



# The International Society of Hypnosis

## NEWSLETTER

*Building Bridges of Understanding*

2017, Volume 41, No. 3.

### Letter from the President



**September 2017**

*Claude Virot MD*

President's Letter

Translator:  
Marion Orel

Good day,

#### 1. BRAZIL

Welcome to our Brazilian friends, and congratulations to the President of the Brazilian Association of Hypnosis (ASBH), Dr.

Osmar Ribeiro Colas. After examination of the application of the association, the BOD unanimously approved the admission of the Brazilian society as a constituent society of the ISH. I recommend to all those who want to discover this great country and this rich hypnotic tradition to attend the 13th congress which will be held from 15th to 17th of November, 2017, in Sao Paulo. To find out more, you can see the International Journal of the Brazilian Society of Hypnosis at this address: <https://www.spdm.org.br/educacao/i-jornada-internacional-de-hipnose-da-associacao-brasileira-de-hipnose-asbh/>

#### 2. CHINA

I would like to warmly thank our friends from the Chinese Hypnosis Society and their President Professor Xin Fang for inviting the BOD to attend their first national congress. We admired their competence and the perfect organization of these 3 days which brought together 900 attendees! We also admired the motivation and enthusiasm of everyone. We all worked hard, but we also had a lot of great moments to experience Chinese cooking and to visit Beijing.

#### 3. ELECTIONS

Every three years we hold elections for positions of the board of ISH. Our association is unique in that we combine two processes: one for the positions of President-Elect and Secretary /Treasurer (Mark Jensen currently), elected by the individual members. The other is the election by the Council of Representatives (COR) for the "at-large" members of the BOD elected by the societies representatives. Each of you have the opportunity to be elected to both levels. For the positions of President-elect and Secretary/Treasurer, you must first be nominated by the representatives of the associations and meet the requirements set forth in the By-Laws. This procedure will begin very soon and I invite you to take note of it in our by-laws (Article 7: election of officers). The Council of Representatives meeting in Montreal is where the next election of at-large board members will take place.

#### 4. COR

The life of an association is made up of moments of joy and moments of sadness. For personal and professional reasons, our colleague Franck Garden-Bèche has left the BOD and his duties as chairman of the Council of Representatives. We thank him for all the work accomplished during this 5 years in the BOD and we wish him good luck for his future. The by-laws of ISH allows the BOD to appoint a new president. Quite naturally we asked Professor Giuseppe de Benedittis, vice-president of the COR for this function and despite his intense professional activities and his multiple activities in the BOD, Giuseppe accepted this important mission of making the link between the constituent societies and the BOD of the ISH. In particular, he will have the essential mission of preparing the Council of Representative meeting of the ISH in Montreal, the high point of the association life, the essential time for the major decisions for the future and the evolutions of our association. Giuseppe will be accompanied by Consuelo Casula who became Vice-Chair of the COR and by Nicole Ruysschaert and Brian Allen who are co-secretaries.

## 5. HOST THE NEXT CONGRESS IN 2021

In less than a year, we will have the pleasure to be all together in Montreal. But where will we find ourselves in 2021 for the 22nd World Congress of Hypnosis? No one knows yet as the host country will be designated just before the Montreal congress. The deadline for submission of applications has been extended until March 1, 2018, with the hope that draft bids will be submitted by February 10, in time for the in-person Board meeting. Each country, each company has these months to prepare its proposal according to the instructions described in this document on our website: <https://www.ishhypnosis.org/triennial-congress/bidding-procedure/>

Best regards,  
Claude VIROT  
President of the  
International Society of Hypnosis

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## Lettre de la présidente

French

Bonjour,

### 1. BRÉSIL

Bienvenue à nos amis Brésiliens et félicitations au président de l'association Brésilienne d'Hypnose (ASBH), le Dr Osmar Ribeiro Colas. En effet, après examen du dossier, le bureau a voté à l'unanimité l'admission de la société Brésilienne comme société constituante de l'ISH. J'invite tous ceux qui souhaitent découvrir ce grand pays et cette riche tradition hypnotique à participer au 13ème congrès qui se tiendra du 15 au 17 novembre à Sao Paulo. Pour en savoir plus, vous pouvez vous connecter au journal International de la Société Brésilienne d'Hypnose à cette adresse: <https://www.spdm.org.br/educacao/jornada-internacional-de-hipnose-da-associao-brasileira-de-hipnose-asbh/>

### 2. CHINE

Je tiens à remercier chaleureusement nos amis de la Société d'Hypnose de Chine et leur présidente le Professeur Xin Fang, pour avoir invité le bureau à participer à leur premier congrès national. Nous avons admiré leur compétence devant la parfaite organisation de ces 3 journées qui ont réunies 900 participants! Nous avons admiré aussi une motivation et l'enthousiasme de tous. Si nous avons tous beaucoup travaillé, nous avons aussi eu beaucoup de moments de grande convivialité pour découvrir la cuisine chinoise ou lors de visites à Pékin.

### 3. ELECTIONS

Comme tous les 3 ans, nous entrons dans la phase de renouvellement des élus aux fonctions de responsabilité de l'ISH. Notre association a la particularité de combiner deux processus : l'un pour les postes de Président et de Secrétaire Trésorier (Mark Jensen actuellement) élus par les membres individuels. L'autre pour le Conseil des représentants et les membres du bureau élus par les associations. Chacun de vous a la possibilité d'être élu à ces deux niveaux. Pour les postes de Président-elect et de Secrétaire Trésorier, vous devez d'abord être nommé par les représentants des associations. Cette procédure sera activée très bientôt et je vous invite à en prendre connaissance par nos statuts (Article 7: élections des officiers). Le Council of Representatives et les membres du bureau seront ensuite élus directement pendant l'assemblée générale à Montréal.

### 4. COR

La vie d'une association est faite de moments de joie et de moments de tristesse : pour des raisons personnelles et professionnelles, notre collègue

Franck Garden-Brèche a quitté le bureau et ses fonctions de président (Chair) du Council of Representatives. Nous le remercions pour tout le travail accompli pendant ses 5 années de présence au bureau et nous lui souhaitons bonne chance pour son futur. Les statuts de l'ISH ont prévu ce genre de situation en permettant au bureau de désigner un nouveau président (Chair). Tout naturellement nous avons sollicité le Pr Giuseppe de Benedittis, vice président du COR qui malgré ses activités professionnelles intenses et ses activités déjà multiples dans le bureau, a accepté cette mission importante de faire le lien entre les sociétés constitutives et le bureau de l'ISH. Il va en particulier avoir la mission de préparer l'assemblée générale de l'ISH à Montréal, temps fort de la vie associative, temps essentiel où se prennent les décisions majeures pour l'avenir et les évolutions de notre association. Giuseppe sera accompagné par Consuelo Casula qui devient Vice-Chair du COR et par Nicole Ruysschaert et Brian Allen désormais tous deux secrétaires.

#### 5. CANDIDATURE POUR LE PROCHAIN CONGRÈS EN 2021

Dans moins d'un an, nous allons avoir le plaisir d'être tous ensemble à Montréal. Mais où nous retrouverons nous en 2021 pour le 22ème Congrès Mondial d'Hypnose? Personne ne le sait encore car le pays hôte sera désigné juste avant le congrès de Montréal. Le dépôt des dossiers de candidatures a été prolongé jusqu'au 1er mars 2018. Chaque pays, chaque société a donc ces quelques mois pour préparer son dossier en respectant les consignes décrites dans ce document accessible sur notre site internet : <https://www.ishhypnosis.org/triennial-congress/bidding-procedure/>

Meilleures salutations,  
Claude VIROT  
Président de la société  
Internationale d'hypnose

## Gedanken der Präsidentin

Translator: Reinhild Draeger-Muenke  
German

Schönen Tag !

### 1. BRASILIEN

Wir heissen unsere brasilianischen Freunde willkommen und gratulieren Dr. Osmar Ribeiro Colas, dem Präsidenten der brasilianischen Hypnosegesellschaft (ASBH). Der Vorstand hat in der Tat einstimmig die Aufnahme der brasilianischen Gesellschaft als Mitgliedsgesellschaft der ISH beschlossen. Ich lade alle ein, die daran interessiert sind, dieses grossartige Land und seine reiche hypnotische Tradition zu entdecken, am 13. Kongress teilzunehmen, der vom 15. bis 17. November in Sao Paulo stattfinden wird. Für weitere Informationen können Sie sich mit der Internationalen Zeitschrift der brasilianischen Hypnosegesellschaft unter der folgenden Adresse in Verbindung setzen:

<https://www.spdm.org.br/educacao/i-jornada-internacional-de-hipnose-da-associacao-brasileira-de-hipnose-asbh/>

### 2. CHINA

Ich möchte mich herzlich bei unseren Freunden der chinesischen Hypnosegesellschaft und ihrem Präsidenten, Professor Xin Fang, dafür bedanken, dass sie den Vorstand eingeladen haben, an ihrem ersten nationalen Kongress teilzunehmen. Wir haben ihre Kompetenz bewundert, diese drei Tage mit 900 Teilnehmern so perfekt zu organisieren! Wir haben auch die Motivation und den Enthusiasmus aller bewundert. Selbst wenn wir alle viel gearbeitet haben, so haben wir doch auch viele Momente grosser Gastfreundschaft beim Entdecken der chinesischen Küche und unserer Besuche in Peking genossen.

