also be therapeutic (Hartig et al., 2011).

The question of whether a passive exposure to plants during recovery in clinical settings can have an impact on patient outcomes has been receiving attention over the past three decades. There is a body of evidence to indicate that the presence of natural, living elements (ie., plants) in a recovery room can lead to improved psychological and physiological measures in patients. Some studies propose that the main mechanism behind the effect of plants on patient well-being is distraction (Diette et al., 2003; Dijkstra, Pieterse & Pruyn, 2006; Tanja-Dijkstra et al., 2014). This may be accurate in certain situations; however, it is important to consider other channels through which nature in a hospital environment may exert an effect on patients. It should be mentioned that the anxious emotional state of patients when admitted to hospital or undergoing a medical procedure, can produce an altered state of consciousness which makes them highly susceptible to suggestion. In fact, patients in these circumstances may already be in a hypnotic state, with no need for formal hypnotic induction (Varga, 2011). The

presence of plants, which are generally affiliated with relaxation, calm, and tranquility, may play a suggestive role in a patient's recovery, which extends beyond mere distraction. An ornamental plant in a physical space may affect a patient through unconscious mechanisms, even when it is not an object of focus and a patient experiences it passively (Grunde & Patil, 2009; Ulrich and Parsons, 1992). On the contrary, a lack of nature in a hospital environment may suggest that the setting is "unnatural", which can be construed by a patient as an indication of an "unsafe" space (Grude & Patil, 2009). By this logic, the introduction of plants may help to create a "safe space" for patients during treatment and recovery, in addition to facilitating a more relaxed state.

There is ample research to illustrate the value of plants in a clinical setting. Martyn and Brymner (2014) suggest that any opportunities to enhance the experiences of being connected to nature should be utilized in hospital settings. This may include indoor plants, views of nature, or images of nature. Coronary and pulmonary patients experienced an increase in subjective well-being when exposed to indoor plants during their stay at a Norwegian rehabilitation center, when compared with patients who did not have plants in their rooms (Ranaas, Patil & Hartig, 2010). These results are similar to those found during group interviews at another rehabilitation center. Patients there felt that indoor plants, in addition to natural views through the windows, created relaxation, positive emotions, and the feeling of "being taken care of" (Ranaas, Patil & Alve, 2015). Park and Mattson (2008) investigated the therapeutic effects of indoor plants through a randomized controlled trial with patients recovering from appendectomy. Patients who had plants in their recovery room required fewer analgesics and indicated more positive feelings, lower subjective pain, less anxiety and less fatigue. They also showed positive physiological responses, including lower systolic blood pressure and heart rate (Park & Mattson, 2008). Similar results were found when the study was repeated with patients recovering from thyroidectomy and hemorrhoidectomy (Park & Mattson, 2009a; 2009b). Additionally, thyroidectomy and appendectomy patients in these studies had a shorter hospital stay when compared to patients who had no plants in their rooms (Park & Mattson, 2008; 2009b). Overall anxiety and tension was significantly reduced in patients who were exposed to plants during the recovery period, and these patients also rated their room as more comfortable, calming, and pleasant than patients in the control group (Park & Mattson, 2009a; 2009b). Lohr and Pearson-Mims (2000) tested the role of plants in pain perception, and found that individuals who had exposure to

plants were more willing to tolerate experimentally produced pain than those in a room with no plants, or a room with cheerful coloured objects. Malenbaum and colleagues (2008) have recommended that patients should be exposed to nature in several ways during hospital stays. Beds can be arranged so that every patient has a view of the outdoors, while indoor plants and hospital courtyards can be introduced into common areas (Malenbaum et al., 2008). Accordingly, patients in waiting rooms at radiology departments experienced less stress when plants were present in the room (Beukeboom, Langeveld & Tanja-Dijkstra, 2012). A waiting room is often the first encounter that a patient has with the hospital setting. During time spent in the waiting room, stress, anxiety, fear and rumination are common patient experiences (Beukeboom et al., 2012). Reducing negative emotions upon arrival at hospital may play a role in a patient's overall experience during the hospital stay.

