



The International Society of Hypnosis

NEWSLETTER

Building Bridges of Understanding

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Letter from the President



June 2017

Claude Virot MD

President's Letter

Translator:
Marion Orel

Yesterday, I was reviewing a paper for possible publication in the Web-journal *Hypnokairos*

(hypnokairos.com)

chaired by our board member Franck Garden-

Brèche (who is President of the constituent societies of ISH). In this paper, the author presents a psychotherapeutic technique inspired by the work of Carl Jung, and illustrated the hypnotic dimensions of this technique. The author stated that it would be interesting for all hypnotherapists to learn and use this technique. However, although the technique included some aspects of dissociation, I did not view it as a hypnotic technique. I therefore recommended that the paper not be published in a hypnosis journal so as to avoid confusion. But as I considered this paper, it made me again ask myself: What is hypnosis?

We can observe dissociative experiences every day. As I am writing right now, I am looking out of the window at the wonderful landscape – the seaside and the sunrise. It is a kind of dissociation; a spontaneous dissociation. But I cannot say that I am hypnotized. Sometimes, I look at my computer screen, sometimes, I look at the landscape. My mind moves moving from one experience to another. But hypnosis is a special state or process that is intentionally elicited by another person (usually,

a clinician) who seeks to create an ongoing level of dissociation, while at the same time nurturing associations between parts the patient's mind that would be useful to the patient at this moment in time. And we know that this hypnotic dissociation is an efficient to facilitate changes.

Currently, I am very interested in the effects of hypnosis on the body and body functions. Especially since an experience I had 3 or 4 years ago with a patient who was able to use hypnosis to dilate the vessels of her hand by focusing on the idea that a river's current is becoming stronger and stronger. Even though we have known for over two centuries that these ideo-dynamic processes can occur, and even though I have observed them for 30 years in my practice of psychiatrist, the ability of the mind to control bodily functions and process continues to impress me. We teach in my institute (*Emergences*) this technique to anesthesiologists, midwives, and nurses with the goal of helping patients when it is difficult to place an IV. This was the case with this woman in my office. She needed a surgery but was terrified by the IV drips. With a little training, she leaned to successfully dilate her own vessels with auto-hypnosis whenever it was necessary during her next planned hospitalization and even beyond. (I will show a video of an interview of this woman in the European Congress of Manchester in August of this year).

We are beginning a research project now to demonstrate that it is possible to use mental resources to dilate vessels, and to show how it is possible to use hypnosis to facilitate this process.

Just imagine how it would be possible to change the practice of medicine as we learn (and demonstrate with research) even more about how to activate the mind in order to modify the body. For example, how we might be able to use hypnosis with a patient who is at high risk for having a heart attack (or even just after a heart attack). Not only would hypnosis be helpful to help him or her feel more relaxed and calm, but we might be able to use hypnosis to actively influence activity in the heart vessels. Or we

might be able to effectively use hypnosis to help a patient following an acute traumatic brain injury, or who is having internal bleeding after a trauma or internal hemorrhage. I do not know exactly what is possible, and I do not know if there are today any medical teams using hypnosis for these purposes. If you do know of such experiments which have examined or are examining how hypnosis can be used to influence the functioning of the body with hypnosis (i.e., not just to change emotions or feelings), please contact me.

In August 2018, during the [World Congress of Hypnosis of ISH in Montreal](#), we will organize a meeting with researchers and clinicians and I am sure that these kind of projects will be on the table for discussion.

Hypnosis is the future of medicine!

Warmest regards,

Claude VIROT
President of the
International Society of Hypnosis

Lettre de la présidente

French

Bonjour,

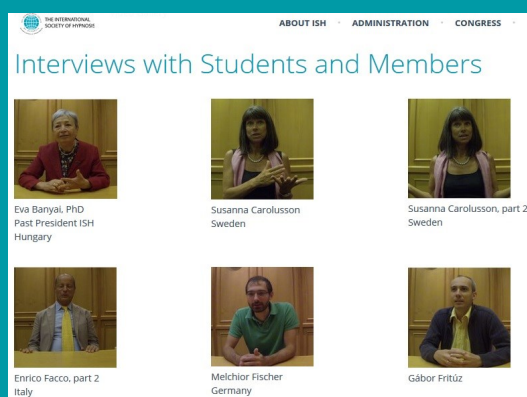
Hier, j'examinais un document dans le but d'une éventuelle publication dans le webjournal *Hypnokairos* (hypnokairos.com) présidé par un des membres de notre bureau, Franck Garden-Brèche (Président des sociétés constituantes de l'ISH). Dans cet article, l'auteur présente une technique psychothérapeutique inspirée du travail de Jung, et illustre les dimensions hypnotiques de cette technique. L'auteur déclare qu'il serait intéressant pour tous les hypnothérapeutes d'apprendre et d'utiliser cette technique. Cependant, bien que la technique comprenne certains aspects de dissociation, je ne la considère pas comme une technique hypnotique. J'ai donc recommandé que le document ne soit pas publié dans un journal d'hypnose afin d'éviter toute confusion. Mais en étudiant ce document, je me suis demandé de nouveau: qu'est-ce que l'hypnose?

Nous pouvons observer des expériences dissociatives tous les jours. En ce moment j'écris, je regarde par la fenêtre le magnifique paysage - le bord de mer et le lever du soleil. C'est une sorte de dissociation, une dissociation spontanée. Mais je ne peux pas dire que je suis hypnotisé. Parfois, je regarde mon écran d'ordinateur, parfois je regarde le paysage. Mon esprit se déplace d'une expérience à l'autre. Nous pouvons parler d'hypnose lorsqu'un processus spécial est intentionnellement provoqué par une autre personne (en général, un clinicien) qui cherche à créer un niveau de dissociation continu et un niveau d'association continu entre les parties de l'esprit du patient qui lui seraient utiles à ce moment-là. Et nous savons combien c'est efficace.

Actuellement, je suis très intéressé par les effets de l'hypnose sur le corps et ses fonctions. Surtout parce que j'ai eu une expérience il y a 3 ou 4 ans avec un patient qui a pu expérimenter une dilatation des vaisseaux de sa main pendant une transe hypnotique en se focalisant sur l'idée du courant d'une rivière qui devient de plus en plus fort. Même si nous savons depuis plus de deux siècles que ces processus idéo-dynamiques peuvent se produire, et même si je les ai observés pendant 30 ans dans ma pratique, il a été très impressionnant pour moi, psychiatre, d'observer ce changement corporel ici et maintenant en quelques minutes.

Nous enseignons dans mon institut (Emergences) cette technique aux anesthésistes, aux sages-femmes et aux infirmières dans le but d'aider les patients lorsqu'il est difficile de placer une IV. C'était

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le cas avec cette femme dans mon bureau. Elle avait besoin d'une opération chirurgicale mais était terrifiée par les perfusions et les intraveineuses. Avec un peu d'entraînement, elle a réussi à dilater ses propres vaisseaux avec l'auto-hypnose chaque fois que c'était nécessaire, pendant l'hospitalisation prévue et même au-delà. (Je vais montrer une vidéo d'une interview de cette femme au congrès européen de Manchester en août de cette année).

Nous commençons un projet de recherche pour démontrer qu'il est possible d'utiliser les ressources mentales pour dilater les vaisseaux et de prouver qu'avec l'hypnose, il est possible de modifier le fonctionnement du corps physique.

Pouvons nous imaginer comment il serait possible de changer la pratique de la médecine tel que nous l'apprenons (et la démontrons avec la recherche), et encore plus comment activer l'esprit afin de modifier le corps? Par exemple, comment nous pourrions utiliser l'hypnose chez un patient présentant un risque élevé d'infarctus (ou même après un infarctus). Non seulement l'hypnose serait utile pour l'aider à se sentir plus détendu et plus calme, mais nous pourrions utiliser l'hypnose pour influencer activement l'activité dans ses vaisseaux cardiaques. Ou utilisez l'hypnose pour aider un patient suite à une lésion cérébrale traumatique aiguë ou à un saignement interne après un traumatisme ou une hémorragie interne? Je ne sais pas exactement ce qui est possible, et je ne sais pas s'il existe aujourd'hui des équipes médicales utilisant l'hypnose à ces fins. Si vous connaissez de telles expériences qui montrent les changements dans le fonctionnement du corps par hypnose, veuillez me contacter.

En août 2018, lors du [Congrès mondial d'hypnose de l'ISH à Montréal](#), nous organiserons une journée de travail avec des chercheurs et des cliniciens, et je suis sûr que ce type de projets sera sur la table.

L'hypnose est le futur de la médecine!

A très bientôt,

Claude VIROT
Président de la société
Internationale d'hypnose

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Gedanken der Präsidentin

Translator: Reinhild Draeger-Muenke
German

Bauen wir heute Brücken zur Zukunft!

Gestern habe ich mir einen Text mit dem Ziel einer eventuellen Veröffentlichung im Webjournal Hypnokairos angesehen (hypnokairos.com), das von Franck Garden-Brèche, einem unserer Vostandsmitglieder (Präsident der ISH Mitgliedsgesellschaften), geleitet wird. In diesem Artikel stellt der Autor eine psychotherapeutische Technik vor, die von Jungs Arbeit inspiriert ist, und illustriert die hypnotischen Dimensionen dieser Technik. Der Autor schlägt vor, dass es interessant für alle Hypnotherapeuten wäre, diese Technik zu lernen und anzuwenden. Obwohl diese Technik gewisse Aspekte von Dissoziation enthält, betrachte ich sie nicht als eine hypnotische Technik. Ich habe also vorgeschlagen, dass dieser Artikel nicht in einem Hypnosejournal veröffentlicht wird, um mögliche Verwirrung zu vermeiden. Aber während ich mich mit diesem Text befasst habe, habe ich mich von neuem gefragt: Was ist die Hypnose?

Wir können täglich dissoziative Erfahrungen beobachten. In diesem Augenblick, während ich schreibe, sehe ich auch aus dem Fenster auf diese herrliche Landschaft – die Küste und den Sonnenaufgang. Das ist eine Art Dissoziation, eine spontane Dissoziation. Aber ich kann nicht sagen, dass ich hypnotisiert bin. Statt dessen schaue ich mal auf meinen Computerbildschirm, mal auf die Landschaft. Meine Aufmerksamkeit wandert von einer Erfahrung zur anderen. Wir können von Hypnose sprechen, wenn ein spezieller Prozess von einer anderen Person (normalerweise einem Kliniker) absichtlich provoziert wird, der sowohl versucht, eine Ebene ununterbrochener Dissoziation zu erzeugen, als auch eine Ebene ununterbrochener Assoziation zwischen den verschiedenen Verstandesanteilen des Patienten, von denen er in diesem Moment profitieren kann. Und wir wissen, wie nützlich das ist.