### 3. WAHLEN

Wie alle drei Jahre beginnen wir eine neue Wahlphase für die Vorstandsämter in der ISH. Unsere Gesellschaft hat die Besonderheit, zwei Wahlprozesse zu kombinieren: einen für die Ämter des Präsidenten und des Schatzmeisters (im Moment Mark Jensen), die von den einzelnen Mitgliedern gewählt werden; den anderen für die Wahl der Repräsentantengruppe und der Vorstandsmitglieder, die von den einzelnen Gesellschaften gewählt werden. Jeder von Ihnen hat die Möglichkeit, auf einer dieser Ebenen gewählt zu werden. Für das Amt des Präsidenten und des Schatzmeisters müssen Sie zuerst von den Repräsentanten der einzelnen Gesellschaften nominiert werden. Dieser Prozess beginnt bald, und ich lade Sie ein, sich darüber in unserer Verfassung (Artikel 7: Wahl der Vorstandsmitglieder) zu informieren. Danach werden der Rat der Repräsentanten und die

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Vorstandsmitglieder in Direktwahl während der Generalversammlung in Montréal bestimmt.

#### 4. COR (COUNCIL OF REPRESENTATIVES) RAT DER REPRÄSENTANTEN

Das Leben einer Gesellschaft besteht aus Momenten der Freude und der Trauer: aus persönlichen und beruflichen Gründen hat unser Kollege Franck Gardin-Brèche sein Amt als Vorsitzender des Repräsentantenrates niedergelegt. Wir danken ihm für seinen Arbeitseinsatz während seiner fünf Jahre als Vorstandsmitglied und wünschen ihm alles Gute für seine Zukunft. Die Statuten der ISH haben solche Situationen vorhergesehen und erlauben dem Vorstand, einen neuen Vorsitzenden zu bestimmen. Natürlich haben wir Professor Giuseppe de Benedittis, Vizepräsident des Repräsentantenrates, gebeten, dieses Amt zu übernehmen, und trotz seines intensiven beruflichen Engagements wie auch seiner schon jetzt vielfältigen Vorstandsaktivitäten hat er diese wichtige Aufgabe akzeptiert, die Verbindung zwischen den Mitgliedsgesellschaften und dem ISH Vorstand zu pflegen. Er wird vor allem die Aufgabe haben, die Generalversammlung der ISH in Montréal vorzubereiten, ein wichtiger und grundlegender Moment im Leben der Gesellschaft, wo die wesentlichen Entscheidungen für die Zukunft und die Entwicklung unserer Gesellschaft getroffen werden. Giuseppe wird dabei von Consuelo Casula unterstützt werden, die zur Vizepräsidentin des Repräsentantenrates aufsteigen wird, als auch von Nicole Ruysschaert und Brian Allen, die gegenwärtigen Sekretäre.

#### 5. BEWERBUNG FÜR DIE AUSRICHTUNG DES NÄCHSTEN KONGRESSES IM JAHRE 2021

In weniger als einem Jahr werden wir uns freuen, alle in Montréal zusammenzukommen. Aber wo werden wir uns 2021 zum 22. Weltkongress der Hypnose zusammenfinden? Das weiss im Moment noch niemand, da das Gastland erst kurz vor dem Kongress in Montréal bestimmt werden wird. Die Bewerbungszeit ist bis zum 1. März 2018 verlängert worden. Jedes Land und alle Gesellschaften haben also noch diese zusätzlichen Monate um sich den Anleitungen gemäss zu bewerben, die auf unserer Internetseite unter <https://www.ishhypnosis.org/triennial-congress/bidding-procedure/> zu finden sind.

Freundliche Grüsse,  
Claude VIROT  
Präsident der Internationalen  
Hypnosegesellschaft

#### Lettera del presidente Translator: Consuelo Casula Italian

Buongiorno!

##### 1. BRASILE

Diamo il benvenuto ai nostri amici brasiliani e facciamo le congratulazioni al Presidente dell'Associazione Brasiliana di Ipnosi (ASBH), Dr. Osmar Ribeiro Colas. Dopo aver esaminato i loro documenti, il Board ha approvato all'unanimità l'ammissione della società brasiliana come società costituente della ISH. Invito tutti coloro che vogliono scoprire questo grande paese e la loro ricca tradizione ipnotica a partecipare al 13 ° Congresso che si terrà dal 15 al 17 novembre a San Paolo. Per ulteriori informazioni, potete consultare il International Journal della Società Brasiliana di ipnosi: <https://www.spdm.org.br/educacao/i-jornada-internacional-de-hipnose-da-associacao-brasileira-de-hipnose-asbh/>

##### 2. CINA

Vorrei ringraziare calorosamente i nostri amici della Società Ipnocina Cinese e la loro presidente, professore Xin Fang, per aver invitato il board a partecipare al loro primo congresso nazionale. Abbiamo ammirato la loro competenza durante la perfetta organizzazione dei tre giorni di congresso che ha riunito 900 partecipanti! Abbiamo anche ammirato la motivazione e l'entusiasmo di tutti. Abbiamo lavorato sodo, ma abbiamo anche avuto tanti ottimi momenti per conoscere la cucina cinese e visitare Pechino.

##### 3. ELEZIONI

Ogni tre anni ci sono le elezioni per le posizioni nel board della ISH. La nostra associazione è unica nel combinare due processi: uno per le posizioni di President-Elect e di Segretario Tesoriere (Mark Jensen attualmente) elette dai membri individuali. L'altra elezione avviene durante il Consiglio dei Rappresentanti in cui i rappresentanti delle società votano gli altri membri del board. Ognuno di voi ha l'opportunità di essere eletto per entrambi le posizioni. Per le posizioni di Presidente eletto e di Segretario Tesoriere, bisogna prima essere nominati dai rappresentanti delle società. Questa procedura sarà attivata presto e vi invito a leggere il nostro statuto (By Laws articolo 7: elezione degli *officer*). Durante la riunione del Consiglio dei Rappresentanti a Montreal avverrà la prossima elezione degli altri membri del board.

##### 4. COR

La vita di un'associazione è fatta di momenti di gioia e di momenti di tristezza: per motivi personali e

professionali, il nostro collega Franck Garden Brèch ha lasciato le sue funzioni di presidente del Consiglio dei Rappresentanti. Lo ringraziamo per tutto il lavoro svolto durante i suoi cinque anni di board member della ISH e gli auguriamo buona fortuna per il suo futuro. Lo statuto dell'ISH prevedeva già una eventualità simile, consentendo al Board di nominare un nuovo presidente. Naturalmente, abbiamo nominato il Prof. Giuseppe Benedittis, che era vicepresidente del COR e che, nonostante la sua intensa attività professionale e le sue numerose cariche nel board, ha accettato questa importante missione di creare un collegamento tra le società costituenti e la ISH. In particolare, ha il compito di preparare l'assemblea generale della ISH a Montreal, momento clou della nostra vita comunitaria, il momento essenziale per prendere le decisioni più importanti per il futuro e l'evoluzione della nostra associazione. Giuseppe sarà accompagnato da Consuelo Casula che diventa vicepresidente del COR e da Nicole Ruyschaert e Brian Allen entrambi segretari.

#### 5. CANDIDATURA PER IL PROSSIMO CONGRESSO NEL 2021

In meno di un anno avremo il piacere di stare insieme a Montreal. Ma dove ci ritroveremo nel 2021 per il 22° Congresso Mondiale di Ipnosi? Nessuno lo sa ancora perché il paese ospitante sarà designato poco prima del congresso di Montreal. Il termine della presentazione delle domande è stata prorogata al 1° marzo 2018. Ogni paese, pertanto, e ogni società ha questi mesi per preparare la sua proposta secondo le istruzioni descritte nel documento apposito disponibile sul nostro sito web: <https://www.ishhypnosis.org/triennial-congress/bidding-procedure/>

Cari saluti,  
Claude VIROT  
Presidente della  
Società Internazionale ipnosi

## Columna de la Presidencia

Translator: Teresa Robles  
Spanish

¡Buenos días!

#### 1. BRASIL

Damos la bienvenida a nuestros amigos brasileños y felicitamos al Presidente de la Asociación Brasileña de Hipnosis (ASBH), el Dr Osmar Ribeiro Colas. Después de examinar su expediente, el Consejo votó por unanimidad la admisión de la sociedad brasileña como sociedad parte de la ISH. Invito a todos los que deseen descubrir este gran país y su rica tradición hipnótica a participar en su 13o Congreso que tendrá lugar del 15 al 17 noviembre en Sao Paulo. Para mayor información, pueden consultar el periódico internacional de la Sociedad Brasileña de Hipnosis en esta dirección: <https://www.spdm.org.br/educacao/i-jornada-internacional-de-hipnose-da-associacao-brasileira-de-hipnose-asbh/>

#### 2. China

Quiero agradecer de manera muy especial a nuestros amigos de la Sociedad China de Hipnosis y a su Presidente, el Profesor Xin Fang, por haber invitado a los miembros del Consejo a participar en su Primer Congreso Nacional. Admiramos su profesionalismo y la organización perfecta de esos tres días que reunieron 900 participantes. Admiramos también su motivación y entusiasmo. Si bien todos trabajamos mucho, también disfrutamos muchos momentos de gran convivencia descubriendo la cocina china o durante las visitas a Pekín.