Despite evidence for the benefits of plants in hospital settings, recent debates in the literature have questioned the safety of placing plants in proximity to immunocompromised patients. Some research has suggested that cut flowers and plants should be banned from hospital wards (LaCharity & McClure, 2003; Lass-Flörl et al., 2000; Summerbell, Krajden & Kane, 1989). The main concern is that bacteria and fungi found in the soil of potted plants and water reservoirs of cut flowers expose patients to pathogens and may facilitate a hospital-acquired infection (LaCharity & McClure, 2003; Lass-Flörl et al., 2000). Immunocompromised patients (e.g., Leukemia, multiple myeloma) could be at risk for developing fungal infections if the spores on the surface of soil become airborne and the patient inhales them (LaCharity & McClure, 2003). Furthermore, Lass-Flörl and colleagues (2000) studied nine deceased patients who had stayed in the hospital while undergoing chemotherapy treatments. The same strain of fungi isolated in post-mortem tests of four patients was also found in the soil of potted plants which had been in close proximity to the patients (Lass-Flörl et al., 2000). Summerbell, Krajden and Kane (1989) found that indoor plants in a Toronto hospital ward were rich sources of opportunistic pathogenic fungi. These fungi could be transmitted to patients via airborne spores, or contact with wounds and lesions (Summerbell, Krajden & Kane, 1989). Other research has confirmed the presence of gram negative pathogenic bacteria on potted plants and in flower vases, which could pose a risk for ICU patients (Gould, Chudleigh, Gammon & Ben Salem, 2005; LaCharity & McClure, 2003).

According to Gould et al. (2005), however, most infection control regulations are not based on random

controlled trials or evidence based practice, and for this reason we should not overlook the benefits of plants in hospital rooms. Nurses frequently cite the risk of hospital acquired infections as the rationale behind the moratorium on plants in hospital wards; however, it is rarely mentioned that nursing staff often disapprove of plants and flowers simply because of the extra work it creates (LaCharity & McClure, 2003; Gould, Gammon, Salem, Chudleigh & Fontenla, 2004). The actual risk posed by indoor plants is debated. Siegman-Igra and colleagues (1986) found that the gram-negative bacteria they identified on plants in six surgical wards had no relationship to the bacteria isolates found in patients, despite the close proximity of the plants to staff and immunocompromised patients. Essentially, although water in cut plants may become heavily contaminated with a range of gram-negative bacteria within a few days, and bacteria may reside on potted plants, there is little evidence to support the claim that plants are a source of hospital acquired infections (Gould et al., 2005; Siegman-Igra, Shalem, Berger, Livio & Michaeli, 1986). Banning flowers and plants is not popular with public opinion; however, it seems that public policy may be leaning towards removal of live plants from hospital wards (Gould et al., 2004; Siegman-Igra et al., 1986). If this is the case, it may be pertinent to look at other ways to enrich patient experience with elements of nature.

Fortunately, it is not necessary to experience nature in close proximity in order to experience some positive health benefits. Grinde and Patil (2009) suggest that visual contact with nature seems to be enough to stimulate positive effects. Although it could be argued that beneficial effects of plants in a room are due to the air purification quality of plants (biological effect), or the additional fragrance to the air that plants provide (psychological effect), Grinde and Patil (2009) found that the visual experience of plants seems to have equivalent psychological and physiological effects as real plants. In a classic study, Ulrich (1984) found that a view of trees through a hospital window, rather than a view of a building, was associated with the use of fewer analgesic medications by patients recovering from surgery. Additionally, physiological measurements show a correlation between lower levels of stress and exposure to natural scenes (Ulrich et al., 1991). Simply viewing nature, without visiting it in person, has been associated with faster recovery times (Ulrich, 1984), decreased negative physiological effects of stress (Thompson, Aspinall & Roe, 2014), and increased mental well-being (Kaplan, 1995; Maller et al., 2006). Beukeboom and colleagues (2012) found that posters of plants, not only living plants, increased the patients' perceived attractiveness of the waiting room and decreased levels of stress and anx-

iety. Ulrich and Parsons (1992) also found that passive exposure to pictures of plants had similar effects on individuals' well being and health following surgery as being exposed to living plants. In a similar vein, the use of nature images and sounds during a flexible bronchoscopy led to significantly increased perceptions of pain control in patients when compared to those patients who had treatment as usual (Diette et al. 2003). Lechtzin and colleagues (2010) conducted a randomized controlled trial with patients undergoing bone marrow aspirate and biopsy (BMAB) with only local anesthesia (i.e. a very uncomfortable procedure that is often poorly tolerated by patients). Result showed that viewing natural scenes on a screen while listening to nature sounds has the potential to reduce pain during BMAB, and suggest that it is a safe and inexpensive way of introducing nature into hospital settings (Lechtzin et al., 2010).