Ich bin in der Tat sehr an dem Einfluss der Hypnose auf den Körper und seine Funktionen interessiert. Vor allem, weil ich vor etwa drei oder vier Jahren eine Erfahrung mit einem Patienten gemacht habe, der in der Lage war, mit einer Erweiterung seiner Handgefäße während einer hypnotischen Trance zu experimentieren, indem er sich auf die Vorstellung eines Flusses konzentrierte, dessen Strömung stärker und stärker wurde. Selbst wenn wir seit zweihundert Jahren wissen, dass sich diese ideodynamischen Prozesse herstellen lassen, und selbst, wenn ich sie während der letzten dreissig Jahre in meiner Praxis beobachtet habe, finde ich es immer

noch sehr eindrucksvoll, diese körperlichen Veränderungen hier und jetzt während weniger Minuten zu beobachten.

In meinem Institut (Emergences) bringen wir diese Technik den Anästhesisten, Hebammen und Krankenschwestern bei mit dem Ziel, ihren Patienten zu helfen, wenn es schwierig ist, eine intravenöse Kanüle zu legen. Das war der Fall mit der Patientin in meiner Praxis. Sie musste operiert werden, hatte aber grosse Angst vor Infusionen und intravenösen Leitungen. Mit ein bisschen Übung was sie während ihres geplanten Krankenhausaufenthaltes, und selbst danach, jedesmal in der Lage, wenn es nötig war, mit Selbst-Hypnose die richtigen Gefässe zu erweitern. (Ich werde ein Videointerview mit dieser Frau auf dem europäischen Kongress in Manchester im August 2018 zeigen.)

Wir beginnen gerade ein Forschungsprojekt, um zu zeigen, dass es möglich ist, mentale Ressourcen zu benutzen, um Gefässe zu erweitern, und um zu beweisen, dass es mit Hypnose möglich ist, körperliche Funktionen zu verändern.

Können wir uns vorstellen, wie es möglich wäre, die Praxis der Medizin zu verändern, während wir mehr und mehr darüber lernen (und es mit Forschung beweisen), und weiter, wie wir den Verstand aktivieren können, um den Körper zu verändern? Zum Beispiel, wie wir Hypnose bei einem Patienten mit hohem Infarktrisiko (oder selbst nach einem Infarkt) benutzen könnten? Die Hypnose wäre nicht nur nützlich ihm dabei zu helfen, sich zu entspannen und zu beruhigen, sondern wir könnten die Hypnose auch dazu benutzen, aktiv die Aktivität in seinen Herzgefässen zu beeinflussen. Oder die Hypnose dazu benutzen einem Patienten nach einer akuten traumatischen Hirnverletzung zu helfen, oder bei einer internen Blutung nach einem Trauma. Ich weiss nicht genau, was möglich ist, und ich weiss nicht, ob medizinische Teams heute schon die Hypnose zu diesen Zwecken benutzen. Setzen Sie sich bitte mit mir in Verbindung, wenn Sie von solchen Experimenten Kenntnis haben, die Veränderungen in Körperfunktionen durch Hypnose demonstrieren.

Während des [ISH Weltkongresses im August 2018 in Montreal](#) wollen wir ein Treffen mit Forschern und Klinikern organisieren, und ich bin mir sicher, dass solche Projekte dort angesprochen werden.

Die Hypnose ist die Zukunft der Medizin!

Bis zum nächsten Mal,
Claude VIROT
Präsident der Internationalen
Hypnosegesellschaft

Lettera del presidente
Translator: Consuelo Casula
Italian

Oggi costruiamo ponti per il futuro!

Ieri stavo esaminato un documento per valutarne l'eventuale pubblicazione nella rivista web Hypnokairos (hypnokairos.com), presieduta da un membro del nostro board, Franck Garden Brèche (Presidente delle società costituenti dell'ISH). In questo articolo, l'autore presenta una tecnica psicoterapeutica che trae ispirazione dal lavoro di Carl Jung, e illustra le dimensioni ipnotiche di questa tecnica. L'autore afferma che sarebbe interessante per tutti gli ipnoterapeuti apprendere e utilizzare tale tecnica. Tuttavia, anche se la tecnica include alcuni aspetti della dissociazione, non la considero una tecnica ipnotica. Perciò, al fine di evitare confusione, ho raccomandato di non pubblicare tale documento in una rivista di ipnosi. Tuttavia questo articolo mi ha fatto riflettere e, nuovamente, mi sono chiesto: che cosa è l'ipnosi?

Possiamo osservare le esperienze dissociative ogni giorno. Mentre sto scrivendo, guardo fuori dalla finestra il bellissimo paesaggio - la spiaggia e l'alba. Si tratta di una sorta di dissociazione: una dissociazione spontanea. Ma non posso dire che sono ipnotizzato. Talvolta guardo lo schermo del computer, talvolta il paesaggio. La mia mente si muove da un'esperienza all'altra. L'ipnosi tuttavia è uno stato o un processo speciale intenzionalmente stimolato da un'altra persona (di solito un clinico) che cerca di creare un livello di dissociazione, mentre contemporaneamente mantiene l'associazione con le parti della mente del paziente che sono utili in quel momento. Noi sappiamo che questa dissociazione ipnotica è efficace nel facilitare i cambiamenti.

Attualmente, sono molto interessato agli effetti dell'ipnosi sul corpo e sulle sue funzioni. Soprattutto, da quando 3 o 4 anni fa ho avuto un'esperienza con una paziente che, in ipnosi, è stata capace di dilatare i vasi sanguigni della mano, concentrandosi sull'idea della corrente di un fiume che diventava sempre più forte. Anche se per più di due secoli abbiamo saputo che si possono verificare questi processi ideo-dinamici e, anche se li avevo osservati durante i miei 30 anni di pratica psichiatrica, l'abilità della mente di controllare le funzioni e i processi corporei continua a impressionarmi.

Nel mio Istituto (Emergence) insegniamo queste tecniche ad anestesisti, ostetriche e infermieri affinché possano aiutare i pazienti a cui è difficile

fare una flebo. Questo era il caso con la donna di prima. Aveva bisogno di un intervento chirurgico, ma era terrorizzata dalle endovene. Con un po' di pratica di autoipnosi, ha imparato a dilatare le sue vene ogni volta che era necessario durante il ricovero programmato e anche dopo. (Mostrerò il video di un colloquio con questa donna durante il congresso europeo di Manchester nel mese di agosto di quest'anno).

Stiamo ora anche iniziando un progetto di ricerca per dimostrare che è possibile utilizzare le risorse mentali per la vasodilatazione e come l'uso dell'ipnosi faciliti tale processo.

Immagina come sarebbe possibile cambiare la pratica della medicina se apprendessimo (dimostrato con la ricerca) ancora di più come attivare la mente per cambiare il corpo! Per esempio, come potremmo usare l'ipnosi in un paziente ad alto rischio di infarto (o anche dopo un attacco di cuore). Non solo l'ipnosi sarebbe utile per aiutarlo a sentirsi più rilassato e calmo, ma anche per influenzare l'attività dei suoi vasi sanguigni cardiaci. Oppure potremmo utilizzare efficacemente l'ipnosi per aiutare un paziente che ha avuto una lesione cerebrale traumatica acuta o che ha una emorragia interna dopo un trauma. Non so esattamente se ciò è possibile, e non so neppure se ci sono equipe mediche che utilizzano l'ipnosi per questi scopi. Se siete a conoscenza di tali esperimenti che hanno esaminato o stanno esaminando come l'ipnosi può essere utilizzata per influenzare i cambiamenti nel funzionamento del corpo (e non solo per cambiare le emozioni o le sensazioni) per favore contattatemi.

Nel mese di agosto [2018, al Congresso Mondiale di Ipnosi ISH a Montreal](#), organizzeremo una giornata di lavoro con ricercatori e medici, e sono sicuro che questo tipo di progetti sarà oggetto di discussione.

L'ipnosi è il futuro della medicina!

Cari saluti ,

Claude VIROT
 Presidente della
 Società Internazionale ipnosi

Columna de la Presidencia

Translator: Teresa Robles
Spanish

¡Construyamos puentes para el futuro, hoy!

Ayer estaba examinando un documento para que eventualmente se publicara en la revista por Internet Hypnokairos (hypnokairos.com) que preside uno de los miembros de nuestro Consejo, Franck Garden-Brèche (Presidente de las sociedades que forman la ISH). En este artículo, el autor presenta una técnica psicoterapéutica inspirada en el trabajo de Jung, e ilustra sus dimensiones hipnóticas. El autor propone que sería interesante para todos los hipnoterapeutas aprender y utilizar esta técnica. Es verdad, que si bien la técnica contiene algunos aspectos de disociación, yo no la considero una técnica hipnótica. Por lo que recomendé que no se publicara en una revista de hipnosis para evitar confusiones. Pero estudiando el documento, me volví a preguntar: ¿Qué es la hipnosis?

Podemos observar experiencias de disociación todos los días. En este momento, estoy escribiendo, miro por la ventana un paisaje maravilloso -la orilla del mar y el amanecer. Es un tipo de disociación, una disociación espontánea. Pero no puedo decir que estoy hipnotizado. Por momentos, miro la pantalla de mi computadora, por momentos, miro el paisaje. Mi mente se desplaza de una experiencia a la otra. Podemos hablar de hipnosis cuando se da un proceso especial, intencionalmente provocado por otra persona (generalmente un clínico) que trata de crear un nivel de disociación continuo y un nivel de asociación también continuo entre las partes de la mente del paciente que le serán útiles en ese momento. Y todos nosotros sabemos cómo es eficaz.

Actualmente, estoy muy interesado en los efectos de la hipnosis sobre el cuerpo y sus funciones. Sobre todo porque hace tres o cuatro años tuve una experiencia con una paciente que vivió una dilatación de los vasos sanguíneos de su mano durante un trance hipnótico en el que se focalizaba sobre la idea de la corriente de un río que se hacía cada vez más y más fuerte. Aunque nosotros sabemos desde hace más de dos siglos que esos procesos ideodinámicos pueden producirse, y aunque yo los he observado durante 30 años en mi práctica, fue muy impresionante para mí, psiquiatra, observar este cambio corporal aquí y ahora en unos minutos.

En mi instituto (Emergences) enseñamos esta técnica a los anestelistas, a las parteras y a las enfermeras, para que ayuden a los pacientes

cuando es difícil aplicarles una inyección intravenosa. Ese era el caso de esta mujer en mi oficina. Necesitaba una cirugía, pero el suero y las inyecciones intravenosas le producían terror. Con un poco de entrenamiento, logró dilatar sus propios vasos con auto hipnosis cada vez que fue necesario, durante la hospitalización e incluso después. (En el Congreso Europeo de Manchester, en agosto de este año, mostraré el video de una entrevista a esta paciente).

Estamos iniciando un proyecto de investigación para demostrar que es posible utilizar los recursos mentales para dilatar los vasos sanguíneos y probar que con la hipnosis, se puede modificar el funcionamiento del cuerpo físico.