#### 3. ELECCIONES

Como cada tres años, entramos a la fase de renovar a aquellos que hemos elegido para desarrollar las funciones de responsabilidad dentro de la ISH. Nuestra asociación tiene la particularidad de combinar dos procesos: Uno para los puestos de Presidente y de Secretario/Tesorero (que actualmente ocupa Mark Jensen), que son elegidos por los miembros individuales. Y otro para el Consejo de representantes y los miembros del Consejo, que son elegidos por las sociedades. Cada uno de ustedes puede ser elegido en cualquiera de estos dos niveles. Para los puestos de Presidente y de Secretario/Tesorero, es necesario haber sido nominado antes por los representantes de las sociedades. Muy pronto activaremos este procedimiento. Te invito a conocerlo a través de nuestros estatutos (Artículo 7: elecciones de los oficiales). El Consejo de representantes y los miembros del Consejo serán a continuación elegidos durante la Asamblea General en Montreal.

#### 4. COR (CONSEJO DE REPRESENTANTES)

La vida de una asociación se construye con momentos de alegría y momentos de tristeza: por razones profesionales y personales, nuestro colega Franck Garden-Brèche dejó el Consejo y sus funciones como Presidente del Consejo de representantes (Chair). Le agradecemos todo el trabajo realizado durante los cinco años que fue parte del Consejo y le deseamos lo mejor para su futuro. Los estatutos de la ISH prevén este tipo de situación permitiendo al Consejo nombrar un nuevo presidente (Chair). Como era de esperar, solicitamos al Prof. Giuseppe de Benedittis, vicepresidente del COR, que a pesar de sus compromisos profesionales intensos y sus ya múltiples actividades en el Consejo, aceptara la importante misión de ser el punto de contacto entre las sociedades que constituyen la ISH y el Consejo. El tendrá en particular la misión de preparar la asamblea general de la ISH en Montreal, momento fuerte y esencial de nuestra vida asociativa en donde se toman las principales decisiones para el futuro y la evolución de nuestra sociedad. Giuseppe estará acompañado por Consuelo Casula que toma, a su vez, el papel de vicepresidente, así como por Nicole Ruysschaert y Brian Allen que fungirán como secretarios.

#### 5. CANDIDATURA PARA EL PRÓXIMO CONGRESO EN 2021

En menos de un año tendremos el placer de estar nuevamente reunidos en Montreal. Pero, ¿dónde nos encontraremos en 2021 para el 22 Congreso Mundial

de Hipnosis? Aún no sabemos puesto que el país huésped será elegido justo antes del Congreso de Montreal. La presentación de candidaturas se ha prolongado hasta el 1 de marzo del 2018. Cada país, cada sociedad, tiene esos meses para preparar su expediente de acuerdo a las indicaciones descritas en un documento que se encuentra en el siguiente sitio en Internet: <https://www.ishhypnosis.org/triennial-congress/bidding-procedure/>

Atentamente  
Claude VIROT  
Presidente de la  
International Society of Hypnosis

HARD WORK, MANCHESTER



BOD, MEETING ON THE YANGTZE RIVER CRUISE



## Letter from the Editor



The past months were really very rich in hypnosis events:

The board of directors visited China, participating and teaching at the 1<sup>st</sup> hypnosis conference of this really special country. We enjoyed the hospitality of Xin Fang and her team from the Chinese Erickson Institute.

Then we almost all participated in the European Society of

Hypnosis (ESH) Conference in Manchester.

And we also had a really interesting symposium in Bari (Italy) organized by Consuelo Casula: Voci de Donne...

No wonder that our president, **Claude Viro**t is also addressing most of these events in his **Letter from the President**.

In the **Main Interview** you can meet Stuart W.G. **Derbyshire**, who is an Associate Professor, at Department of Psychology, National University of Singapore (NUS). As you will see he is not “simply” a pain researcher, but he is interested in many other topics, so he is another perfect candidate to “build the bridge” between researchers and clinicians.

In an earlier issue Consuelo Casula invited **Camillo Loredio** to continue the chain of “Ten questions” column. In our cruise trip in China we had the opportunity to make this interview, and actually it became much more... So now we introduce Camillo in the column of **“Meeting our Mentors”**.

We keep on “building bridges” between the clinical and research fields of hypnosis in the **Clinical Relevance of Research Findings**. We had become accustomed to András Költő as the one who summarized some exciting papers in his column. As András is now working abroad on a grant, a young colleague **Fanni Pusztai** is taking over the job of writing **“Findings of Note”**.



In the column of **Building Bridges of Understanding** the same person, **Fanni Pusztai** gives an overview of hypnosis styles and their relevance in clinical work.

Mark Jensen’s book on induction techniques is reviewed by **Enikő Kasos**, who is relatively new in the field, so we can read the opinion of someone who is deeply interested but still has a “fresh eye/look” on the topic.

A special moment at the Researchers’ Night – which is a Europe-wide public event dedicated to popular science. It takes place each year on the last Friday in September, free and open to the public. Around 30 countries and over 300 cities are involved. see: [http://ec.europa.eu/research/mariecurieactions/about/researchers-night\\_en](http://ec.europa.eu/research/mariecurieactions/about/researchers-night_en)

This year Éva Bányai gave a lecture at Eötvös Loránd University on hypnosis research. It is really heart-warming to see a room full of people interested in science – closely to midnight – Especially when the topic is hypnosis!

Waiting for your inputs, contributions, comments and ideas,

Katalin Varga  
Dipl. Psych. Ph.D.



EDITOR KATALIN VARGA,  
A TOURISTIC MOMENT IN  
BEIJING

## Main Interview

Interview by Katalin Varga



**Stuart W.G. Derbyshire** is an Associate Professor, Department of Psychology, National University of Singapore (NUS) and A\*STAR-NUS Clinical Imaging Research Centre.

His main interest is neuroimaging and

pain but his interests extend through a wide range of topics including fetal pain, mobile phones, shopping, evolutionary psychology and the brain.

Currently he is working on a project entitled “From the neural correlates to the neural dynamics of pain”. The aim of this project is to define neural pathways involved in the ascending facilitation and descending inhibition of pain.

Another ongoing research topic is the neural correlates of comfort and discomfort. He has used hypnosis for over a decade to explore how suggestion might generate pain in the absence of a typically noxious stimulation. Combined with fMRI, that work has demonstrated that hypnotic suggestion of noxious heat causes pain and activity in the typical “pain neuromatrix”.

Stuart has authored over 100 research papers, book chapters, articles and commentaries. His work has been quoted extensively in the international print media and he has appeared several times on radio and television. He is also regularly consulted for his expertise and has submitted evidence for the UK DOH and the Commons Science and Technology Committee and has spoken before the Virginia Senate in the US and consulted for the New York Civil Liberties Association. He has recently contributed to *Human Meanings of Pain*, Springer International Publishing, 2017; *The Routledge Handbook of Philosophy of Pain*, Routledge, 2017; and *The Routledge Handbook of Neuroethics*, Routledge, 2017.

**Please describe your earliest awareness of hypnosis. This might have been a movie, a cartoon, a book...**

Earliest awareness, I’m not certain. But I think it was a stage hypnotist that I saw with my dad at a car dealership. My dad had bought a car and they invited the customers for a freebie night. I would have been about 14. I remember being exceptionally impressed at the power of the hypnotist. About a year later I took a night class in psychology and the teacher ran one session on hypnosis. I was the only person in the class who responded (he did a simple arm levitation).

**Please characterize briefly your career, and your current work.**

My A-levels were in Math, Physics and Chemistry, but I was getting tired of the “hard” sciences. I switched to psychology after the night class and got into UCL in 1988. I stumbled on a project in pain in my 2nd year and pursued it further for my honours thesis in my final year. I was lucky enough to get involved in imaging at Hammersmith Hospital and then pursued a PhD in pain imaging at Hammersmith and UCL. Since then I have continued to examine the “neurosignature” of pain and the relation between neural function and sensory experience. Most of my empirical work has involved understanding the ascending excitatory system (involved in generating pain) and the descending inhibitory system (involved in damping pain down). Most of my theoretical work has involved understanding how pain experience relates to that neural activity and how neuroscience might help us to understand functional pain. My current empirical work is focused on the potential failure of descending inhibition in patients with functional pain. My current theoretical work is focused on the possibility of neuroscience providing an objective measure of pain, a possibility I reject as implausible.

**Who was (were) an important mentor(s) for you?**

There have been a few. Shirley Pierce was my original PhD supervisor but she disappeared into the admin abyss a long time ago. David Oakley then took over and he introduced me to hypnosis (after some resistance on my part). Anthony Jones taught me all about imaging and pain, and he was very ably supported by Karl Friston, Richard Frackowiak and Paul Fletcher. In the hypnosis world I have been very lucky to know Zoltan Dienes and Irving Kirsch.

**You, like most of the researchers, use extensively the measurement of hypnotizability. In clinical practice colleagues hardly use these scales.**

### **What is your opinion of this difference between researchers and clinicians?**

The essential difference is that researchers don't typically try to help people; we just run experiments on them... Because clinical practice is about the person rather than the procedure, clinical colleagues adapt their procedures to bring the best benefit to the patient. Because research is about the procedure rather than the person, experimental colleagues use replicated procedures to bring out the most reliable findings. A problem on the clinical side is that procedures are chosen somewhat ad-hoc and there is always the concern that a better approach might not be seen amongst the noise of all those ad-hoc decisions. A problem on the research side is that highly effective interventions might be overlooked because adaptations necessary for each individual were not made. I don't see an easy solution to those problems.

### **Why and how did you come to study 'pain'? Why did this – and not some other topic – become the focus of your interest?**

See above. It became the focus of my attention mainly because pain is an almost perfect vehicle for exploring the intersection of biology, mind and society, which is my major interest. Most people tend to think of pain as simply that thing which follows a painful stimulus. But as I mentioned in my talk that approach is tautological and tends to eliminate the person who does the feeling. Pain is at least dependent upon, and might be thought of as a part of, subjectivity. And subjectivity is something that develops in a social and biological setting. Consequently what we feel is not a straightforward expression of biology but a collective interpretation of stimuli; your feelings are not entirely yours. I started exploring those ideas around 1992 when a friend asked me whether I thought "fetal pain" was a viable concept. I wrote my first paper on fetal pain in 1996 and have continued to examine the social development of pain ever since.