Finally, I would like to propose that hypnotic suggestion is another useful means by which practitioners can incorporate nature and plants into hospital settings. There are many examples in which nature imagery has been implemented as part of a hypnotic suggestion. Metaphors, often used to facilitate relaxation and pain relief, can easily be centred around images of plants and nature scenes. An illustration of an isomorphic metaphor provided by Bierman (1989) suggests that the arms of the patient are synonymous with the boughs of a tree. A patient with Guillain-Barré syndrome, a rare disorder in which the body's immune system attacks the nerves, was provided with a metaphor that referred to her recovering nerves as "growing plants" (Varga, 2011). Benjenke (1996) offered a suggestion to a surgical patient that the sounds in the operating room might "begin to just blend together into a gentle, soothing kind of hum. It might sound to you like the murmuring of a brook, or waves in the ocean that gently come and go...." (pg. 233). Suggestive communication used during emergency situations can also incorporate images of nature (Ewin, 1986). For example, we might suggest to a victim that they "only need to relax, as though they are in a sunny meadow or a shady forest". Among burn victims, the suggestion of being "cool and comfortable" within two hours of an incident can diminish pain and reduce the depth of the burn (Ewin, 1986). It is not difficult to imagine the suggestion of a cold sensation being elaborated into a natural winter scene. In fact, a similar strategy was used with a coma patient to reframe the sensations from unpleasant medical procedures as aspects of participating in winter sports activities. This allowed use of a winter scene metaphor, in which nature was "waiting for the best time of re-awakening" (Varga, 2011; pg. 19). Furthermore, suggestions and hypnotic techniques (e.g. Guided

imagery, re-framing, and metaphors) which incorporate natural scenes and features allow practitioners to incite all of a patient's senses, a strategy known to strengthen the suggestion (Bejenke, 1996). For example, when the imagery involves a forest scene, we could easily incorporate the smell of the pine trees, or the feeling of moss underfoot.

In sum, ornamental plants and views of nature have beneficial physiological and psychological effects for patients; however, it may not always be possible to introduce these features into a clinical setting. This article attempts to highlight the value of plants and nature scenes in hospital environments, but also provides alternative methods of incorporating natural elements into clinical settings. The use of plants, views of nature, and nature imagery in hospitals seems to be an effective and inexpensive way in which we can give patients a sense of relaxation, safety and being "taken care of", all of which may improve patient experiences and outcomes.

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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.

One of the largest controversies in the area of hypnosis is: which professions are allowed to use hypnosis? In general, there seems to be an agreement that just healthcare professionals can utilize hypnotic techniques, but regulatory rules show large variety across cultures and professional associations. In some countries, learning and practicing hypnotherapy is open to many helping professionals, including nurses, speech therapists, social workers, or even teachers and priests. Level of education or previous training may be a part of the decision, for instance if the person who is not a psychologist holds a PhD in psychology, or if the nurse has postgraduate training in anesthesiology, etc. Elsewhere, legal regulations stipulate that only medical doctors, dentists and psychologists are authorized to use

hypnosis in their profession. Again in other places, the depth of training, certificates and the titles provided by professional associations are “tiered” in a way that while people of many occupations can be trained in hypnotic techniques and will be allowed to apply these in their practice, training for hypnotherapy is deeper and exclusive to some healthcare professionals. They may even need antecedent training or qualifications, for instance bearing the title “psychotherapist” to be allowed to learn hypnotherapy. This may lead to differences, reservations, or even open disagreement. For instance, a professional association may veto the admittance of another association into an umbrella organization of hypnosis, based on the latter employing a more liberal regulation of trainings. Resolution of this controversy seems to be a hard nut to crack. It sounds obvious that a teacher cannot do psychotherapy with his students. But what if he could teach them mindful self-hypnosis to cope with stress and improve their skills of self-regulation and concentration? Similarly, it is not the task of a nurse to offer psychotherapy for her patients. But what if she was trained to give them hypnotic suggestion for symptom management or pain reduction? To this end, it may be informative to review scientific evidence on hypnosis training provided to professions which are relatively new to hypnosis, or which can earn a certificate in hypnosis application just in a few countries. It seems that the largest of these “controversial” professions is nursing. Therefore, in the current Findings of Note, I will review some articles on how nurses can apply hypnotic techniques which – in the given countries – are fitted to their competences. I highlight the information available in the articles on why nurses were selected to carry out the interventions, and how were they trained to this task.