¿Pueden imaginar cómo podría cambiar la práctica de la medicina tal como se aprende hoy en día si lo demostramos con una investigación, y todavía más si mostramos cómo podemos activar la mente para modificar el cuerpo? Por ejemplo, podríamos utilizar hipnosis con un paciente que presente un riesgo elevado de infarto (o incluso después del infarto). La hipnosis no solamente sería útil para ayudarlo a sentirse más relajado, más tranquilo, sino que también podríamos utilizarla para influir activamente sobre la actividad de sus vasos cardíacos. ¿O utilizar hipnosis para ayudar a un paciente después de una lesión cerebral traumática aguda o de un sangrado interno después de un traumatismo o una hemorragia interna? No sé exactamente qué es posible, y tampoco sé si existen actualmente equipos médicos que utilicen hipnosis para estos fines. Si ustedes conocen experiencias que muestran los cambios en el funcionamiento del cuerpo producidos por la hipnosis, por favor comuníquense conmigo.

En agosto 2018 durante el Congreso Mundial de Hipnosis de la ISH en Montreal, organizaremos una jornada de trabajo con investigadores y clínicos y estoy seguro de que este tipo de proyectos estará sobre la mesa.

¡La hipnosis es el futuro de la medicina!

Afectuosamente

Claude VIROT
Presidente de la
International Society of Hypnosis

Letter from the Editor



This issue of ISH NL is abundant, again. We have some interviews, many interesting book reviews, a nice summary on everyday suggestions, and some additional info on the upcoming hypnosis congresses.

In the column **“Main Interview”** we introduce **Jorge Abia** and **Rafael Nunez**. I have met them in various international conferences: always smiling, very friendly,

open and nice. Of course this would not be enough of a reason to present them in the Newsletter. They are colleagues who represent wonderfully the byline of ISH: Building Bridges of Understanding (see the interview with **Peter Bloom** [in this issue](#)). And they are doing excellent clinical work, with a very comprehensive theoretical background, and they teach extensively. I had the privilege to present their video of a tongue operation with hypnoanesthesia at the ICHM in Budapest, 2013. This is one of the strongest demonstrations on the power of words, cooperation between therapist-client-surgeon(s), and the way one can change body function and control pain in hypnosis.

Then we have a report with **Peter Sándor**, the President of the Society of Medical Hypnosis. I had the chance to have a short interview with him, in Balsthal, Switzerland during the meeting of their

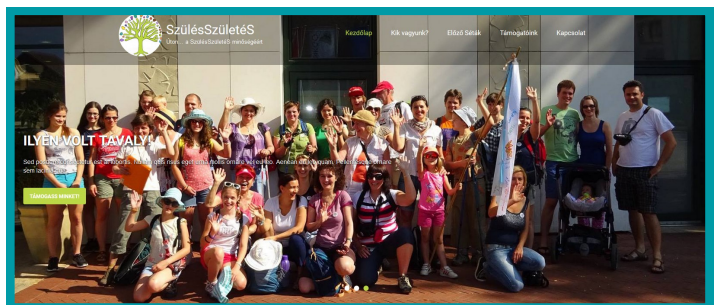
society. Solely by the name one could suppose that he is Hungarian origin, and it turned out that he speaks Hungarian as well. But – paradoxically – we were speaking in English, instead of our mother tongue, to make it more digestible for our readers

One of the most active BOD members of ISH is **Mark Jensen**. He is producing wonderful articles – a recent one summarized the Research Update held in Paris ISH conference in 2015 and sponsored by ISH as part of its scientific initiative. His most recent book is newly published, so we took the chance to ask him about this.

In the column **Clinical Relevance of Research Findings** Joakim Døving a young colleague, who is just completing his MA in Clinical and Health Psychology at Eötvös Lóránd University summarizes some studies on the representation of male / female bodies on magazines covers. We hardly recognize the extreme power of these “innocent” visual suggestions, so I think this summary serves as a very good “brick” in the bridge of understanding between clinical and research fields.

In the **“ESH corner”** we are updated on the upcoming ESH conference organized by the British Society of Clinical & Academic Hypnosis (www.esh2017.org). We also get from them two reviews on new hypnosis books in Sweden and in Germany.

The recent salient findings on hypnosis are presented in the column **“Findings of Note (FON)”** by **András Költő**. András received a scholarship to study a new area, so for a while this is the last FON from him. I take this opportunity to say **thank you** to him for his priceless, important work with which he contributed voluntarily for years.



For me this is the time of Summer Holiday. From June 25 we start our forth “walk” for improving the quality of birth. We are walking daily 25-30 km, together with some colleagues – midwives, doctors, psychologist, nurses – and our family members. Wishing all the readers a nice time, I share a photo of the last summer’s walk.

Katalin Varga
Dipl. Psych. Ph.D.

EXCITING NEWS

An article was recently published in an open access journal, that summarizes the Paris 2015 pre-congress scientific proceedings, organized and sponsored by ISH. We invite you to read about the Neuroscience of Consciousness [here](#).

Click picture to see enlarged.



New directions in hypnosis research: strategies for advancing the cognitive and clinical neuroscience of hypnosis

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Abstract

This article summarizes key advances in hypnosis research during the past two decades, including (i) clinical research supporting the efficacy of hypnosis for managing a number of clinical symptoms and conditions, (ii) research supporting the role of various divisions in the anterior cingulate and prefrontal cortices in hypnotic responding, and (iii) an emerging finding that high hypnotic suggestibility is associated with atypical brain connectivity profiles. Key recommendations for a research agenda for the next decade include the recommendations that (i) laboratory hypnosis researchers should strongly consider how they assess hypnotic suggestibility in their studies, (ii) inclusion of study participants who score in the middle range of hypnotic suggestibility, and (iii) use of expanding research designs that more clearly delineate the roles of inductions and specific suggestions. Finally, we make two specific suggestions for helping to move the field forward including (i) the use of data sharing and (ii) redirecting resources away from contrasting state and nonstate positions toward studying (a) the efficacy of hypnotic treatments for clinical conditions influenced by central nervous system processes and (b) the neurophysiological underpinnings of

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Main Interview

Interview by Katalin Varga



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researching and teaching as an outsourced education institution in postgraduate programs at the Universidad Nacional Autónoma de México, the oldest in our country. He has authored 26 Manuals for Ericksonian Strategic Hypnotherapy Teaching and Co-Authoring another 26 Manuals for Ericksonian Strategic Hypnotherapy Teaching. Author of a Self Hypnosis Book. All materials edited by the Mexican Society of Hypnosis along with other institutions



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teaching as an outsourced education institution in postgraduate programs at the Universidad Nacional Autónoma de México, the oldest in our country. He has authored 26 Manuals for Ericksonian Strategic Hypnotherapy Teaching and Co-Authoring another 26 Manuals for Ericksonian Strategic Hypnotherapy Teaching. Author of Two Books for Parents, Teachers and Children. "Papá y Mamá Ya no Pueden Vivir Juntos", (Dad and Mom can no Longer Live Together) to help families during divorce, and a book and DVD interactive book "¿Para qué Siento lo que Siento?" ("What For I Feel What I Feel"). All materials edited by the Mexican Society of Hypnosis along with other institutions.

The Mexican Society of Hypnosis has two Co-Directors working together for the Society. We are also Co-Directors of the Milton H. Erickson Institute of México City and the Center for Superior Studies in Clinical Hypnosis, treating patients, researching and teaching as an outsourced education institution in postgraduate programs at the Universidad Nacional Autónoma de México, the oldest in our country.

We answer your questions "creatively and precisely" as a team:

How did you get acquainted with hypnosis?

Jorge: "My mother used to tell the story about how her mother, as a child, was hypnotized several times to serve as a medium to predict the future. My father also told me about the belief that there were ideas about using hypnosis in a mirror to search for past lives. While working as an internist caring for patients with cancer, I found patients were treated with hypnosis and their clinical condition improved, despite collateral and secondary effects of treatment."

Rafael. "When I was an adolescent my friends and I used to go to an old library at school that had books which were only authorized for adults. Some of them were about secret societies, and that brought about our attention and curiosity. So we found a way to avoid the guards and finally get to those books that were very interesting, and talked about hypnosis for different healing and so called spiritual procedures. Afterwards while studying my BA I got acquainted with Carl Rogers, Person Centered Therapy, and the relation with Milton H. Erickson's work."

Please tell us something about your everyday clinical work. Who are your patients? What is your general approach, preferred techniques? What is the role of hypnosis in your clinical practice in general?

We Co-Direct the Milton H. Erickson Institute of México City, the Center for Superior Studies in Clinical Hypnosis and the Mexican Society of Hypnosis. We work in three main fields:

- Clinical Practice with the model we have been creating and constructing as a basis for clinical research in psychotherapy, medicine and education. We work daily with clinical hypnosis and hypnotherapy as our main approach. The Institute and Center have a clinic where seven hypnotherapists working daily in clinical

attention to patients. We also have a Low Fee Clinic that receives patients daily.

- Teaching. We are providers for postgraduate education for the Universidad Nacional Autónoma de México. We teach along with this University four programs in Ericksonian Strategic Hypnotherapy, each 240 hours, blending classical and Ericksonian hypnosis. The Diploma is given by the University signed by their authority and the two of us, in a cosponsored program. The four Diplomates are:
 - Ericksonian Strategic Hypnotherapy for Adults
 - Ericksonian Strategic Hypnotherapy for Children and Adolescents
 - Ericksonian Strategic Hypnotherapy for Families and Couples
 - Group Ericksonian Strategic Hypnotherapy
- Clinical Research. We do Clinical Research in the fields of Hypnopschotherapy in the fields of Clinical Psychology and Psychiatry, Hypnosomatotherapy in the fields of Medicine, Dentistry, Nursing and Nutrition, Hypnopedia in the field of Education, since 29 years ago, and along with the university programs for 12 years now. All our research is both qualitative and quantitative testing for statistical significance.
 - We work from a Systems, Cybernetic, Communicational,

Neuropsychophysiological and Hypnoanalytical approach; we diagnose from the DSMYV-TR and/or CIE 10, of the WHO.

- Since we both were psychoanalysis patients for quite a while, we got interested in Ego States and still are very much interested in Ego State Therapy. We have done research and designed specific techniques to work with them and with Psychotic Nuclei of personality.

You are one of the professionals who regularly attend international conferences, including the scientific sessions. This means for me that both the research results and clinical practice are important for you. This is one of the missions of ISH: build the bridge of understanding. Please describe how and why is it so in your case (as many colleagues do not link so effectively the clinical and research aspects of hypnosis).