### **You are working on the topic of functional pain, and your studies demonstrate how effectively hypnosis can be used to "produce" pain (without any noxious stimulation). How do you see the utilization of hypnosis to reduce pain?**

In our subsequent studies we also used hypnosis to reduce functional (fibromyalgia) pain and acute (heat) pain. Behaviorally, it worked brilliantly, but the brain activation was a touch tricky to interpret in the acute pain study. Moreover, we only used highs and none of our patients seemed interested in using the technique in their daily lives. Overall, there is excellent clinical evidence that hypnosis can be helpful for chronic pain patients, and can be used in lieu of local or general anesthesia for at least some acute operations. Unfortunately, I don't view

our brain imaging experiments as providing a better route to utilizing hypnotic analgesia, and I don't think there is anything in our studies to inform clinical practice beyond what is already known and already being done.

### **It is often mentioned that the induced pain in healthy volunteers is different from the pain experienced by actual patients. How can you bridge the laboratory pain research and the clinical reality?**

Well, one way is to use the patient's own experience of his or her pain, which we have done. Another approach is to try and model the clinical pain experience more closely in controls. That is what we did when we used hypnosis to generate pain as a model for functional pain. Other studies have used an actual incision to model operative pain and others have used wisdom teeth extraction as a model of idiopathic facial pain. But I think your question points to a deeper problem. The clinical reality of pain involves serious anxiety about what the pain means and strong fear about the implications if the pain does not stop. When the pain becomes chronic there is depression, social withdrawal and physical

PART OF COMPLEX WORK OF A RESEARCHER:  
DANCING TANGO AT A CONFERENCE...



deterioration, which typically add to the pain experience. Those things are difficult to replicate for practical and ethical reasons. We tend to hope that the underlying mechanisms associated with a non-threatening, acute noxious stimulus will overlap with the threat of clinical acute pain and chronic pain. I can't yet tell you if that hope has some purchase or is completely misguided.

**Your studies show, as do many others, that brain activity and behavioral data are often not matching, i.e., a brain signal seems to reflect pain even in the absence of a behavioral manifestation or vice versa. How do you interpret these results? Do you have a hierarchy for explaining these results? In your opinion, which is more important the brain data or the behavioral data? Or would it be possible that this distinction is the “real” phenomenon, and we should not expect complete synchrony?**

I try to avoid saying which is “real” or putting them into a hierarchy. Both brain activity and behaviour are real, and both are likely telling us something important about what is true – subjectivity and objectivity are different facets of the same true world, they do not exist in separable realms. I guess that is closer to your last point about the distinction being the “real” phenomenon. Biology makes our experience of pain possible (heads full of sawdust don't feel anything) but biology is not the experience and is not even doing the experiencing. The experience lies in the relation between us and the stimulus, and the meaning or interpretation we place onto that experience. A pin is not painful or sharp; it is only painful or sharp for us because of the cooperation between the receptors in our skin and the point of pressure from the pin. The sharpness exists in the relationship between the two events and not in the pin or in biology per se. But even that only gets us so far. To understand why chronic pain patients suffer so badly, we have to look at what their pain means. Many chronic pain patients do not view their pain as something that comes with life and which can be managed or ignored without consequence. They feel their pain as a ferocious threat that doctors and the medical establishment, and sometimes governments, should be totally engaged with in an effort of eradication. And when that fails to transpire, it feels awful.

Thank you,  
Kata

## Meeting Our Mentors

**Camillo Loriedo, MD, PhD**

Rome, Italy

Professor of Psychiatry and of Psychotherapy, University of Rome. President of the Italian Society of Hypnosis and of the Italian Milton Erickson Society. Past-President of the International Society of Hypnosis, and Past-President of the European Society of Hypnosis.

Director of the Italian School of Ericksonian Hypnosis and Psychotherapy, and Member of the Board of Directors of the Milton Erickson Foundation.

Editor of the Italian hypnosis journal “Ipnosi”. Editorial Consultant, International Journal of Clinical and Experimental Hypnosis, since 1997. Member of the Editorial Board of the American Journal of Clinical Hypnosis since 2005.

In Phoenix, Arizona (2001) has been awarded by the Milton H. Erickson Lifetime Achievement Award for outstanding contribution to the field of Psychotherapy.

In Bremen (2012) has been awarded with the Benjamin Franklin Award (Gold Medal) the highest honor of ISH.

In Toronto (2012) has been awarded by the Society for Clinical and Experimental Hypnosis with the Shirley Schneck Award for Significant Contributions to the Development of Medical Hypnosis.

In April 2013 he has been nominated Chairman of the Awards Committee of the International Society of Hypnosis.

In Sorrento (2014) has been awarded with ESH Honorary Membership, for having made an outstanding contribute to the field of Hypnosis.

He has authored 32 books and over 380 papers, and among them:

- LORIEDO,C., VELLA,G., Paradox and the Family System, (English Revised Edition), Brunner\ Mazel, New York, 1992
- LORIEDO,C., PETER,B. (Eds.), The New Hypnosis: the utilization of personal resources in Ericksonian practice and training, Hypnosis International Monographs, Munich, 2002.
- LORIEDO,C., ZEIG,J.K., NARDONE,G, Trance-forming. Ericksonian Methods, Milton Erickson Foundation Press, Phoenix, 2010

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

Our “Chain” of 10 questions was waiting for the next person to answer for several – well months. But finally, we had such a relaxed and optimal time in China to make the interview that finally it became a “Meeting our mentors”. This is another example that some things need enough time to develop and really become enjoyable. Like wine and cheese...

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

I was a student in medicine and there was a professor, Prof. Gherardi, teaching hypnosis. I was curious; I followed him and he was giving a demonstration with a patient with back pain. After his session the patient was cured completely, but I wasn't convinced that hypnosis could work.

I went home and tried it to demonstrate to myself what I saw was only a trick. So, I contacted a friend who was suffering from back pain and he accepted to volunteer. I repeated what I saw at the demonstration and, with my surprise, it worked. This was the moment I decided to know more about hypnosis.

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

What comes to my mind as an example of this, is when I was hypnotized by a client of mine. This was a case of a couple during the time when the husband was depressed. The therapy was very boring, the wife was complaining all the time, and the husband remained silent. And she continued to comment: “He doesn't talk; he doesn't move; he doesn't go to work. I did 6-7 sessions without any result and every session was the same. The day of the last ses-

sion I was having a terrible day. I even hoped that they would not come, but unfortunately, they came. After 20 minutes of complaining, I decided to tell them how I felt. “I had a terrible day, I even hoped you wouldn't come. I realized that this therapy is a failure. Listening to you for 20 minutes, I see my failure in your eyes.” At this moment the husband raised his head and started to talk: “Doctor you are too much of a pessimist!” Then he looked at his wife and said, “Should we tell him?” She nodded, and went on: “Things are improving a little, and we decided to have a child... I am pregnant.”

I was thinking to myself, why did they not tell this to me before. I said, “This is really good. But as I am thinking it over, I imagine the life of this child: You are silent, your wife is complaining, as I wish all the best for the child... I am concerned...”

This moment the husband said again: “Doc, you are too pessimistic... Can I do anything for you?” I said: “I don't believe so.”

Husband: “I learned hypnosis from you, because you did it to me. So, if you want I can try to apply it to you.”

My reply: “I don't believe in lay hypnosis, and if you think I will pay for the session I won't.”

Husband: “No doctor, if you are better we are better, so we will pay for the session anyway.” The wife went on saying that he tried hypnosis with a relative, and it was working well. She wanted to convince me to let her husband do hypnosis with me. Finally, I decided to accept. The man begins to say to me: “Now you close your eyes and see clear skies, no clouds, everything is beautiful, all your patients are happy with you, you succeed with all your cases...” – we continued like that for 15 minutes, then he woke me up, and I said to him: “Thank you, I had two dreams. One was very personal, so I prefer not to share it. The second was about you, your wife and little child. All three of you were smiling.”

The wife: “You see doctor, you are saying to us that we are smiling this is a good wish.”

I said: “This is only a dream, I cannot say it will be true.”

Husband: “Doctor, don't be pessimistic again.”

So, they left smiling and different from when they came. I was curious about the next session. When they came again, they never spoke anymore about depression, nor about big problems. When they had serious ones, they were looking at each other to consult, and deciding what was proper to tell me... They continued like this.

This is my most exciting experience with a special hypnosis situation.

**3. Is there anyone whom you consider as your master, whom you admire among hypnotists / hypnotherapists? Someone who most deeply influenced you or your approach?**

EDITOR KATALIN VARGA INTERVIEWS CAMILLO LORIEDO



Well, I consider my mentor to be a psychiatrist that was not a hypnotist. He was Carl Whitaker. I follow his philosophy of psychotherapy. I consider him as my main spiritual teacher. The idea of being experiential, ready to be influenced by your patient, and to use your fantasy I learned from him. Just like the idea of moving in and out from the relationship continuously. And to use your own involvement as an essential part of therapy. Not refusing it, but utilizing it. Since I never met Milton H. Erickson I think this is the closest approach that I find in my life that is similar to Milton H. Erickson.

Whitaker was my teacher. He came to Italy several times, and I was visiting him at his workplace for several months in Madison, Wisconsin. He was a very generous man: in teaching, and in life. He is also following my career.