It certainly has to be clear that this discourse relates to helping healthcare professionals for whom it would be beneficial to learn hypnotic communication or specific hypnotherapeutic skills, in accordance with the needs of their clients or other stakeholders. The ethical code of ISH does not support hypnosis being taught to lay people and/or for entertainment purposes.

In the present Prominent Findings, four articles are presented. These are just excerpts from the large variety of conditions that could have been easily addressed by trained nurses, with the support of psychotherapists and medical doctors as supervisors. In two articles, nurse-led hypnotherapeutic interventions were applied and investigated. One of these presents a clinical trial where

nurses applied a model of nurses giving hypnotic interventions to alleviate Irritable Bowel Syndrome. The other one gives an introduction to hypnosis and hypnotherapy, and reviews how nurses can carry out hypnotherapy to help labor and childbirth. The third one presents a so-called “nurse-led dental anxiety management service” (NDAMS). Although in this model cognitive behaviour therapy was taught to the nurses, with a slight change it can be adapted to nurse-given hypnotic intervention. The fourth paper outlines a plan on how nurses will be trained to provide hypnoanalgesia to children undergoing painful medical procedures. I hope these articles will empower nurses coming from countries where they are still banned from participation in hypnosis trainings that are adequately tailored to their competences.

BREMNER, H. (2013). NURSE-LED HYPNOTHERAPY: AN INNOVATIVE APPROACH TO IRRITABLE BOWEL SYNDROME. *COMPLEMENTARY THERAPIES IN CLINICAL PRACTICE*, 19(3), 147-152. DOI: 10.1016/J.CTCP.2013.01.001

Irritable Bowel Syndrome (IBS) is a quite common form of functional conditions, which are often termed somatization. It can manifest in abdominal pain, having a bad stomach, diarrhea or constipation, or tympanitis; but these symptoms do not seem to originate from any physical disease. IBS puts a large burden on the patients, who often feel physically and psychosocially limited by the symptoms. As in many other forms of somatization diseases, IBS patients usually have a long medical history, with unneeded and unsuccessful examinations and interventions. Hypnotherapy seems to be an effective form of treatment (Whorwell, Prior, & Faragher, 1984; Wilson, Maddison, Roberts, Greenfield, & Singh, 2006). Hypnosis not only helps the patients to manage their symptoms, but it can also enhance their general well-being, mood and activity level. In

other words, hypnotherapy also acts as a form of empowerment. The controlled clinical trials suggested that hypnosis had effectively reduced the symptoms (distension and pain) and increased the gut-related well-being in a remarkable proportion of the patients, and these effects lasted for years.

The author provides detailed information on the hypnotherapeutic intervention used in the trial. Hypnosis was induced via breath control and progressive relaxation. Interventions “included guided imagery, metaphors, ego strengthening, forgiveness of self and others, releasing and letting go of problems, direct and indirect suggestions for bowel control and emotional empowerment including gut-directed methods. Gut-directed methods include the patient placing a hand on their abdomen to feel warmth and comfort, and imagining the bowel as a river, and adjusting the flow (increasing for constipation, decreasing for diarrhoea and less turbulent for cramps and diarrhoea) until it is right for the individual” (p. 148). Suggestions for relaxation and well-being were administered as well as suggestions tailored for the needs and life events of the subjects. Indication, diagnostic methods (including asking about the patients’ openness to hypnosis) and methods of assessment were also described. A criteria for inclusion was being free from mental health problems or having these managed by healthcare professionals. The latter patients (including ones with depression) were just accepted with the consent of their mental health practitioner.