Our development has been very stimulating for us. We both come from research areas and training, so we know research is not always welcomed nor understood or acknowledged in the clinical field. We kept doing research and after not so many years, our colleagues are now interested in research from brain, body and mind to hypnotherapy. There are now 25 classes graduated from our program,





and so the number of hypnotherapists interested in research and evidence based hypnotherapy is growing. New generations blend both research and clinical interests, which is quite satisfactory to us. We have done research on the basis of voluntary work with a small home budget. Nevertheless we have now a better panorama to apply to formal academic grants in the not so near, yet not so far future.

As a clinician how do you see what topic should be researched?

Neuropsychophysiology of hypnosis, and of other alternative states of consciousness, similarities and differences. Hypnosis in cultures different from the occidental one. Somatic Hypnotherapy in illness and health. Abilities, Competences and Skills development with hypnosis. We also think it would be wise to do research focusing on Group Hypnotherapy, particularly for big population countries.

You are not only clinicians, but effective teachers as well. Please introduce your teaching formats and activities.

We follow our teaching model along with the Universidad Nacional Autónoma de México and its university council guidelines, which include significant learning orientation, skills and competences development, oriented towards clinical practice.

All these activities require lot of time and energy. How do you manage your time so effectively?

We strictly set times and schedules to leave time for self-care, personal significant relationships, pleasure, exercise and activities different than work. Doing exercise is a main goal to keep us sensitive, awake and humorous. Reading novels, history, art, social studies in other fields and keeping up to date

in psychophysiology, psychology and medicine have been also very important. All this has been quite a joyful challenge we try to keep every day.

What is your personal method of refreshing yourselves? How do you charge your batteries?

Exercise, activities with family and friends, movies, theater, reading other topics different from professional ones. Activities with cultures different from our own.

I have a strong impression that you support those people who have small resources to get access to psycho- or hypnotherapy (e.g. due to financial reasons). Tell us something about these works, and the role of this “charity” work in your practice.

We find it social responsibility in our highly unfair society, we do not think of it as charity, but as a human equity need. We take it in account as a part of our yearly budget both financially and in terms of time; for us time is the most important resource.

We want to end this interview deeply thanking Katalin Varga for her interest in our work, the many years of friendship, and the deep reflections in theory and practice. Along with those of the marvelous group in Hungary, the group we knew headed by the extraordinary professor and friend mentor, Eva Banyai. Our hearts to you all.

Thank you,
Kata



Interview

Interview with Peter Sandor by Katalin Varga

I had the chance to have a short interview with the President of the Society of Medical Hypnosis in Balsthal, Switzerland during the meeting of the society.



Would you please introduce yourself and your society briefly?

My name is Peter Sandor, I am a Professor of Neurology at The University Zurich but I work clinically outside The University Zurich. We are multicultural in many respects in Switzerland.

The Swiss Society for Medical Hypnosis is a society that consists of different medical professions. It's mostly, almost exclusively, doctors, but we allow also academics from other health fields. We have a large number of family doctors, internists, dentists and psychiatrists.

As a neurologist I am an absolute minority. It's a sign of the tolerance of our society that they accept me as President because I am a minority. I am of Hungarian origin and was raised in Germany. I have been living in Switzerland for the past 20 years so I am a multicultural person myself.

Having a multilingual situation in Switzerland with the four languages being German, French, Italian, and Rhaeto-Romanic. Having a multicultural and

multilingual background myself matches quite nicely. For a small country of about 8 million inhabitants, which is smaller than Hungary, we have a large, active and professionally organized medical society for hypnosis with more than 500 members.

And we are well organized and strong within the medical field in Switzerland.

How do you see the acceptance of hypnosis in this country, especially in medicine? I suppose in psychotherapy its easier but in areas of medicine such as neurology, surgery or internal medicine is it less accepted?

My impression is that it's readily accepted in Switzerland. We have several large hospitals that have hypnotherapists on their teams. It is well accepted in the German speaking and French speaking parts. This may have to do with the multicultural and relatively tolerant way Switzerland functions in many respects. For instance, tomorrow morning a Chair of Complementary Medicine at The University Zurich, Professor Claudia Witt, will talk about hypnosis. In our annual meeting we have a strong university representation.

Obviously, you know the slogan or motto of The International Society of Hypnosis is "Building Bridges of Understanding." How do you see the bricks of this bridge in this country or in this society. What are the common values or the common points that people share here?

Switzerland is organized in a federal way. We have small cantons and large cantons and each of them has a say. We are politically used to listening to minorities and listening to people from other cultures. And maybe this political system is one of the reasons that different professions talk to each other, accept other opinions, and integrate the opinion of the others. That is a tradition which is strongly present in our society and that we actively cultivate.

Let me share with you my first impression which was reinforced many times as I was speaking to people in this meeting. Many of them said that this society is like a family for him or her and they feel themselves not simply like between friends but as family members. And they



can really experience this warm atmosphere here. What is the secret of this society in this sense and how do you see that?

Well that's a tough question. I know exactly what the others are talking about and I feel the same way. I can't put into words what the actual secret is. What I can say is that since I was a young assistant doctor and came to this meeting for the first time, I make sure that nothing else gets in the way and prevents me from attending this meeting. It's really something very special and a source of a lot of joy, fun, knowledge and understanding. It has been that way since I was a young doctor.

You need it to set your homeostasis back to have this experience every year?

I don't know if I need it or not, because I never miss it! I never have the control situation.

Finally, please give me some ideas about the future. What is your plan? What is your program as president of the society although you are serving here for 2 years now? Surely you have some things still to be done.

One important aspect in our society is renewal, as it is in every medical society. We need to make sure that enough young people enter the society, that they grow and learn hypnosis. We want them to apply it in their daily clinical practice. We want them to be willing to accept increasing responsibility within our society as well as to represent hypnosis in the community. Making sure that hypnosis is valuable to our young colleagues is one of the top priorities. And that's my personal mission.

I am very interested in enriching our work with hypnosis and with as much scientific knowledge as possible. I believe in the necessity to introduce scientific work and knowledge into clinical practice and make sure that clinical practice happens alongside scientific evidence. And that is something that has seen a lot of progress over the last decade. We have the fortunate situation of being able to provide such things. University medicine is increasingly integrated into our society.

The third thing is that we try to make sure that we keep up with modern times. We have a web site that we are currently renewing and making adaptable for mobile devices. We put a strong emphasis on modern communication.

There is one last thing that as a neurologist is very close to my heart. And that is contributing towards

a better neurophysiological, brain physiological understanding of hypnosis among the members of our society. That is a personal mission. I find that very important because if we know what happens in our brains, then I am convinced as a neurologist that we understand the world better.

Thank you for your time and this interesting interview. And that you will fulfill all these missions and perhaps meanwhile you will have more...

To illustrate this atmosphere and this very friendly relationship between the members, let me share with you the small event:

When we were coming back to the Gala dining hall from the interview room with the President, two ladies were sitting on the chair of the building and it was kind of a joke, one of them held out her palm as if asking for money to cross that border.

And the President without any hesitation took his purse, opened it, and put a coin to the palm of the lady and this way we crossed. And it was followed by a very friendly smile and we have several events like that here.



Book – Hypnotic Inductions



A new book on Hypnotic Inductions

Interview by Katalin Varga

A new book entitled, **The Art and Practice of Hypnotic Induction: Favorite Methods of Master Clinicians**, edited by Mark P. Jensen, has recently been published. Here we present an interview with him about this book.

How did the idea to put together this book come to you?

When I consider what book I would like to write or edit next, I always think about the book that I myself would like to read, but does not yet exist. For me, this was a book on hypnotic inductions. For as long as I have worked in the field of hypnosis, I have been interested in the role that hypnotic inductions play in enhancing clinical outcomes. Virtually all definitions of hypnosis include an induction as a part of what makes hypnosis “hypnosis.” But I also know that each clinician approaches inductions differently. Some tell engaging stories. Others use complex language embedded in what on the surface appears to be simple conversation. Still others use the induction to provide a clear demarcation of a shift from “normal” conversation to the “hypnotic” part of a treatment session. I believe that as clinicians get more and experience, they learn what works well and what works less well. My working hypothesis is that master clinicians who have been using hypnosis in their practice for decades have developed a depth of wisdom and ideas about how to design and provide the most effective hypnotic inductions. So I had this idea: Why not ask 10 or so experienced clinicians from all over the world to describe what they believe is critical for an induction to be effective, and then provide examples of their favorite inductions for all to see? Their combined wisdom, I reasoned, would make a wonderful contribution to the field. This book is the end result of this idea.

Talking about “hypnotic inductions” suggests that you belong to the altered state (or special process) theoretical group. Is that right?

I belong to the “there are things that clinicians can

do which increase the patient’s or client’s readiness to accept new ideas and change their behavior” theoretical group. And the evidence is clear that inductions do just this; an effective induction increases a patient’s response to the clinical suggestions which follow. This is probably the reason that experienced clinicians either begin hypnosis treatment with an induction, or begin by noting how the context and environment has already prepared the patient to respond to suggestions.

At the same time, not all inductions are the same. Research tell us that “standardized” inductions based on scripts are less effective than inductions that are tailored to each patient’s needs. We also know that inductions provided by highly skilled and experienced clinicians are more effective than those that are provided by clinicians who are new to the field.

It seems to me that there are a number of ways to improve our skills as clinicians. Time and experience certainly helps. As we practice and become more experienced, we gradually learn what works well and what works less well. Over time, our patients’ responses teach us, and our skills improve. But we do not need to limit ourselves to time alone. We can improve our effectiveness more rapidly by learning from master clinicians who already have decades of experience. I want to know from highly experienced clinicians what inductions they have found to be most effective, and why. I want to know what they think about as they design an induction for a particular patient. I want to see specific examples of their favorite inductions, and for them to describe with commentary what it is about those inductions that they find to be so useful. In this book, eleven master clinicians do just that.

As an editor, you must have a more detailed view now of the various induction procedures. What could you identify as common elements?

Despite the fact that the clinicians who contributed to this book represent different theoretical perspectives, provide treatment to different populations, and work in many different parts of the world, there were a number of common elements that most of the contributors considered to be important. For example, virtually every one of the contributors stated that each patient or client, each setting, and each session requires an induction that is tailored to that patient, that setting, and that session’s treatment goal; no two inductions should ever be the same. The clinicians also consistently emphasized the importance of rapport, patient/client motivation, and patient/client expectations for

maximizing response to the induction and hypnosis treatment. They also described the specific strategies they use for developing and nurturing these factors. Almost all of the authors explicitly discussed – and I believe that all implicitly applied – the principle of discovering what the client or patient brings to the session and utilizing it in the induction as a way of engaging with the client or patient.

There are various styles, approaches in hypnosis, where no formal induction is used (e.g., Ericksonian or other indirect works). What can you tell us about them?