VK: How did you got to know him?

He introduced me to Jeff Zeig, when he, Whitaker, was a keynote speaker in the 1st Erickson congress. Milton H. Erickson had died, and he was supposed to have been the keynote speaker. Then the next idea was to ask Bateson, but he also died. Fortunately, they were able to find Whitaker in this emergency situation. He was considered to be working hypnotically without calling it hypnosis.

#### 4. What is your favorite book?

Hah.... In hypnotic sense: Hypnotherapy by Erickson and Rossi. This is a book that shows you the process, not only the techniques. You can follow an entire therapeutic case from the beginning to the end. We consider Milton H. Erickson as someone who was famous for the techniques, but he deserves more admiration for the process he was able to develop.

In a broader sense my favorite book is Gregory Bateson's Mind and Nature. This is the book that clarifies that there is no difference between a human mind as we conceive it in the brain and the natural mind, because every living system is a mind. He taught me to think that both the human being and the family are "minds", and they reflect each other. A dissociated mind, for example, is part of a dissociated family.

A general book - I was influenced by my son. He has a passion for Stephen King, and he passed this passion on to me. I read 1 or 2 books, and I found he has a talent for describing little details. I have a taste for details, and I like little things.

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

While I work on the computer, I have my guitar close to me. When I am tired or disappointed, I begin to play for 5-10 minutes and return again to work.

In sports, I like windsurfing so much. It is really my passion. This is the case when your body, the wind and the sail are all together, and a little change in your movements makes a difference. I consider it a kind of self-hypnosis, and at the same time a form of natural hypnosis.

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

(laughing) Nothing.... I am absolutely perfect (laughing even more)....

Well when I started to use hypnosis I was a little bit skeptical.... Now I deeply believe that this is one of the best ways to change yourself and the other person. I am asking for myself more courage to go on with this belief, because sometimes when things are not working as you expected in therapy, you feel defeated and you are saying I am failing. Of course, I know well that you are never really defeated. Therapy is a process and we are taught to trust the process. But that is only theory. When you are feeling defeated you may think that it's a failure in the therapy, but this feeling is really an indicator of something else. For example, you might be working too hard, your timing of a suggestion might be wrong, or something else. I discovered, that sometimes, even at the last minute you can create change. But it is not always easy for me.

#### 7. Which human feature do you admire the most?

Courage, to explore, to improve yourself, and to know more. I also admire the courage of doing something that you never did before, because in my opinion both life and therapy should not be continuous repetition, but the acquisition of novelties, that allow you to understand that life is worthwhile and therapy is worthwhile. I like to find in every patient something that I didn't know before. And it's a pleasure when it happens. This is my special patient because of a unique way of describing life or because he is telling me something that I have never heard, or because of a special elegance, or because something is terribly upsetting---events or details shared in a way that I didn't experience before.

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

I am not special in any way...

#### VK: How about the guitar?

CL: I do not consider myself a musician, only an amateur person who plays guitar... Let me think what I am good at---

#### VK: ... being modest?

CL: Not even that (laughing)

A bit later:

CL: Oh, I found it: doing supervision. People are happy to come to me for supervision. I like doing that very much. Now I have a long history of teaching my resident students for about 45 years. I think I developed a good mentality for supervising. I have very clear rules for supervision. It is important to outline clearly at the first moment what the rules of supervision are, and to apply the rules immediately.

**VK: Would you be so kind as to share these rules?**

CL: Of course. These are: As supervisee, you have the freedom to do whatever you want, BUT if you change anything that we decided together, you should tell me why. If you have a good reason, you can change it. If you cannot explain to me why, you are not allowed to change what we decided. Only when I say, "you must do this" (which I rarely say, perhaps only in some situations with inexperienced students), I expect them to follow my instructions.

- There are some suggestions for the supervising teachers as well. E.g.
- Don't expect that the students will have the same style as you.
- Be aware that most students are afraid to fail. They need your support.

In hypnosis, especially, we almost never have real failures, only apparent failures. The supervisor should be aware that the students will only fail when they think they have failed.

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

Hahaha... OK...

To write books. I have 6 books ready to be published. But I didn't find the time to do this, yet. I am waiting for retirement from my university to complete these works. Do you want the titles?

VK: Yes,

CL: And I will read the list and it will be a reminder that I should do it....

One is about Secrets in the family systems. Another is about Self hypnosis.

And a third is Hypnosis with families and a fourth is Resource-based family therapy (contrary to the usual approach of some family therapists who create guilt, or are blaming the families, this approach is more interested in the family resources.)

Since I have a long, long experience with eating disorders, I need to make that into a book, too.

And (searching in his computer he found) the 6th the History of hypnosis.

And a 7th. which is more general: Simplicity and complexity. This is more philosophical. In family as

well as individual therapy it is important to make what is complex simple.

Ah... I also have: Individual Systemic Therapy. (VK: Please note this is the 8th project...) You are working with the individual but thinking systemically, e.g., You suggest to a patient to talk with the father – and you see what happens.

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

These awards are all different. The Milton H. Erickson (MHE) award was completely unexpected, and when it happened I was astonished, I wasn't able to speak. When it was announced, I could say only "Thank you". I wanted to say more but I was so moved...

In the case of the ISH award I was also surprised, because I didn't expect the highest award. I suspected that sooner or later I will have something, but the highest!!! The one that was given to Milton H. Erickson. So, I started to speak and speak... The effect of the surprise was completely different than in case of the MHE award. I think I worked a lot for ISH in different moments. I think this award was for many people, not only for me.

The European (ESH) one I was also not expecting. I did lot of work many, many years before, but not anything special after that. The award came when I already was not so active, except that I did a congress, as there was no one else to do it, so I had to do it very fast. And we did the congress of Sorrento. So, I was happy for each award.

These awards are now in my office. The 4th one is the association of the exorcists. They asked me whether I would like to be their consultant to examine if the possessed people were crazy or not. I didn't find any who were sane. They were disappointed, but gave me an award. My patients entering my office ask: Are you an exorcist? And I laugh....

**+1: Who would you like to be asked next among the ISH members? Any special question for this person on your part?**

I would like to ask Éva Bánya from Hungary: What is the research that you never did but wanted to do?

## 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...**

**FANNI SÁRA PUSZTAI**

**HYPNOSIS STYLES AND THEIR CLINICAL RELEVANCE**

### Application of hypnosis styles in clinical practice

The aim of the current paper is to give an overview of hypnosis styles and their relevance in clinical work. First the conceptual framework, the social-psychobiological model of hypnosis that lies behind hypnosis styles, is briefly described. Then hypnosis styles are explained by summarizing experimental results gathered so far. Finally, clinical relevance of hypnosis styles is discussed. Detailed experimental procedures and statistical results can be found in the referenced works.

### Conceptual framework: the social-psychobiological model of hypnosis and hypnosis styles



**Fanni Sára Pusztai** is a psychology graduate student at Eötvös Loránd University in Budapest, Hungary.

She wrote her thesis on the topic of 'Hypnosis styles in active-alert hypnosis' at the Department of Affective Psychology.

The current paper is an extension of that work.

There is a long debate about the nature of hypnosis. Some emphasize for example that it is a special altered state of consciousness, accounted for by special processes, while others argue that there is nothing special about it at all and it is simply a type of social interaction where social and cognitive processes influence the behavior of the participants who thus respond to the demands of the situation based on their attitudes and what they believe to be expected of them (see a summary on the main theories of hypnosis: Varga, 2013).

Another (related) question in the history of hypnosis research and application is whom to attribute the hypnotic effects to: the hypnotized subject or the hypnotist? The focus has shifted back and forth from assuming that it is the "power" of the hypnotist that brings about the changes, to whether it is within the subjects themselves (Diamond, 1984). Both of these questions can be looked at from an entirely different perspective: instead of the "either/or" we can look for the "and" aspect, meaning that some researchers are looking to integrate the different components mentioned above (Hammond, 2005). Psychology in general is coming to an understanding that when looking at any complex phenomenon it is almost always reductionist to try to explain it in terms of limited causal features. The same is true for hypnotic phenomena.

Éva Bányai proposed the **social-psychobiological model of hypnosis** in the early 1990s (Bányai, 1991). She realized that instead of studying either the hypnotist or the hypnotized subject, "*hypnosis develops in a unique interaction between hypnotist and subject*, and we should study the interaction itself" (Bányai, 1998b, p. 53, emphasis in original). The essence of her multidimensional approach is that "behavioural, experiential and relational dimensions of the interaction between hypnotist and subject are explored empirically and, beyond these, the physiological level of the interaction is also studied" (Bányai, 1998b, p. 54). We can thus see that instead of working with a limited set of factors in understanding hypnosis, this model is taking a holistic, multilevel approach both theoretically and experimentally.

The social-psychobiological model acknowledges hypnosis as an altered state of consciousness, which comes about in a special social context labeled "hypnosis", by way of the mutual influence of the hypnotist and the hypnotized subject on each other. (Bányai, 2008). Bányai convincingly argues that hypnosis arises in a social context, thus **situational demands** do in fact play a role in it, as the sociocognitive model postulates, as well as emphasizing the **relational dimension** between the

participants of the interaction, showing that they mutually effect each other (instead of the traditional view of the omnipotent hypnotist manipulating the passive hypnotized subject), while also proving that hypnosis is an **altered state of consciousness**, as can be seen from the **experiential and physiological indices** of the participants.