Although the article does not mention any specific reasons why nurses were assigned to deliver the intervention, nor about how were they trained for it, we can conclude that the above outlined precautionary measures and hypnotherapeutic techniques – with a well circumscribed focus on symptom management and enhancement of well-being – seem to be adequate to be carried out by trained nurses. The article contains an instructive table on the challeng-



es the author faced and the ways that she and her colleagues addressed these. One of the challenges was “Lack of consistency amongst hypnotherapy training schools and amongst practitioners: no set standards”; the solution for this problem was that “The NHS provides a governance framework, and a nurse hypnotherapist has professional standards from nursing to add to hypnotherapy skills. External and in-house training can provide appropriate level of skills to the right candidate.” In other words, the practitioners were not simply nurses trained for these specific intervention, but licensed nurse hypnotherapists, who got additional training. The author also notes that for the treatment of IBS, a mix of mental and physical health qualifications is ideal, and that for such services, clinical supervision is essential.

In my opinion, this article presents the “ideal” model of how nurses can use hypnotherapy in their practice. However, the article does not provide an unequivocal solution for what level of previous education is needed from the nurses. It may be a good general principle to follow that all professionals admitted to hypnosis trainings need to hold an MA/MSc degree in their field, and graduate or post-graduate training fitted to their professional practice.

PORRITT, J., JONES, K., & MARSHMAN, Z. (2016). EVALUATING A DENTAL NURSE-LED ANXIETY MANAGEMENT SERVICE. *BDJ TEAM*, 3(7), 16117.

In a previous Findings of Note, dealing with dental hypnosis, we have discussed that many patients are anxious about seeing the dentist (no matter how nice and caring she or he is...). Highly anxious patients often get pharmacological intervention – even my own dentist, though being warm and caring, and enthusiastic about hypnosis, keeps a box of strong tranquilizers in store. However, pharmacological solutions for dental anxiety seem to be less effective than psychological ones (Kvale, Berggren, & Milgrom, 2004). The authors of this article present a refined system, called “nurse-led dental anxiety management service” (NDAMS), to address this problem. Two dental nurses were trained to deliver cognitive behavior therapy (CBT) to give psychological support to highly anxious patients before the dental intervention took place.

The authors highlight that the nurses had regular access to supervision, provided by a CBT therapist. Initial screening and follow-up of the patients were carried out by researchers independent from the nurses, and these processes included a semi-structured telephone interview about the patients’ dental anxiety, health-related quality of life, the per-

ceived benefits and limitations of the service, the facilitators and barriers related to engagement and their recommendations for service improvement. Beside the one-to-one interviews, professionals engaged in the NDAMS were also investigated via small focus groups. A great merit of the article is that it features copious quotes from both the patients and the healthcare professionals. Certainly, dental anxiety, dental (needle) phobia, and oral health-related quality of life was also assessed in a standardized way. The methodological and ethical rigor of the study is demonstrated by the detailed flow chart on the admission of the patients. Although in the initial interviews no formal method was employed to screen the patients’ mental health, persons were not included in the NDAMS if they reported any additional or complex mental health problems, which would have prevented them from engaging with or benefiting from the NDAMS. This is an important safety measure if we want to apply any kind of psychotherapeutic intervention with the patients.

Seven patients were involved in the post-treatment evaluation via interviews. They reported that they benefited from asking support for their dental anxiety, they were engaged in a good (trustful and patient) rapport with the healthcare professionals, which enhanced levels of communication and resulted in normalization of the fear. The sixteen dental health practitioners – including the two nurses who provided NDAMS and others who were involved in providing the dental interventions – reported about the suitability of the method, an enhanced flexibility, and their work being rewarding. It seems that in general, the NDAMS had positive effects for both the patients and the staff. Maybe we could apply well circumscribed hypnotherapeutic techniques in NDAMS, and compare its efficacy to the hereby employed CBT interventions.