What all approaches seem to have in common – even those that do not emphasize a formal hypnotic induction – is the key idea that people are sometimes more and sometimes less ready to accept and respond to hypnotic suggestions. People vary in their readiness to respond to suggestions as a function of their biological status, their psychological state, the social cues that are present, and the environmental context. Hypnotic responding is a biopsychosocial event, and multiple factors work together to influence a particular patient's readiness to respond right now. What master clinicians know and have learned to utilize are the ways they can influence this readiness. In some situations, for example in the context of an emergency room following a traumatic injury, the patient's readiness to respond is very high. A skilled clinician recognizes this and knows that no formal induction would be necessary in this context. Experienced clinicians also understand that readiness to accept suggestions can change over time as the natural biological processes which influence readiness vary and shift over the course of a day. For example, research shows that readiness to respond to hypnotic suggestions is highest at two times of the day – late morning and early afternoon. Ernest Rossi has also pointed out that readiness changes as a part of the ultradian rhythm; that people are naturally more and less ready to respond to hypnotic suggestions in 90-minute cycles. It is therefore possible to simply observe a client or patient and wait until they are ready to respond; a formal induction is not always indicated or necessary.

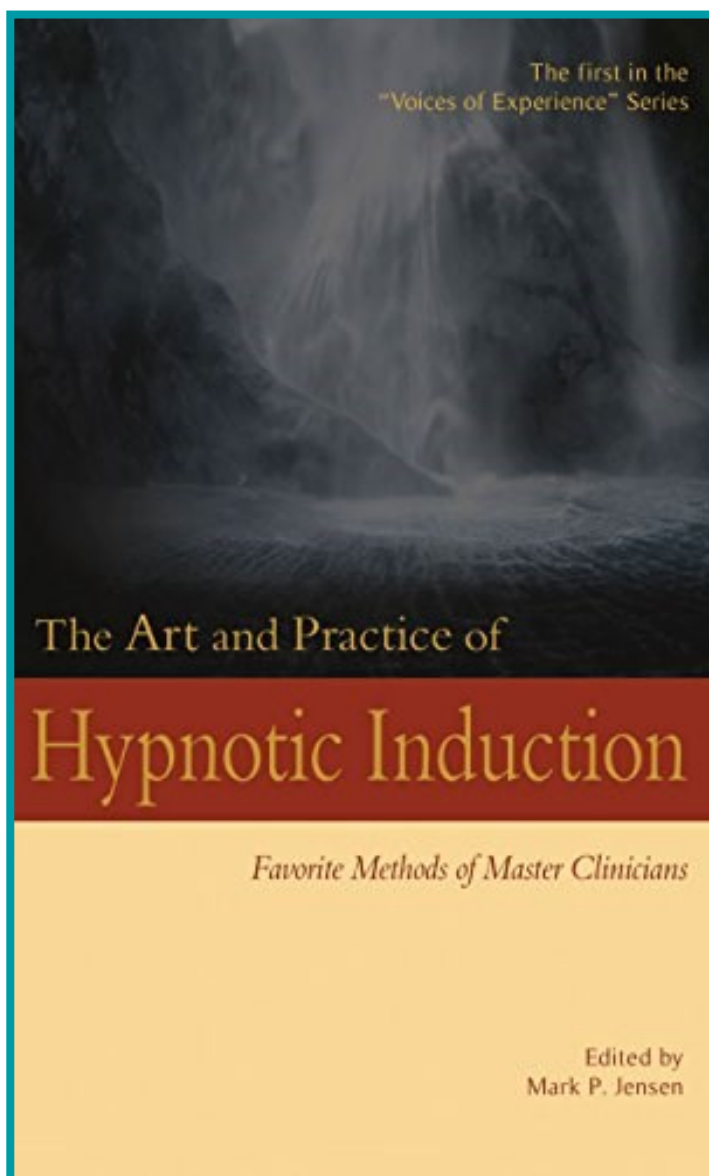
What's next?

I believe, quite strongly, that there is a great depth of untapped wisdom and knowledge among clinicians all over the world who have seen and treated thousands of patients and clients. I would like the next book to continue to effectively access this knowledge for the benefit of clinicians and their

patients. I am considering editing three more books as next projects; one on the use of hypnosis for chronic pain management, one on acute pain management, and one on general hypnotic techniques. In fact, if any reader has a depth of experience in treating chronic or acute pain with hypnosis, or has developed and uses a general hypnotic technique that they have found very useful, and are interested in possibly contributing a chapter to a book from this Voices of Experience series, please invite them to contact me (MarkPJensen1957@gmail.com).

Where can people obtain a copy of the book?

The Art and Practice of Hypnotic Induction: Favorite Methods of Master Clinicians is [available at Amazon.com](http://Amazon.com) as a paperback or Kindle edition, and also available at Smashwords.com in several other e-book formats. Thanks for your interest!



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...

Visual Suggestions of Magazine Covers

By Joakim Døving

Magazines are a part of our everyday life, beaming at us with their pleasantries and colors when we stand in line at the supermarket, or looking up from underneath the counter when we're paying for gas. Besides the cover being the first enticing factor we notice with a new edition of our favorite magazines, it is interesting to note that the covers of the life style magazines also work as visual suggestions with the possible ability to influence the perceiver. Suggestions are an essential part of hypnotic work, and usually take the form of verbal suggestions. The following text focuses on intra-gender issues in which these media-based visual suggestions may play a role in maintaining traditional roles.

Joakim Døving is 27 years old and is completing his MA in Clinical and Health Psychology at Eötvös Lóránd University in Budapest, where he has spent his last two years.



He did his BA in Tromsø, Norway.

He has a profound interest for the therapeutic applications connected to altered states of consciousness, and hopes to contribute to integrate these beneficial states into "mainstream" therapy.

GENDER-ROLE STRAIN IN MEN

Gender-role strain is a concept that describes what happens when an individual experiences negative consequences when trying to act according to his or her respective gender role ideology, especially when one's desires or natural impulses do not match the ideology. Levant (1996) describes gender-role strain as a contrast to the previous paradigm in gender research, the gender role paradigm. That paradigm posited that we have an inner need to develop a gender identity, and that our optimal personality development is reliant on this gender identity. Being binary in its nature, this paradigm may lead to failure and personal strain; if you're not doing A, which is X, then you must be doing B, which is Y.

The traditional masculine ideology refers to how masculinity was defined in the United States before the 70s. There are four (4) components of this ideology: men should not be feminine, men should strive to be respected for successful achievement, men should never show weakness and men should seek adventure and risk, even accepting violence if necessary (Levant, 1996).

According to Pollack (2006) adolescent boys express confusion over the masculine role, and only 15% of the interviewed boys expressed positive projections about their future as a man on a TAT-test. The same article mentions how age and false self-esteem correlated, suggesting that as boys become older, they put on more of a brave face. It is suggested that as boys age, they feel obligated to hide their feelings of insecurity and vulnerability.

The concept of a Double Standard of Masculinity is introduced as well, in which boys feel confused about how to reconcile their perceived measures of masculinity and the new rules that support the equality of the sexes. Correlations were shown between those who endorsed traditional macho expectations about masculinity and higher depression scores (Pollack, 2006).

Oransky and Marecek (2009) suggest that much of the existing literature portray boys as being controlled by culture, using Harold Garfinkels (1967/1984) term "cultural dope" to describe how boys can only do what is mandated by cultural roles or scripts. They refer to a reformulation of gender by West and Zimmerman (1987) which depicts gender as an ongoing social negotiation, thereby becoming an action they describe as doing gender. In light of this reformulation Oransky and Marecek wanted to see how adolescent boys "do masculinity". The participants were American boys. The results show, among other things, that boys expect talking about

feelings to be labeled as gay or girly; that they are expected to act invulnerable and stoic. They also said they preferred keeping their emotions private, handling them on their own, expecting they would be ridiculed. They reported that only in severe situations (such as a family member dying) did the boys feel allowed to express pain. A display of physical or psychological pain would lead to derogatory taunting, or being told to 'get it together' or 'take it like a man'. Interestingly, the boys also reported that they felt this way of being kept in check was helpful. Such disengagement behavior was common; having a friend stop further rumination was described as both helpful and as an encouragement. The authors also described taunting behavior as a dual construct. It establishes the masculine status of the one taunting, but it also seen as providing friends with the necessary stimuli to be able to practice standing up for oneself in a friendly context. Lastly, the authors described the positive aspects of keeping emotions to oneself, such as maintaining a masculine image. Still, 44% of the participants identified positive personal consequences of sharing distressful thoughts and experiences.

Vandello and Bosson (2013) suggest that manhood can be viewed as a tenacious status. They describe the three tenets of manhood as follows: First, manhood is an achieved status, or a status that must be earned. Second, once manhood is achieved it is impermanent, and can be taken away or lost. Third, manhood is confirmed by the external world, and therefore requires public demonstration of one's manhood. When describing what the concept of manhood really is, the authors suggest that even though the different manifestations of manhood change with culture, time, and even place, themes of agency and action are repeatedly underly the concept. It is further suggested that even though the definition of manhood fluctuates, the need to prove masculinity has remained a constant. Thus, the only constant factor describing manhood is anxiety, centered around the structure of manhood rather than its content. They also put emphasis on the antifemininity mandate; avoidance of femininity.

We find parallels in the concept of the value of the male mate. We can see similarities between what a woman wants in a man and how masculinity is being maintained among adolescents. Men's mate value is linked to acquiring and defending resources, more so than women, displaying characteristics that are linked to older age, ambition and industriousness, and to showing an ability to protect the physically weaker female. Also, to be able to earn more than a woman is also a part of the male mate value. Men in three different cultures showed greater distress than did women about rivals who had better

financial prospects, better future job prospects, and greater physical strength (Buss, Shackelford, Choe, Buunk, & Dijkstra, 2000).

MALE BODY IMAGE

Pope, Olivardia, Borowiecki & Cohane (2001) found that the proportion of undressed women in women's magazines has remained the same between 1959-1998, but the amount of undressed men in the same magazines has increased drastically from the 80s. Reviewing 115 male centerfolds from 1973 to 1997, Leit, Pope and Gray (1999) found that the centerfolds grew increasingly in muscle, especially in the 90s. They suggest this might be explained by two main factors, one being the discovery and usage of anabolic steroids, and the other being the parity of women and men in many aspects of life, even in the military. It is then suggested that one of the clearest sources of masculinity men have is indeed their bodies. They say more research is needed to test these hypotheses. It is also pointed out that the evolution in male centerfolds is somewhat consistent with observations made about action toys, other magazines and media in general.

Cafri and Thompson (2004) mention that male body dissatisfaction is split between the wish to appear thinner/smaller and the wish to appear more adipose/larger. They also mention earlier studies describing how muscular male body types are associated with positive traits (e.g. attractive, strong, happy) whereas the skinny or overweight body types are associated with negative connotations (e.g. lazy, cheats, sneaky). These findings are constant throughout class, race, sex, age, body build, weight, and nationality. The results of Griffiths, Murray and Touyz (2015) suggest that men who endorse traditional masculine notions of what being a man means in western society could be more pre-disposed to developing muscularity-oriented body image pathology.