Bányai and her colleagues took this model to the experimental level as well: they started to develop methods with which all the above mentioned factors could be measured in both participants of the hypnotic dyad in an interactional manner. From their results the current article deals with the concept of **hypnosis styles**. They discovered that **interactional synchrony** emerges between the participants of the hypnotic dyad. Interactional synchrony is well described by Varga's (2013) explanation of interdependence from her chapter on *Synchrony in dyadic interactions*: "two persons have an effect on each other, or adapt to each other so that harmony and coordination develops between them in several areas" (p. 15). Synchrony can appear in any dyadic relationship, e.g. such as mother and infant, or hypnotist and hypnotized subject; and it can be examined on many levels, e.g. within the subjective experiences of the participants, their behaviors and their physiological indicators. Such synchronous events were measured experimentally within hypnotic dyads, where they found that attunement of the participants' subjective experiences as well as their behavioral and physiological levels occurred (Varga et al., 2014; Bányai, 1994). Some examples of interactional synchrony are joint movements of the limbs, posture mirroring and common breathing rhythm.

Moreover, they also discovered that **indicators of interactional synchrony differed between the studied hypnotic dyads**. Indices of interactional synchrony and lack thereof were found to be harmonizing with the verbal reports of the hypnotists when interviewed about their experiences during hypnosis (e.g. comments about own bodily sensations), and the differences seemed systematic. Hypnotists who showed, for example, more bodily attunement behaviorally also reported more bodily sensations verbally. The opposite was true for hypnotists who were characterized by little bodily attunement. They reported few bodily sensations, instead they relied more on cognitive information processing (Bányai et al, 1990). Based on these systematic differences the **first two hypnosis styles** described by the research group, which they named **'maternal'** and **'paternal' hypnosis styles**, respectively, because 'maternal' hypnosis is similar to the early mother-infant relationship that is

characterized by more bodily-physical attunement, while 'paternal' hypnosis resembles the more directive, cognitive-analytical relation characteristic in the father-child relationship. Bányai thus describes hypnosis styles as resembling the most relevant, intimate relationships one experiences in his or her life.

Bányai et al. (1990) also found that there is **correlation between the subjects' reports and the main characteristics of given hypnotist style**, so that for example subjects' reports on the positive relationship with the hypnotist correlated with the behavioral manifestations of synchrony in the case of a hypnotist with maternal style, and with the analytical-cognitive displays in the case of a hypnotist with paternal style. Varga et al. (2008) found that subjects experience all emotions, positive and negative as well, more intensely within the maternal style of hypnosis. Non-verbal correlates of communication also show organized differences: smiling, self-touching, signs of physical closeness were positively correlated with maternal hypnosis. Maternal style is also more personal so that for example the hypnotist calls the subject by their first names more often (Bányai, 2002). In the case of the paternal hypnosis style, the hypnotist is more restrictive, and his or her role is more pronounced; in line with the more directive role of the hypnotist, the subjects talk less and agree with the hypnotist more often. These results underlined the similarity of the described hypnosis styles to the characteristics of the intimate, close relationships between mother-infant and father-infant, where the mother typically provides a safe, loving, accepting atmosphere, where physical closeness is emphasized, while the father typically takes on a more directive role and provides more cognitive than physical stimulation.

Alterations of consciousness themselves were not found to be related to hypnosis style, meaning that **experiencing or not experiencing altered consciousness does not depend on the style**. The gender of the hypnotist was also not found to be correlated to the hypnosis style (Bányai, 1995b). As we can see, some **subjective and relational features of the hypnotic interaction are undoubtedly connected to the hypnotist style**. In concordance with the interactional approach however, we should not think of hypnosis styles as unidirectional, where the hypnotist one-sidedly influences the subject in any way (Varga, 2008). Instead it is conceptualized as a dynamically changing phenomenon between the participants of the interactions, who construe hypnosis style together within the given situation, as evidence seems to indicate that hypnosis style is not a stable

trait of the hypnotist (Bányai, 1998b). Hypnosis styles elicit distinct types of rapport however, “in which different dimensions of hypnosis relate to each other in different ways” (Bányai, 1995b, p. 8); these different patterns of rapport in different styles could reflect the different needs of the participants of hypnosis (Bányai, 1995a).

### Why are hypnosis styles clinically relevant?

As mentioned above, Bányai’s observation was that **hypnosis styles resemble the most important personal relationships in our lives**, such as that with our parents, and as in these relationships, hypnosis itself serves specific mutually regulatory functions. According to Field, “Attachment... might be viewed as a relationship that develops between two or more organisms as their behavioural and physiological systems become attuned to each other. Each partner provides **meaningful stimulation** for the other and has a **modulating influence** on the other’s arousal level” (Field, 1985, cited by Bányai, 1995b). The modulation that takes place in these intimate interactions are **fundamental for the development of one’s personality**. The primary caregiver (typically one’s mother) for example helps regulate the infants’ arousal-level so that it gradually comes to match that of the social context. Emotion-regulatory processes develop in a similarly interactive fashion: through the mirroring of emotions the caregivers sensitize the child to his or her own emotions. This way the child learns to recognize and differentiate between emotions, and his or her self-control develops as well (Bányai, 2008).

However, **people’s regulatory needs differ throughout their lives**, and it is not only the parents/care givers who may influence one in such a way. As one gets older, peer relationships for example become more important as the primary reference for the self on appropriate behavior and stimulatory needs (Bányai, 1998b). Cognitive processes are also influenced by our closest relationships, as these guide our attention and stimulus selection. The close, intimate relationships of adults also play a regulating role for example by easing tension, guiding attention, and synchronizing biological rhythms.

By empirically proving that the interactional features of hypnosis resemble these important, intimate functions that have regulatory roles in our lives, Bányai and her colleagues took a great step towards understanding the therapeutic, healing functions of hypnosis. A long psychoanalytical tradition supports the notion that the therapeutic relationship through transference and counter-

transference enables the patient to re-experience the most important relationships in his life. Modern experimental studies also shed light on the **importance of the therapeutic relationship in healing**. These consistently found that alliance between therapist and patient and the outcome of therapy is correlated (Horvath, 2005). When we consider hypnotic interactions specifically, Shor (1962, cited by Lynn et al., 1991) writes that **archaic involvement within hypnosis** is the “extent to which there occurs a temporary displacement or transference of core emotive attitudes formed early in life (most typically in regard to parents) onto the hypnotist”.

This type of relational feature has been known to have beneficiary effects in all therapeutic contexts and in hypnosis specifically. Through hypnosis induction, the hypnotist helps the subject exclude all outside stimuli and continually gives feedback about a specific set of the subject’s inner experiences. This way **the hypnotist becomes the primary reference** for the subject in the given moment, and the hypnotist can choose which experiences or feelings she wants the subject to **focus his or her attention** on (Bányai, 2008). This is very similar to the above described processes that take place between the infant and caregiver, or the adult and his or her most intimate relations. It opens up the door for the hypnotist and the subject to experience a close, intimate relationship in the safe context of the therapy session (or the experimental session), where the setting of the relationship likely provides security that one is not in harm’s or rejection’s way. This also allows the formation of archaic involvement and transference to occur in a way that could be corrective for the participants of the interaction, for they can experience new, more adaptive ways and patterns of relationships, coping and self-development than they previously knew. Bányai (1995b) notes that “it is possible that *it is this regulatory function of hypnosis that may lie behind the therapeutic effect in different psychopathological disorders caused by disturbed interpersonal relationships*” (p. 10-11, emphasis added by current author).

Hypnosis styles seem to tap into this relational, experiential side of hypnosis, and they also **differentiate our knowledge of the healing effects** of the hypnotic interaction. Based partly on these theoretical considerations and on experimental results that recorded instances where the style could not be sorted into either of the existing categories, Bányai hypothesized that beyond maternal and paternal hypnosis styles, other important relationships of one’s life could appear in the hypnotic interaction (Bányai, 1994). The

subsequently identified hypnosis styles are: **maternal, paternal, sibling-like, friend-like and lover-like**. These are defined as the following (Bányai, 2002, p.3):

- **Maternal style:** Hypnosis is built mainly on positive emotions (on love, according to Ferenczi) between the participants. The hypnotist is very much with the hypnotized person. He/she mainly wants the hypnotized subject's desires and ideas to come true and facilitates the independent initiatives of the hypnotized person. He/she places emphasis on the current condition and wishes of the subject. The atmosphere of the hypnosis is emotionally comforting.
- **Paternal style:** Hypnosis is built mainly on respect of authority (on fear, according to Ferenczi). The hypnotist leads and directs the hypnotized person. He/she mainly wants to realize his/her own ideas and intentions and slightly limits independent initiatives of the hypnotized person. He/she does not place emphasis on the current condition and wishes of the subject. The atmosphere of hypnosis is mentally stimulating.
- **Sibling-like style:** Hypnosis is built mainly on equality. The hypnotist almost goes together with the hypnotized person. He/she almost wishes to participate in the realization of the desires and ideas of the hypnotized subject and

accepts the independent initiatives of the hypnotized person. He/she places emphasis on togetherness. The atmosphere of the hypnosis is intimate.

- **Friend-like style:** Hypnosis is built mainly on an equal complementary relationship. The hypnotist accepts taking the role of the leader in the given situation. He/she helps to realize the subject's desires and ideas to come true and respects his/her sovereignty. The atmosphere of the hypnosis is friendly.
- **Lover-like style:** Hypnosis is mainly based on erotic attraction. For the hypnotist, it is mainly the feelings and emotions elicited in him/her by the hypnotized person that are important. It is almost indifferent for him/her if the hypnotized subject's desires and ideas come true or not, or if the hypnotized person has independent initiatives. He/she places an emphasis on his/her own feelings. The atmosphere of the hypnosis depends on the response.