BEEBE, K. R. (2014). HYPNOTHERAPY FOR LABOR AND BIRTH. *NURSING FOR WOMEN’S HEALTH*, 18(1), 48–59. DOI: 10.1111/1751-486X.12093

In my opinion, this paper is an excellent introduction to hypnosis for all paramedic staff who are interested in getting trained in hypnotherapy. The article has three aims. First, it defines and describes hypnosis and hypnotherapy, and gives a clear description of clinical hypnosis. The author also presents some general misconceptions and misunderstandings about hypnosis, which may prevent practitioners and clients from employing or accepting hypnotic interventions, and provides accurate information on these misconceptions. Second, detailed information on how hypnotherapy can be used in labor and childbirth is provided. The author describes the hypnotic techniques in preparing and “conditioning” the

pregnant woman in the prenatal period (I would use the term “reframing” instead conditioning...); inducing, deepening and sustaining the hypnotic state during childbirth; and the reinforcing, encouraging and advocating activities that can be applied in hypnosis. Different aspects of self-hypnosis and hetero-hypnosis are discussed. The author also presents the aggregate clinical evidence for hypnosis in childbirth, thus far. The third aim of the paper is listing and describing actions nurses can take in supporting women in labor and childbirth with hypnotherapeutic techniques. Barriers of acceptance, mostly due to a lack of acceptance and institutional reservations or rigid customs, are also discussed. A separate text box is provided with these actions, which is a special merit of the article, and the outlined steps can easily be adapted to other healthcare settings as well. These are embedded within a more broad change in the perspective, including creating a low-stimulation environment for the childbirth process, involving the primary support person (e.g., the woman’s partner) in caregiving activities, or treating the woman’s birth preferences as priority. I find it a very sympathetic and legitimate approach that hypnotherapy is offered as one of the possible services to make childbirth a more comfortable and less painful and stressful process. An important conclusion of the article is that “The role of nurses in reinforcing or inhibiting hypnosis techniques during pregnancy and birth has not been studied. Open communication between women, their partners and their nurses about needs and expectations will improve understanding and the ability for all parties to collaborate effectively” (p. 56).

MIZRAHI, T., SULTAN, S., CHAREST, M. C., ARAMIDEH, J., CHARRETTE, M. C., STREFF, A., ... & DUVAL, M. (2016). TRAINING NURSES IN BASIC HYPNO-ANALGESIA TECHNIQUES TO REDUCE PROCEDURAL DISTRESS AND PAIN IN CHILDREN: A FEASIBILITY TRIAL. COGENT MEDICINE, 3(1), 1165083. DOI: 10.1080/2331205X.2016.1165083

Hypnosis could be an excellent tool to alleviate pain and stress in children who receive oncological treatment (Kohen, Kaiser, & Olness, 2017; Olness, 1981). For instance, hypno-analgesia seems to significantly reduce ratings of pain, the need for analgesics or sedation, nausea and vomiting, and length of hospital stay (Patterson & Jensen, 2003). However, it is severely under-utilized in oncological care, not because of the very rare adverse effects—these are much less frequent and severe than those in pharmacological interventions—but because of misconceptions of health professionals, and reluctance of patients (Lang & Berbaum, 1997). The authors of this paper suggest that a possible way to overcome this hurdle is to train nurses in basic hypno-analgetic techniques

and allow them (highlight from A. K.) “If successful, this approach would decrease patients’ pain and distress without additional cost or the need for an additional therapist. However, it remains to be determined whether nurses can master basic hypno-analgesia techniques after basic training and if they can use these techniques to effectively decrease pain and distress in their patients” (p. 3). The aim of this pilot study is threefold: 1) to explore if a four-day training for pediatric nurses would allow them to master basic techniques of hypno-analgesia. 2) To see if this training will have an effect on venipuncture-related distress and pain in pediatric patients treated in a hematology-oncology clinic. 3) To see whether the effects are moderated by the psychological profile of the children and by the measures of parental stress and anxiety.

The authors plan to enroll six nurses and 36 patients (six assigned to each nurses). They present a detailed plan for the training, led by a certified psychologist-hypnotherapist. The training includes a theoretical and two practical blocks (the first one is teaching the techniques, and the second one is that the nurses integrate these into their practice); and additional session serves for elaborating difficulties in implementation. The trainings will be video-recorded and evaluated by two qualified therapists (it cannot be determined from the text whether they are independent practitioners or are associated with the healthcare settings).

This process seems to be a very effective system for supervision. The authors also emphasize that basic hypnoanalgesic suggestions are not necessarily bound to hypnotic inductions, but based on specific communication techniques like (positive) suggestions, or using metaphors. The applied measures and the study are outlined in detail. It is also worthy to note that the first, theoretical block of the training involves the ethical aspects of hypnosis, and gives an overview of classical and Ericksonian hypnosis techniques.