Drummond (2002) suggests that even though previous literature has deemed the statistic of eating disorders in men as a non-significant health problem, this is largely due to how the masculine role plays a role in men's ability to seek professional help. (They seek help less often.) It is also mentioned that male anorexics and bulimics stop themselves from seeking help for gender-specific illnesses, and that the ones who seek help do not feel that the treatment fits for them.

Hargreaves and Tiggemann (2004) found that although men are affected negatively in mood and appearance when comparing themselves to gender ideal television commercials, they are affected to a less-

er degree than women in body comparison, suggesting that this is a bigger problem for women.

FEMALE BODY IMAGE

Although the notion of gender-strain in women has not been subjected to a lot of research, we do find a lot of research that is connected to the fear of being unattractive, and how the female body image is affected. Looking at which mate value factors created the most distress in the two genders, Buss et al. (2000) found that women across three cultures found the most distress when presented with rivals who were perceived as more attractive facially and bodily.

Hargreaves and Tiggemann (2004) ran a study where both men and women were subjected to television commercials showing either female body ideals, male body ideals or control commercials with no body images in them. The participants were measured for negative body dissatisfaction and negative mood and appearance comparison both before and right after. The results showed that the female commercials increased negative body dissatisfaction in women. Both men and women showed increased negative mood and appearance comparison after, but the effect remained larger for women than men. Tiggemann and McGill (2004) further accentuates that brief exposure to printed media images of thin media models shows greater weight concern, body dissatisfaction, self-consciousness, negative mood, and decreased perception of one's own attractiveness.

THIN IDEAL

We can find grounds for the thin ideal in Singh and Young (1995) where model centerfolds have been described to decrease in weight during the span of the years; similar results were found by Sypeck, Gray and Ahrens (2004), who emphasize that in their review of magazines from 1959-1999 the decrease of weight mainly took place in the 80s and 90s. Wiseman, Gray, Mosimann and Ahrens (1992) found that this also applies to the body weight of Miss America contestants between 1979-1988, where the contestants showed a decrease in expected weight. Katzmarzyk and Davis (2001) also reported that in 240 centerfolds, 70% of the centerfolds between 1978-1998 were underweight. Tiggemann and McGill (2004) point out that even though there is sufficient evidence for the thin ideal, there is still room for articulation as to why it affects so many girls. Evidence points to the relationship between mother and daughter, and peers, but the most prominent reach belongs to the mass media. The link between bodily dissatisfaction or disturbed

eating is, according to Tiggemann and McGill (2004), supported by self-reports in girls and women, and both qualitative and quantitative studies show that women do in fact compare themselves with the models in magazines. The authors report that when women look at an image with a thin ideal model they experience an upward social comparison by which they find themselves lacking, which leads to body dissatisfaction and negative mood. It is suggested that there is a difference between this form of social comparison and the habit or trait of comparing oneself to others. Activation of social comparison is described as a reactive process that can be triggered when one is presented with a target with salient features, and by the motivation the woman in question has for viewing the image.

Fardouly, Diedrichs, Vartanian and Halliwell (2014) show that this form of comparison also happens to younger women using Facebook, showing that pre-teenage girls, high school students and university students experience greater body image concerns than those who do not use Facebook. They refer to earlier studies where it was found that spending 20 minutes on Facebook led to more negative mood than spending 20 minutes on the internet or not spending time on the internet at all. In combination with a study in which Facebook manipulated user news feeds to show more negative content they found that users who were exposed to this also posted more negative content. The study further suggests that since users of the site look at pictures of peers, there is a much lower rate of full-body pictures, instead making girls compare and scrutinize their skin, hair and face to the pictures. This was shown by the results of the study as well, that comparing oneself negatively to skin, hair and face of peers occurred – however, no negative body comparison results were significant. It is suggested by the authors that this is due to the wide range of body types available on Facebook, thus giving different results than when women are exposed to magazine covers.

Morry and Straska (2001) mention self-objectification theory, a concept in which culture socializes women to integrate an observer's perspective of themselves and their bodies, leading to preoccupation with their body appearance. It is suggested that this leads to thinking about and seeing one's own body from a third-person perspective, rather from one's own point of view. It is further suggested that self-objectification will create a form of social consciousness where the self-objectifier will be monitoring his or her physical appearance in social contexts, limiting one's own mental resources. Their results showed that indeed, women who read fashion magazines and men who read fitness magazines ex-

perienced internalization of thin ideals.

In a focus group study by Tiggemann, Gardiner and Slater (2000) where they spoke to adolescent girls about body image they identified five main topics when asking the girls “Why do you think women and girls want to be thinner than they are?” These were: the media, attractiveness and attention, confidence, clothes and control. The girls reported the media as a main factor, some describing the amount of media presence as creating a new “normal”, “[...] you begin to think that that’s how everyone is supposed to be”. One girl described how she would see something in a magazine, try it on in a store and experience the lack of fit, and feeling bad afterwards. The second most mentioned factor was that being thin would lead to being attractive and gaining attention from peers; it was described as a common belief that thinness equaled attractiveness. The third factor was confidence where the girls named a clear link between being thinner and being more confident. Although, it was also shown that even if they felt thinness would lead to more happiness and confidence, they were aware that this “probably wouldn’t happen”. The fourth factor was clothes, where the girls mentioned the reason that they wanted to fit into the clothes that models are wearing, and that the clothes wouldn’t look as good on them unless they were thinner. They also cited a lack of clothes for the ones that didn’t fit the “model image”. The fifth and final was control. Some girls felt that taking control over their weight would mean taking greater control of their lives.

HYPNOSIS AS A THERAPEUTIC MODALITY IN EATING DISORDERS

If we perceive magazine covers as visual suggestions to promote a thin ideal in both women and men, we can expect that the covers can contribute to eating disorders in both genders, especially in women who are more susceptible to internalizing the thin ideal.

We see that hypnosis works as an excellent supplement to other therapies for treating eating disorders, and that the inclusion of hypnosis and self-hypnosis in CBT interventions is highly efficient. Young (1995) points out that both purging-type anorexic patients and bulimic patients are highly hypnotizable, which makes the inclusion of hypnosis as a therapeutic intervention a natural choice. Roy (2014) describes a case in which a 22-year-old girl was exposed to a similar CBT/Hypnosis-combination of 8 sessions. She was taught self-hypnosis as a tool of relaxation, and at the last session of therapy she was subjected to a deep level of trance in which she regressed to problematic ages, restructuring her experience through suggestive

techniques. She went from a 53 (highly above cutoff) to a 23 (well below cutoff) on the EAT (Eating Attitudes Test) scale, and had maintained her status half a year later.

Barabasz (2007) describes one of her studies with bulimic patients in which the CBT+Hypnosis group ended up having significantly less binge frequency and compensatory behavior frequency than the CBT group. Within-treatment results showed that the CBT+Hypnosis group had a significant improvement on all measures (body shape/weight concern, and Weekly Behavioral Summary Sheet) from pre-treatment to post-treatment, and pre-treatment to three month-follow up.

Young (1995) highlights that one of the mechanisms of eating disorders is the ego-dissociative states that can occur during onset of abnormal eating behavior, and that bulimic patients often experience amnesia during their vomiting and bingeing. It is pointed out that hypnosis can help the exploration of these dissociative states and create a better integrative identification between the ego state and the other parts of personality.

There is a therapeutic benefit to examining each of these intra-gender ideas, the effects of visual suggestions in the media in maintaining traditional/stereotypical roles, and the usefulness of hypnosis to correct what is dysfunctional in one’s self image. This article is just a brief summary of vast literature examining the interplay of visual suggestions and issues in gender roles.

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Findings of Note

Prominent Papers in Clinical and Research Hypnosis

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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 tra-

dition 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.

Experimental psychologists have noticed long ago that hypnotic phenomena and mechanisms are not just interesting “on its own” – this is the intrinsic aspect of hypnosis research –, but that they can be used to create or systematically manipulate other psychological processes. This approach was coined extrinsic or instrumental hypnosis (Reyher, 1962). In his review, Reyher lists the following examples for instrumental hypnosis: personality alteration (as assessed by re-administering the Rorschach test to the subjects, following specific posthypnotic suggestions), and hypnotically induced psychopathology, for instance, anxiety, or conflicting interests. Certainly, such research projects should be treated with special caution with regard to research ethics and well-being of the subjects. However, in a more recent review, Oakley (2006) brings many other examples, including alterations in memory, visual and auditory processes, pain, voluntary motor control, neurological conditions such as

conversion symptoms, or manipulating the level of volition in movements. In a previous Findings of Note, I have reviewed an article by Casiglia, Tikhonoff, and Facco (2016) in which they outlined their research about modeling various unconscious processes, including body heating, alexia, amusia, spatial neglect, general anaesthesia, and age regression.

In the present Findings of Note, I introduce three articles that present both clinically and scientifically significant areas where instrumental hypnosis can be used to model specific phenomena. The first paper is a chapter from a handbook of neurology, giving an overview of how hypnosis can model different neurological symptoms and conditions. The second paper offers a way to create Fregoli delusion, a rare syndrome where strange people look familiar to the patient. In the third paper, a phenomena is examined which has a large relevance in hypnotherapy and in the psychology of arts: this is automatic writing. The above mentioned articles clearly suggest that there is an emerging need for hypnosis in various fields of experimental psychology and neuroscience, which can make a bridge between hypnosis professionals and scholars from other areas. Their findings can be funneled back to our work, and give important insights to hypnotherapy for functional disorders, identity problems, gaining a better self-knowledge, and facilitating creative processes.

DEELEY, Q. (2017). HYPNOSIS AS A MODEL OF FUNCTIONAL NEUROLOGIC DISORDERS. IN M. HALLETT, J. STONE, & A. CARSON (EDS.), HANDBOOK OF CLINICAL NEUROLOGY, VOL. 139.: FUNCTIONAL NEUROLOGIC DISORDERS (PP. 95–103) AMSTERDAM, OXFORD, CAMBRIDGE: ELSEVIER.