#### How are hypnosis styles clinically relevant?

As we saw above, **different hypnosis styles possibly arise from the different needs** of the participants of the hypnotic interaction. These needs on the side of patients are oftentimes defined by the insufficient interpersonal relationships and thus insufficient arousal-, emotion- and/or cognition-regulation they encountered in their lives.

#### Box 1 Active-alert hypnosis

Hypnosis is usually thought of as a sleep-like state with inductions of drowsiness and feeling sleepy. As Cardena and his colleagues (1998) point out, there is no real theoretical ground to suppose that immobility and drowsiness are prerequisites of hypnosis. It has also been shown that electrical activity of the brain, as measured by the EEG, is different in sleep and in hypnosis (Bányai, 1991). Several hypnosis techniques have been explored that utilize activity for inducing hypnosis. One of the first such methods was developed by Bányai and Hilgard (1976). The procedure requires the subjects to ride a bicycle ergometer with the load set high so that pedaling takes significant effort. While the subject is pedaling, the hypnotist administers a set of suggestions with focus on alertness and feelings of freshness. It has been shown that active-alert hypnosis is in general just as effective in bringing about changes that are associated with hypnosis as the traditional, relaxed form (see a detailed comparison in: Bányai, 1998a). Hypnosis styles were initially studied in traditional hypnosis. Recently it has been shown that they can be reliably captured in the active-alert hypnosis setting as well (Varga & Kekecs, 2015). Active-alert hypnosis has been shown to be especially effective in the therapeutic process where the patient's primary problem is lack of initiative. Actively participating in the process of hypnosis empowers the patients, who thus have the opportunity to experience that they are proactive agents in influencing their own lives. They are enabled to mobilize their hidden resources (Bányai, 1998a). It has been hypothesized that friend-like and sibling-like styles would be more apparent in active-alert hypnosis, as these styles agree with the more equivalent allocation of power in active-alert hypnosis between hypnotist and hypnotized subject (as opposed to the more passive role of the hypnotized subject in traditional hypnosis). Preliminary results seem to support this notion.

Differentiating between hypnosis styles could be useful in the clinical practice because they can serve as practical tools in dealing with different types of psychopathologies. Based on the type of psychopathology or problem the patient comes to seek help for, the therapist can decide which type of hypnosis style should he or she aim to mobilize. It is important to note here again that hypnosis styles are not dependent on the therapist alone, but by realizing their existence one can aim to facilitate and make use of them specifically.

In concordance with clinical literature Bányai (1995b, 1998, 2002, 2015) proposed the following:

- In case of severe pathology caused by early damage in self-development (like in **psychosomatic, psychotic and borderline patients**), at the beginning of the therapeutic process **maternal hypnosis** may be more effective. As maternal hypnosis is characterized by more bodily-physical involvement, it can help the therapist attune to and understand the tensions that cannot be expressed by the patient explicitly.
- In the case of later damage in self-development (like in **neurosis**), **paternal hypnosis** may be more effective. The hypnotist in this case leads and directs the patient based on his authority, sometimes even restricting the patient's own initiations. This atmosphere is favorable in case of insecure and highly uncertain, perplexed neurotic patients, for whom rules and limits may provide a safe background based on which they can explore and correct their symptoms and problems.
- In case of patients with **low ego strength** and/or **depression, friend-like hypnosis** could be most effective. Here the participants are in an equal, complementary relation, which helps patients realize and mobilize their own hidden resources. This is especially attenuated in active-alert hypnosis (see Box 1. on active-alert hypnosis).

## Summary

This article reviewed the concept of hypnosis styles within the frame of the socio-biological model of hypnosis. The essence of hypnosis styles, briefly, is that within different hypnotic interactions different relational patterns develop between the participants that are defined by their personal predispositions, and that go along with characteristic changes in the physiological, behavioral and experiential level of both participants. Based on these specific characteristics we can see that the relational patterns in hypnosis resemble the most important

and intimate relationships in one's life that have regulatory functions, such as those with one's mother, father, siblings, friends or lovers. Taking into account the features and functions of these relationships, it is possible that hypnosis styles bring us closer to understanding the healing effects of hypnosis: providing the regulatory functions of close, intimate human relationships within a safe and monitored context. Differentiating hypnosis styles thus presumably also has clinical relevance. As different psychopathologies stem from altering deficits in one's personality development, mobilizing different hypnosis styles could be valuable in treating them. This article aimed to review our current knowledge on the distinctive advantages of hypnosis styles in various mental illnesses. Further research on hypnosis styles is ongoing in the laboratory of ELTE Department of Affective Psychology, Budapest, Hungary.

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## China, 2017

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## Findings of Note



### Prominent Papers in Clinical and Research Hypnosis

A review by Fanni  
Sára Pusztai  
(Hungary)  
fannisarapusztai@gmail.com

I am very excited and honored to take over the Findings of Note

section from András Költő. As before, the “Findings of Note” section will continue to serve as a review of current hypnosis literature published not in the hypnosis journals but in the wider scientific – medical and psychological – area. In this section I attempt to provide an insight into a wide range of practical applications and theoretical developments in the field of hypnosis.

For my first review, I chose two intriguing topics: the use of hypnosis in treating posttraumatic stress disorder and certain brain injury symptoms. The effectiveness of hypnotherapy in PTSD is long established, but perfecting treatment strategies and deepening our understanding of given phenomena is of value. PTSD may surface in many different forms with various symptoms, and the first article targets the theoretical question of whether different subtypes of PTSD exist. Thinking of patients with this disorder as a heterogeneous group and differentiating subgroups seems advantageous as it can lead to better targeted and individualized treatment. Clinically this is a highly relevant topic and some clinical implications are indeed discussed in the article. The second article on PTSD is about a randomized controlled trial specifically targeting the sleep related symptoms of the disorder. The importance of this stems from the fact that approximately 70% of people diagnosed with PTSD report clinically significant sleep impairment, while this is also one of the most difficult symptoms to alleviate. As the researchers found, improving sleep in turn helps decrease symptoms of depression, thus making it even more worthwhile to manage sleep related issues.

The second topic I brought for current review is probably a bit more unorthodox in hypnosis. A very recently published study sought to measure the

effectiveness of hypnosis in improving working memory functions after brain injury. Their results are robust and persuasive: hypnosis could be a profoundly efficient way in rehabilitation, and further research would be definitely valuable to draw a firm conclusion. Similar in theme, the second article is a case study of a single patient, whose treatment involved hypnotherapy after severe brain injury. It seems to me that this case study and the controlled randomized study demonstrate that there is an always broadening horizon in the applicability of hypnosis, even in fields that originally did not build on hypnosis, such as rehabilitation. Discovering the neural mechanisms that underlie hypnosis is thus an ever more exciting challenge, as hypnosis seems to be tapping into, possibly even enhancing self-correcting resources of the human body, presenting a useful tool for a wide array of problems.

**LINDELØV, J. K., OVERGAARD, R., & OVERGAARD, M. (2017). IMPROVING WORKING MEMORY PERFORMANCE IN BRAIN-INJURED PATIENTS USING HYPNOTIC SUGGESTION. *BRAIN*, 140(4), 1100-1106. [HTTPS://DOI.ORG/10.1093/BRAIN/AWX001](https://doi.org/10.1093/brain/awx001)**

In their article, Lindeløv, Overgaard and Overgaard provide strong evidence for the use of hypnotic interventions in the treatment of patients with acquired brain injury. Specifically, they targeted working memory impairments, which is relevant for at least two very practical reasons. On one hand, working memory proves to be affected across a wide array of brain injuries, making it a common proposed target for rehabilitation. On the other hand, previous rehabilitation strategies for impaired high-level cognitive functioning were often found ineffective. These techniques are usually either non-targeted (e.g. biological interventions that seek general improvement in cognition, such as pharmaceuticals or neurostimulation), or they are indirect (e.g. behavioral interventions where a given exercise is hoped to improve given cognitive function). Conversely, the hypnotic intervention is more direct: the suggestion content represents the desired behavioral and neural effects, which according to the authors could be the advantage of hypnotherapy.

Recruited participants endured brain injuries of several types at least a year previously (as severity, lesion site and duration since incidence were found to be unrelated to hypnotic responsiveness). The experimental group received targeted suggestions about enhancing working memory functions: through age-regression and visualization of brain plasticity pre-injury working memory ability was stimulated. The active-control group received non-targeted suggestions about body and thought awareness, as these were shown not to be effective

in improving cognition. After administering these suggestions in the first phase of the experiment, a break of an average 6.7 weeks was inducted. In the last phase the active-control group was crossed over to the targeted suggestion procedure.

Results show that working memory improvement was apparent and substantial in both groups only after the targeted suggestion procedure, and it proved long-lasting as it remained unchanged even after the break. The results imply that following the eight-session program, between half and two-thirds of patients will be moved from the cognitively impaired population to the healthy or better than healthy population. These data are promising, as they prove that brain injury does not necessarily mean irreversible damage to cognitive functions, and is well in line with theoretical considerations of rehabilitation building on brain plasticity (Kleim & Jones, 2008). The results are all the more striking if we consider that they were achieved in a relatively short period of time, with a considerable magnitude and they remained consistent over time. Details such as severity or lesion site of participants' brain injuries were not disclosed in the article. Therefore, it will be interesting to follow if the authors publish further specifics to get a more complex picture of how hypnosis helps improve working memory functions. These results also raise the question whether hypnosis could be beneficial for deteriorating memory functions in dementia or Alzheimer's disease.