Although the implementation is still underway, this model again seems to be a very promising system, which respects the ethical aspects and carefully ponders the competency limits between hypnotic psychotherapy and hypnotherapy used for specific, non-psychotherapeutic roles. That hypnosis may also have beneficial effects on the hypnotist (Bányai, 1991), is an additional argument why nurses should have the possibility to get adequate training in basic hypnotherapeutic techniques, according to their field and needs. It is desirable that hypnosis societies which have not admitted nurses to their trainings so far, develop specific curricula for nurse-led hypnosis.

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ESH president's letter

Dear all,

We have had our last onsite meeting prior to the ESH congress in Manchester, in Bad Kissingen, thanks for the kind hospitality of the M.E.G society, who organized the congress on “Trauma – Conflict – Culture: Hypnotherapy and what connects us”. I regret not under-

standing German, so I could not follow the interesting contributions of our German colleagues.

Since the Manchester congress and the ESH CoR meeting are growing closer and closer, during our meeting we drafted changes to the ESH Constitution, Regulations, and Code of Ethics, updated the Nomination Forms and Required skills and tasks of the ESH Board of Directors' members, thus preparing for the CoR meeting. We also ratified two societies - IRHyS (Switzerland) and ADPCH (Italy), after some reflection on the role and function the ESH has for our Constituent Societies. Being a member of ESH offers a guarantee certificate of quality in the teaching and practicing of hypnosis. The role of ESH is still to protect the good reputation of hypnosis as a clinical discipline used for patients' well-being. This is especially important today when the Internet provides for free videos of different types of hypnosis.

In Manchester, my three-year term ends and I will pass the baton to Martin Wall. I thank each board member for the contribution s/he has made in these three years. I especially thank Nicole who from 2002 has generously offered her assiduous dedication to the ESH community. Dedication which now she offers the ISH. I wish Martin to have the board he deserves.

Consuelo C. Casula
ESH President 2014-2017



XIV ESH congress

hosted by
British Society of Clinical & Academic Hypnosis (BSCAH)

23th - 26th August 2017



Hypnosis: unlocking hidden potential

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

Welcome to ESH 2017

The British Society of Clinical and Academic Hypnosis (BSCAH) and The European Society of Hypnosis (ESH) would like to welcome you to Manchester for our sociable and thought-provoking ESH 2017 Congress. We have a great venue, some very good speakers and an opportunity for all our friends in Europe to come and either present or attend many interesting workshops and discussions, to share approaches and learn from each other. We will have a wide variety of poster presentations and an exhibition space, as well as a breakout room for those who need to relax for a while.

One of the important themes of this conference is friendship and inclusivity; your delegate fee includes all refreshments and lunch on each of the days. If you have never been to an international congress before, this is the one to choose! You will be welcomed and supported throughout the event, which we are sure you will find exciting and relevant to your practice.

Manchester is a wonderful city – easy to get to and compact enough to explore on foot. We have many beautiful buildings, both old and new; museums, art galleries, theatres and sports venues (Manchester United and Manchester City) as well as canals and parks. We have the Royal Northern College of Music and the home of the Halle orchestra – Bridgewater Hall – as well as a famous jazz club – Matt & Phreds. There are many other cultural venues within the city and in neighbouring Salford, home to Media City (BBC and ITV). There are easy links to surrounding cities such as York and Liverpool, and London is only 2 hours away. Manchester

is also near many stately homes such as Tatton and Lyme Halls and Chatsworth. For the more scientifically minded, The University of Manchester's Jodrell Bank radio telescope is open to visitors.

Why not extend your holiday in the UK and enjoy some of the wonderful countryside around? Visit some of our National Parks such as the Yorkshire Dales, the Lake District or the Peak District. Why not bring your family and visit some of the many attractions in the region such as Chester Zoo?

We have several great keynote speakers booked who will talk on a wide variety of topics. Prof Walter Bongartz will talk on the anthropological roots of hypnosis; and helping patients with pain will be the topic for Prof Elizabeth Faymonville, head of the Pain Clinic at Liege University Hospital who has operated on more than 6,000 patients using hypnosis and Stuart Derbyshire, Associate Professor at the National University of Singapore, whose primary research interest is pain. Prof Ulrike Halsband and Dr. Veit Meßmer from Germany will give a dental perspective and the latter will also give us a workshop that will give us an easily understandable overview of many important quantum physical concepts, which will be shown to be relevant to hypnosis. Dr Claude Viro, from France, will talk about the importance of teaching patients the skills of auto hypnosis. As well as these experts we have many other interesting speakers and you can find details under [Programme](#).