Functional disorders can be a heavy burden to the patients who do not get a medical explanation of their illness (i.e., that their condition is attributable to structural abnormalities or psycho-somatic processes), and to the doctors, who cannot treat these conditions in the traditional bio-medical frameworks. This chapter is an example of how hypnosis earned a special place in the treatment and experimental induction of neurological functional disorders, since this series-format handbook is one of the highest profile monographs in the literature. Neurology has a lot to do with hypnosis – just think about Charcot, who was the first one to induce hysteria symptoms in his patients using hypnosis. Indeed, he believed that hypnotizability is the clinical aspect of hysteria (Bogousslavsky, Walusinski, & Veyrunes, 2009). In that sense – and this is one of the messages of the present chapter – he was the first one who experimentally induced (and removed) hysterical

symptoms, which we nowadays term as “functional”. The author argues that the hypotheses of Charcot show striking parallels with the contemporary findings from neuroimaging studies. In particular, hypnotic suggestion was seen as triggering symptoms of hysteria, which Charcot thought – and later studies confirmed – were based on alterations in specific brain functions. The chapter starts with a short explanation of why and how hypnosis can be related to functional neurological disorders. Then Deeley gives a succinct overview of the works of Charcot and Janet. In the next part he introduces modern cognitive neurophysiological and neuroimaging studies that re-examined the possible links. These included experimental (hypnotic) induction of limb paralysis, functional amnesia, loss or reduction in perceived self-initiation (the sense of agency), non-epileptic seizures, involuntary movements, loss of awareness to motion, dissociative identity changes, and complex automatisms, like automatic writing. Then the author offers integrative approaches for these phenomena. An intriguing idea is that how we perceive the external and internal environment is the result of a “highly edited” process, based on specialized cognitive and affective processing in the brain. These result in a conscious working model, which interprets and organizes sensory data by information in memory. This model offers a meaningful distinction between learned and novel actions, which require different ways of processing. Functional symptoms can be understood as emerging from “disproportionately active materials in memory” that may lead to misperception and behaviours that conflict with self-awareness. Functional paralysis or involuntary movements are good examples for the misattributions and false expectancies that are often found in reports of patients with functional disorders. Deeley argues that hypnosis may trigger such conflicting or disturbed processing by specific suggestions. This is supported by the finding that high hypnotizability and functional symptoms are related (Moene, Spinhoven, Hoogduin, Sandyck, & Roelofs, 2001; Roelofs et al., 2002). The author concludes that hypnotic suggestions may cause alterations in the pre-conscious processing of mental representations on internal or external environments, which may lead to mis-attribution or mis-perception of bodily symptoms and generate expectancies which contribute to the intensification of functional symptoms. Hypnotic models can help us achieve a better understanding of the brain processes behind symptom formation. Although he does not outline hypnotherapy, we can apply a reverse logic to this process: if hypnosis can create functional symptoms, “reverted” suggestions may also help our patients to reduce or eliminate these.

You can read the chapter [here](#).

ELLIOTT, J. M., COX, R. E., & BARNIER, A. J. (2016). USING HYPNOSIS TO MODEL FREGOLI DELUSION AND THE IMPACT OF CHALLENGES ON BELIEF REVISION. *CONSCIOUSNESS AND COGNITION*, 46, 36–46. DOI: 10.1016/J.CONCOG.2016.09.011

Leopoldo (Luigi) Fregoli (1867–1936) was an Italian stage performer, imitator, and actor. According to [Wikipedia](#), “Fregoli was the greatest, most versatile quick-change artist of his day.” He was so rapid that his transformations seemed unbelievable to the audience. Maybe that was the reason for the rumours spreading that actually there were more Fregolis. A syndrome named after this talented man exists. Fregoli delusion refers to the unshakeable belief that a stranger is actually a familiar person, who disguised themselves to look unfamiliar. This misidentification can be attributed to various reasons, including dementia, epilepsy, traumatic brain injury, stroke, or paranoid schizophrenia. Due to its nature, it is usually not emerging independently, but is embedded within other organic or psychopathologic symptoms.

The authors present the theoretical accounts for Fregoli delusion, of which the two-factor model seems to be the most feasible. The first factor is based on an impaired connection between facial recognition system and autonomic nervous system, which leads to hyperfamiliarity for unknown faces. The second factor, which seems to be common in all monothematic delusions, involves impairments in evaluating someone’s own beliefs, i.e., a critical control over the belief – this is why the person with Fregoli delusion can not reject her or his feeling of the stranger being familiar. Based on previous findings, the authors argue that specific hypnotic suggestions can create delusional content, such as an unknown face is familiar – which corresponds with Factor 1. But other suggestions can also make the subject suspend critical control, which apparently happens in trance logic (Orne, 1959); since then, the authors and their colleagues demonstrated such an effect, creating hypnotic somatoparaphrenia (the belief that my limbs are belonging to another person), erotomania (I am secretly loved by somebody), alien control (someone else is directing my actions), or mirrored self-misidentification (if I look at the mirror, a stranger looks back at me). The latter study (Barnier, Cox, Connors, Langdon, & Coltheart, 2011) employed high hypnotizable subjects, who were suggested to open their eyes, and look to their left. There will be a mirror, and they will see a stranger. Half of the subjects were also instructed to find a reason how can that happen, while the other half were not given such an instruction. Interestingly, in both groups, two thirds (68%) of the subjects had not recognized themselves in the mirror, but those who had also received the

explanation instruction were more prone to see the person differently, and to, in fact, give an explanation when they were challenged. The instruction did not have an effect of the unpleasantness and the perceived “realness” of the illusion. These findings have deep consequences in hypnotherapy for identity problems, or on ego-state therapy.

In the present experiment, the hypnotised subjects were told that someone will soon enter the room who is a person known to them, but will be disguised. The subjects had to decide whether they know the person (the confederate was Mrs. C., a staff member, who the subjects had not known before), by the sound, by gait, and on photographs. The latter test is needed because some patients with Capgras delusion – the inverse of Fregoli delusion, where known people seem to the patients as impostors who are just playing the roles of familiar people – are misidentifying their beloved ones physically, but identification is correct if they see photos of them.

High hypnotizable subjects were much more prone (55%) to the Fregoli delusion than lows (0%). When meeting to Mrs. C., the highs made such remarks as “She is in my tutorial”, “It was my cousin, Alison”, and “She was a girl I played netball with”. Of the 12 highs, eleven was also able to give reasons why the person looked different than in real life. In the post-experiment interviews, highs also rated their beliefs to be significantly stronger than lows. Even without getting any instruction for this (contrary to the “false-mirror” experiment), highs created confabulations for believing that Mrs. C. was a known person to them. In the experimental phase, both sound, gait and photograph of the confederate was challenged, e.g., “[If she is really someone you know], why would she disguise her voice?” When a high hypnotizable subject was challenged for the confederate’s voice, their reply was: “That’s a bit awkward ... I thought it was Maria ... I’m going to have to call her tonight.” This feature of the hypnotic delusion is very similar to clinically observed Fregoli cases, where the patients are creating complex confabulations to support the delusion. The similarity between the clinical and the hypnotic delusion is further supported by that when photographs of Mrs. C. were shown to even high hypnotizable subjects, the delusion was eliminated. This study suggests that hypnosis is a feasible tool to experimentally create even such complex perceptual-cognitive distortions as the Fregoli delusion. What is even more important, the delusion can systematically be manipulated and following the experimental phase, the suggestions can be cancelled. However, these delusions may be very unpleasant and stressful to the subjects, therefore special caution and observation of ethical guidelines is needed.

WALSH, E., MEHTA, M. A., OAKLEY, D. A., GUILMETTE, D. N., GABAY, A., HALLIGAN, P. W., & DEELEY, Q. (2014). USING SUGGESTION TO MODEL DIFFERENT TYPES OF AUTOMATIC WRITING. *CONSCIOUSNESS AND COGNITION*, 26, 24–36. DOI: 10.1016/J.CONCOG.2014.02.008

SURREALISM, *n.* Psychic automatism in its pure state, by which one proposes to express-verbally, by means of the written word, or in any other manner-the actual functioning of thought. Dictated by thought, in the absence of any control exercised by reason, exempt from any aesthetic or moral concern.

— André Breton: *Manifesto of Surrealism* (1924)

Since hypnosis and hypnotizability are associated with a reduction in the perceived, conscious control over one’s behaviour – called sense of agency (Költő & Polito, 2017), hypnosis may trigger automatisms in behaviour. Automatism signifies the weakening of conscious, rational control, and makes place for the unconscious to reveal itself, for instance, in the face of creative acts. This was one of the reasons why automatisms, especially automatic writing become the central idea and creative method for Surrealist artists, and for Breton – the leader of the Surrealists– to even include this term into the first Manifesto of the movement. Breton, a former student of the famous neurologist Joseph Babinski, was obsessed with contemporary concepts of neurology and psychiatry, and as the above cited definition shows, he intended to reveal the operation of cognition by artistic tools (Crabtree, 2003). He regularly hypnotized himself and one of his peers Robert Desnos, a poet, to trigger and facilitate automatic writing (Conley, 2003). As automatic writing may provide information about suppressed unconscious domains, it is also a valuable tool of dynamically oriented hypnotherapy (Lecron, 1954).

However, automatic writing is not a uniform phenomenon. It can involve various types of dissociation, e.g., in control, ownership, or levels of awareness of thought and movements. For instance, one person can automatically write and be totally aware of the content that they are jotting down, while another may write mindlessly, and not be aware of what are they writing. Psychotic patients may feel that they have to write down thoughts that are dictated by an alien power, while artists may want to get rid of conscious critical control over their own thoughts. The aim of this study was to experimentally induce different types of automatic writing. The authors have selected twenty healthy, English speaking, right-handed, highly hypnotizable subjects from a pool of around 350 subjects who were

tested on the Harvard Group Scale of Hypnotic Susceptibility, Form A (Shor & Orne, 1962). The experiment was masked as a brain imaging study, therefore the authors placed the subjects in a “mock” (i.e., not operating) fMRI scanner. They received open-ended sentences, e.g., “The dog”, which they had to complete in writing. The first block consisted of alert trials, while the subsequent blocks, presented in randomized order, were introduced with specific suggestions. These included 1) voluntary writing, 2) thought insertion (“an engineer is inserting the sentence ending in your mind” which you can just write down), 3) alien control (think about a sentence ending, and you will experience “an engineer controlling your hand movements during writing”), 4) combination of thought insertion and alien control, 5) combination of thought insertion and alien control, without being aware of it, 6) simulation of alien control (“just pretend the engineer is controlling your hand movements”). These conditions represent a large variety in the cognitive component and in the motor component of writing, which both have control / ownership / awareness aspects.

The subjects did not experience different depths of hypnosis under the conditions. However, repeated-measures ANOVA tests revealed that the different conditions had different effects on the above mentioned components. Hypnosis, in general, resulted in higher levels of automaticity. When applying different suggestions for thought and movement, these also made a difference in the subjective report of the subjects. For instance, when the engineer inserted the thought in the subjects, they felt lower control over their thoughts (cognitive control), but when the engineer made them to write in a specific way, their subjective motor control was lowered. If they got specific suggestion for lowered awareness, it was also reflected in their awareness ratings. In simulation condition, subjects reported higher levels of control in all dimensions, which means that they weren’t (unconsciously) simulating the effects in the other conditions. Hypnosis did not result in hypergraphia, which some associate with automatic writing, i.e., subjects did not write longer sentences in hypnosis than in the alert condition, and content of the sentences (i.e., imageability of words) also did not show a difference. However, when in the post-experiment interview the subjects were asked “Who was that engineer”, way more subjects gave a technical and non-personal response (i.e., the engineer was not a physically present person, rather an idea) than imagining the engineer being a real person.