We look forward to welcoming you here in August 2017!



The XXI World Congress of Medical and Clinical Hypnosis will take place in Montreal, **Canada**. The Local Organizing Committee has put together a short portrait of the host city, province and country. Make the most of your trip to Montreal. It's never too early to make vacation plans for the summer of 2018!

MONTREAL — THE ROMANTIC, THE SCIENTIFIC, THE FOODIE, THE FASHIONABLE, THE HISTORICAL AND THE FABULOUS!



These are just few of all the adjectives that can apply to **Montreal**!

Since the establishment of Ville-Marie, by Paul Chomedey de Maisonneuve in 1642, Montreal has been attracting people from all over the world. From the first French settlers in the early 1600's, the English in the late 1700's, the Irish in the 1800's and early 1900', the Italians in the 1950's and the Haitians in the 1960's, Montreal was always a symbol of hope, cultural freedom and open-mindedness. This diversity, combined with the emergence and the newly found recognition of the native cultures, put now Montreal in a "classe-à-part".

Renowned for their "Joie-de-Vivre", the Montrealers are also famous for their warmth and hospitality.

<http://www.hypnosis2018.com/en/venue/aboutmontreal/>

QUEBEC — FLAVORS, AROMAS, NATURE, ADVENTURE, HOSPITALITY, HISTORY AND MORE!



Book extra days and discover how you can extend your amazement by exploring our "Belle Province". See the whales in Tadoussac, explore the birthplace of the French civilization in North America by visiting **Quebec City**, a UNESCO world heritage treasure. Or, for the nature-lover in you, Quebec has 27 national parks, each of which has its own wonders to discover.

For more details on the beautiful province of Quebec, please [click here](#).

CANADA — THE FRIENDLY NATION!

The expanse of **Canada's** natural beauty, from mountains and glaciers to secluded lakes and forests, is almost unparalleled worldwide.

But Canada's allure is not just the great outdoors, Canada has cosmopolitan cities that are clean, safe, friendly and multicultural.



In fact, Canada repeatedly is lauded as one of the world's most livable countries. Whether your interests are river rafting or live theatre, Canada won't disappoint.

Canada has many modern, multicultural cities, each with its own distinct personality. Toronto, Montreal and Vancouver are possibly the best known, but there are so many others that highlight different aspects of Canada, such as its maritime culture, mountainous landscape, French history, or its indigenous people. Each city is delightful for different reasons.

Consider extending your trip to Montreal and visit our beautiful country.

Michel Landry
Chairman
XXIst World Congress of Hypnosis
Montréal 2018

PHOTO POLICY of ISH
Adopted by ISH Board of Directors
December 1, 2015

Photos may be taken of conference participants in public spaces during the congress, and those photos could potentially be made public via placement on the ISH website, newsletter, or both.

Privacy laws pertaining to public place photographs of the country where the ISH congress meets will be followed.

Videos: Participants at the congress may not videotape demonstrations.

CONDOLENCES

It is with sadness that we wish to inform you of the unexpected passing of Dr. Claude Verreault (DDS) on February 9th 2017.

During his 52 years of practice in dental surgery, Dr. Verreault became a pioneer in the practice and teaching of hypnodontics in Quebec, Canada.

He was a master in various uses of hypnosédation in dental surgery. As former president, administrator, trainer and lecturer of the Quebec Hypnosis Society for many years, Dr. Verreault was an active member within the hypnosis community of Quebec.

He was also amongst the representatives of the Quebec Hypnosis Society that won the bid to host the next ISH meeting in Montreal.

Finally, he was part of the organizing committee for the 21st World Congress of Medical and Clinical Hypnosis of the ISH.

Unanimously esteemed by his colleagues for his humanism, generosity, and professional skills, his departure leaves a great void in the Quebec and international community of hypnosis.

Michel Landry,
Chairman,
XXI World Congress of Hypnosis
Montreal 2018



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