These results again have large bearings for hypnotherapy, and also for the psychology of art. One of the reasons why we have to be very cautious with formulating the suggestions is that subjects or pa-

tients may take them word for word; and finding an individually tailored suggestion therefore will be much more powerful. For instance, one patient with cancer may benefit a lot from metaphors on the immune system related to combat (e.g., the white blood cells being their own soldiers, while cancer cells soldiers of the enemy), while another patient may be distressed about such a metaphor, needing another kind of suggestion, such as for nurturing, self-care and encouragement. The metaphor of the “engineer”, as the results show, may facilitate one subject to (automatically) write, while the others would rather be encouraged by a “magician”, or even by the freedom for their unconscious to use the white paper as they wish. However, the possibility to try out new solutions and possibilities in hypnosis, “as if”, without the critical conscious ego controlling these trials, may be freeing and empowering for our clients.

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Book review

It's a pleasure to the European and to the international hypnosis world that two distinguished colleagues, Consuelo Casula (ESH President) and Åsa Fe Kockum (ESH Board Member) have just published their work. Although their books are – respectively – German and Swedish, we just hope they will be available in English as well for all colleagues belonging to ISH and ESH in the very near future.

NEW HYPNOSIS BOOKS IN SWEDEN AND IN GERMANY: TWO REVIEWS

CONSUELO CASULA: GÄRTNER, PRINZESSINNEN, STACHELSCHWEINE. METAPHERN UND GESCHICHTEN FÜR DIE PERSÖNLICHE UND BERUFLICHE ENTWICKLUNG (GARDENERS, PRINCESSES, AND PORCUPINES: METAPHORS AND STORIES FOR PERSONAL AND PROFESSIONAL DEVELOPMENT). TRANSLATED FROM ITALIAN BY SUSANNE SCHMIDT ISBN 978-3-8497-0177-2. HEIDELBERG: CARL-AUER VERLAG 2017.

Reviewed by Brigitte Stubner



Consuelo Casula, President of the European Society of Hypnosis until August 2017, has written [a fundamental book, published in the original language in 2002](#). It has now been [translated into German](#). After the book of Stephen and Carol Lankton, *Tales of Enchantment: Goal oriented metaphors for adults and children in Therapy* (1991), we have another comprehensive textbook on this subject, which also includes a

collection of 116 therapeutic stories. Consuelo Casula is, among other things, trainer at the Italian Ericksonian Institute in Rome, who offers a four-year, state-approved Ericksonian psychotherapy curriculum, in addition to a one-year master's class. It is worth noting that the book comes from such an

institutional training framework. Thus, the detailed bibliography is also up to date.

Consuelo explains on almost 300 pages the theoretical-structural characteristics of metaphors, the structure, meaning and purpose of their use in advanced training, therapy and self-experience as well as for personal and professional development.

The book is divided into eight chapters: the first one introduces the distribution, origin, and use of metaphorical stories in clinic and in education processes. The second chapter is about its function and effectiveness, such as consistency, simplification, coping with resistance, transmission of values. In the third chapter, we learn a concrete and step-by-step way to tailor a metaphor with a therapeutic solution-orientation to the individual, with a question-oriented structure. The fourth chapter deals with the indirect linguistic models of the ericksonian approach. Models of linguistic construction, suitable for initiating involuntary processes of searching new ways of living, reducing resistance and promoting solutions, are presented.

The fifth chapter deals with the therapeutic utilization of limiting beliefs and behaviors. For example, solutions for cognitive distortions, schematizations and reifications are outlined. The sixth chapter describes the treatment of negative, limiting emotions. It explains how various feeling states, e.g. feelings of guilt, nostalgia, boredom, shame, fear, and doubt can be used as basic information for the strategic use of beneficial resources.

The seventh chapter provides an insight into the use of metaphors and stories in pedagogy to transform relationships into growth processes. As in each chapter, the author presents an introduction of the topic ("What is a Couple?", "How does a crisis arise?"), then presents stories that show its essential functions, abilities, and goals, such as boundaries, reciprocity, dependency, trust, loss, and forgiveness. The eighth chapter proposes in particular the utilization of metaphors in working fields, in organizations, enterprises, for training managers and staff. Consuelo Casula, based on her experiences from work and organizational psychology, emphasizes the differences between therapeutic metaphors and those used in professional training systems to improve learning, motivation, communication skills, time management, and leadership.

This is a thorough, comprehensive textbook. The many, interwoven stories are particularly evident in the print, and the author recommends that you read them in a relaxed (trance) state and let them work on you. It is a special concern for her to provide pos-

itive values and basic settings in the sense of “salutogenesis”, not only for patients, but also for therapists.

Metaphors, according to the author, restructure and redefine by suggesting new ways and perspectives, opening up horizons, and encouraging the abandonment of old inbound rails.

The “instructions” in this book are fantastic and concrete, poetic and realistic. And above all, they transport the reader into a world in which he can take responsibility for himself.

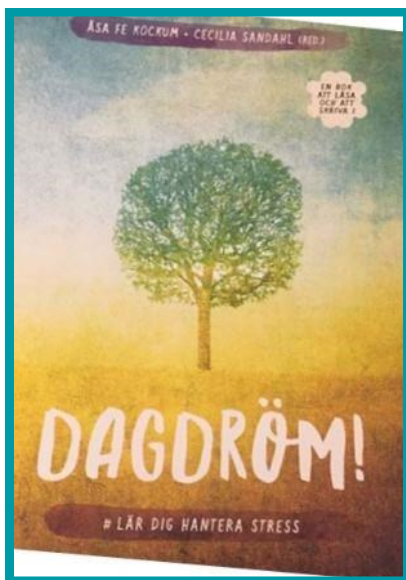
“This is how gardeners show how interpersonal relationships are maintained, princesses teach self-confidence, and porcupines teach you how to master aggressive impulses” (Quoted by the publisher).

The book is recommended for therapists, consultants and group leaders, who also enjoy reading for their own pleasure.

ÅSA FE KOCKUM (AUTHOR) & CECILIA SANDAHL (EDITOR): DAGDRÖM! LÄR DIG HANTERA STRESS [DAYDREAM! LEARN HOW TO HANDLE STRESS] ISBN 9789198260809 STOCKHOLM : ÅFK STOCKHOLM AB , 2017 IN SWEDISH, 192 P.

Reviewed by Irene Jensen

This book provides a new and important contribution to the literature about mental health issues connected to stress. It starts with the author’s, Åsa Fe Kockum, own experiences of stress, which gives the book a sense of authenticity and credibility.



It’s hard to handle to stress when the demands of life become overwhelming. In this context highlighting the power of daydreaming not only gives the reader hope, but may also relieve her or him from stress-related problems, which may even concluded in mental health issues.

Moreover, the book

reveals another possible future, based on the images that daydreams contain.

The book begins with a brief overview of current knowledge about stress and stress-related problems, described in a light and easy manner. Technical terms are explained simply and understandably, which makes the book accessible to all, lay people and professionals as well.

Therefore, the book belongs to the self-help literature, which we can give to our patients (and to ourselves) as a way of empowerment. It is, however, far from being a “cookbook”. We get practical answers to the question how can we support ourselves with the tools available through hypnosis.

The book is designed to look like a diary with a soft cover and lots of writing space for private notes. It signifies reading Åsa & Cecilia’s work is not simply absorbing new information. The authors suggest to work with them in an individualized way.

The second part explores daydreaming as a means of empowering you to create an existence that is manageable, along with support for taking your life in a desired direction.

It’s a well-judged blend of support and pieces of concrete advice. The book merges contemporary research findings from the field of mental health, working with vulnerability, Otto Scharmer’s U-theory, how to implement values on a daily basis, how a diary can be helpful, how to handle negative self-esteem, how to manage of overwhelming and/or difficult feelings and thoughts, panick-attacks, relaxation techniques, useful metaphors, sleep disorders, increasing your energy, conflict management, different exercises, or specific stressful situations at work.

Åsa suggests an eclectic method and application, which makes it useful for self-help but also as patient literature during on-going therapy (regardless of theory). *Daydream!* gives the reader a sense of control in life and the resulting actions that are so very crucial in successful stress management.

At the moment the book is sold out. It will most probably be available in several languages through the publisher early 2018.



ESH president's letter



Dear all,

ESH 2017
23rd-26th August
www.esh2017.org

The time is fast approaching when we will all meet in Manchester and welcome our European friends to ESH 2017 'Hypnosis- unlocking hidden potential'. If you haven't already registered then we urge you to do so, as this is promising to be an interesting and exciting hypnosis meeting.

As well as fascinating keynote addresses we have a huge range of papers and workshops on a vast variety of topics so there is definitely something for everyone. The problem will be in deciding which one you really can't miss when several are running concurrently. We have experts such as Eva Banyai and Leslie Walker talking about the use of hypnosis in oncology, Stuart Derbyshire and Elizabeth Faymonville talking about hypnosis and pain, and intriguing topics such as 'Quantum Physics and Hypnosis', 'Using hypnotherapy with our young people to help unlock their inner selfie', 'Playful hypnosis in couples and family therapy' A hypnotic first aid kit for treating panic and anxiety disorders' and 'The 'tooth sleeping pearl' method' to mention only a few.

The venue is great and the staff are very helpful and friendly and if you don't know many people at the Conference you will soon make many new friends! On the first evening we have a welcome reception where we can mingle, listening to the sounds of a harpist, meeting old friends and new. On the Thursday evening you can have fun during a dinner of traditional Manchester dishes, listening to 'ESH got Talent!' and then enjoy dancing in an English Ceilidh. A band will play for you whilst the 'Caller' di-

rects you in the dance- and you don't need any previous experience! At the Gala Dinner you can be amazed by the close up magic performed by our magician, and then enjoy dancing after dinner to 'Jazz Hands'.

There will be a complimentary city tour for accompanying guests and excellent opportunities for some retail therapy, as well as many bars and restaurants to enjoy a cocktail, or cuisine from around the world. There are many interesting places to visit in and around Manchester, as well as trips on the canals through Manchester, so why not come and extend your stay into a great holiday. We'd love to see you!

Consuelo C. Casula
ESH President 2014-2017





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*The value of hypnosis in communication,
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Scientific Programme

The varied scientific programme will contain keynote addresses, invited presentations, panel discussions, symposia, clinical workshops and the latest clinical and experimental hypnosis research together with theoretical papers and clinical case studies. A poster exhibition will run for the duration of the conference.

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

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

Speakers already booked:



Professor
Walter Bongartz



Dr Consuelo Casula



Associate Professor
Stuart Derbyshire



Professor
Marie-Elisabeth
Faymonville



Dr Ulrike Halsband



Dr Veit Messmer



Dr Claude Viot



Professor
Leslie Walker



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KEYNOTE SPEAKERS REVEALED!

More information about the keynote speakers can be found [by clicking here](#).

JOIN THE CONVERSATION



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