Baddeley, A. (2003). Working memory: looking back and looking forward. *Nature Reviews. Neuroscience*, 4(10), 829.

Kleim, J. A., & Jones, T. A. (2008). Principles of experience-dependent neural plasticity: implications for rehabilitation after brain damage. *Journal of speech, language, and hearing research*, 51(1), S225-S239.

**VANHAUDENHUYSE, A., LAUREYS, S., & FAYMONVILLE, M. E. (2015). THE USE OF HYPNOSIS IN SEVERE BRAIN INJURY REHABILITATION: A CASE REPORT. ACTA NEUROLOGICA BELGICA. DOI 10.1007/s13760-015-0459-3**

Vanhoudenhuysse and her colleagues' case study illustrates the progress of a patient after brain injury, whose treatment included, among others, hypnosis. The study is about a 50-year-old man who suffered severe cerebral hemorrhage. After stabilization, his status improved only slowly: spontaneous eye-opening and arousal was documented two months after the injury; he was able to sit seven months post-injury, but communication was scarce and his "yes/no" answers were unreliable. He was released to return home one year nine months post-injury, with a

report concluding disorientation, and attentional, memory and praxis deficits. After this the family reported that his state was no longer improving, and the medical team assumed there would be no more progress in recovery. The family however continued rehabilitation and they asked for hypnosis to be included in the patient's treatment plan.

Hypnotherapy consisted of prerecorded exercises about imagery of motor, perceptual and language related content, that the patient listened to every morning. Hypnosis treatment lasted three years, after which the patient scored 22/25 on the Coma Recovery Scale-Revised, losing only three points in the "language" function. Regarding orientation, attention and mental functions, praxia abilities etc., the patient scored maximum on all scales.

Although we cannot firmly state that the improvement in the injured patient's state was solely or even partly caused by hypnosis, as the effects of spontaneous recovery and other treatments or events cannot be distinguished from each other, I found the article to be noteworthy nonetheless. First, at the time of publication, it was the only case study that demonstrated the application of hypnosis in the rehabilitation of a brain injured patient. Lindeløv, Overgaard and Overgaard's controlled randomized study however underline the hypothesis that hypnosis can in fact play a serious role in recovery from brain injury, possibly not only in working memory functions, as seen here. Second, the severity of the damage as documented in the study proves it to be a difficult case, in which successful rehabilitation can be regarded as great success; especially since two years after the injury the medical team did not expect more progress.

**TERHUNE, D. B., & CARDEÑA, E. (2015). DISSOCIATIVE SUBTYPES IN POSTTRAUMATIC STRESS DISORDERS AND HYPNOSIS: NEUROCOGNITIVE PARALLELS AND CLINICAL IMPLICATIONS. CURRENT DIRECTIONS IN PSYCHOLOGICAL SCIENCE, 24(6), 452-457. [HTTPS://DOI.ORG/10.1177/0963721415604611](https://doi.org/10.1177/0963721415604611)**

Terhune and Cardena present a theoretical review that concentrates on a specific subtype within both the posttraumatic stress disorder (PTSD) and the highly hypnotizable population; they highlight the similarities between these subtypes and their clinical relevance. In doing so, they address a common problem when dealing with clinical populations, namely that treating a specific disorder as homogeneous is misleading: two persons diagnosed with the same disorder might very well show entirely different symptomatology. The authors claim the same is true for PTSD, and point to the evidence that there are at least two subtypes of PTSD: a dissocia-

tive subtype and the more frequent non-dissociative subtype. These subtypes are thought to have different phenomenology, symptomology and neural mechanisms, which are detailed in the original article.

Possibly a bit more surprising, the authors show that a dissociative subtype is prevalent in the highly hypnotizable population as well. Dissociative tendencies and hypnotic suggestibility are generally found to be weakly or inconsistently associated. The authors argue that this is exactly because only a certain subset of the highly hypnotizable are characterized by heightened dissociative tendencies as well. Properties of this subgroup are discussed in the original article; here I would like to focus on the similarities that the dissociative PTSD subtype and the dissociative highly suggestible subtype share. Such similarities are the following: enhanced dissociative tendencies like depersonalization and derealization, higher incidence of stressful life events, attentional difficulties or automatisms. Moreover, amnesic symptoms and more prevalent flashbacks in PTSD mirror more involuntariness for visual imagery in the highly hypnotizable. Cognitive control and working memory are also affected. Interestingly, Cardeña and Marcusson-Clavertz (2016) examined the everyday mentation of healthy individuals who scored high on both dissociation and hypnotizability, and found that this group “during hypnosis or daydreaming become immersed in internal events at the expense of (...) decreased task performance” (p. 72); comparable to the above findings in the clinical population.

The parallels between the two subtypes show that they may share overlapping mechanisms, and the authors presume that elevated hypnotic susceptibility observed in PTSD patients could be driven by the dissociative PTSD subtype. These observations, in turn, have implications in the clinical practice as well, specifically for the dissociative PTSD subgroup: they show greater comorbidity with other psychiatric disorders and greater risk of suicide than those with less dissociative symptoms.

The authors argue that targeting dissociation is of utmost importance in this population. The elevation of hypnotic susceptibility in the dissociative PTSD group is thus beneficial, since hypnotic suggestibility predicts treatment outcome, hypnotic techniques are proposed to be especially effective in the treatment of said group.

Cardeña, E., & Marcusson-Clavertz, D. (2016). The relation of hypnotizability and dissociation to everyday mentation: An experience-sampling study. *Psychology of Consciousness: Theory, Research, and Practice*, 3(1), 61.

**GALOVSKI, T. E., HARIK, J. M., BLAIN, L. M., ELWOOD, L., GLOTH, C., & FLETCHER, T. D. (2016). AUGMENTING COGNITIVE PROCESSING THERAPY TO IMPROVE SLEEP IMPAIRMENT IN PTSD: A RANDOMIZED CONTROLLED TRIAL. *JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY*, 84(2), 167. [HTTP://DX.DOI.ORG/10.1037/CCP0000059](http://dx.doi.org/10.1037/ccp0000059)**

As Terhune and Cardeña did, Galovski and her colleagues point out that despite the existence of evidence-based practices in treating trauma related disorders, improvement is not universal across either patients or symptoms. The authors of the current article take a more practice-oriented position compared to the previous article, and instead of working with subtypes of PTSD, they identified the one symptom that is a core component of the disorder and the most frequently reported in patients with PTSD: sleep disturbance. They set out to target this symptom specifically besides overall treatment for PTSD.

The authors of this study use Cognitive Behavioral Therapy (CBT), specifically Cognitive Processing Therapy (CPT), as the baseline intervention for PTSD. They note however, that CBT has been previously found to be only partially useful in alleviating symptoms of sleep disturbance in PTSD. Thus they tested hypnosis as an adjunctive intervention to CPT, where three weeks of sleep-directed hypnosis was used as a pre-treatment to the standard CPT protocol. The aim was to measure the effectiveness of hypnosis in improving symptoms of sleep disturbance, and in turn to measure whether improvement in sleep augments outcomes in overall PTSD symptoms and comorbid depressive symptoms.

The main result of the current study indicate that hypnosis had a positive effect in shortening time needed to fall asleep compared to the control group; total hours of sleep and trauma-related nightmares declined in both groups only after the CPT treatment phase. Global sleep impairment was reduced to a clinically significant extent in the hypnosis group, but only for approximately half of the people who received the hypnosis treatment. Overall PTSD symptoms were reduced for both the hypnotic and the control group, thus in this study we cannot see an advantage for hypnosis in treating PTSD. The hypnosis group did however show decreased depression symptomology, which, according to the authors, comes from the mediating effect of sleep improvement. The authors' general conclusion is that hypnosis is an effective yet least resource intensive treatment option for treating sleep impairment in PTSD. It is also worth mentioning however, that Rotaru and Rusu (2016) found in their meta-analysis that hypnotherapy (and especially abreactive ego state therapy) showed positive results both immediately and in the long-

term in reducing overall PTSD symptoms. Their conclusion is that hypnosis could be successfully applied in PTSD as leading treatment, not only as an adjunctive. On the other hand, based on Terhune and Cardena's theoretical implications, it would be interesting to see whether the dissociative or the non-dissociative PTSD subtype is more prone to sleep disturbances, and thus whether this could account for the only partial success of hypnosis in alleviating sleep-related symptoms.

Rotaru, T. Ş., & Rusu, A. (2016). A meta-analysis for the efficacy of hypnotherapy in alleviating PTSD symptoms. *International Journal of Clinical and Experimental Hypnosis*, 64(1), 116-136.



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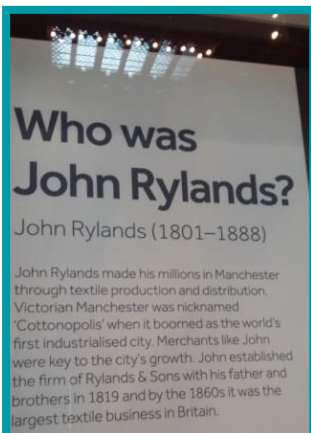
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## History



### WHO WAS JOHN RYLANDS?

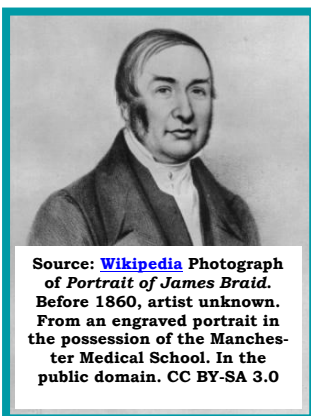
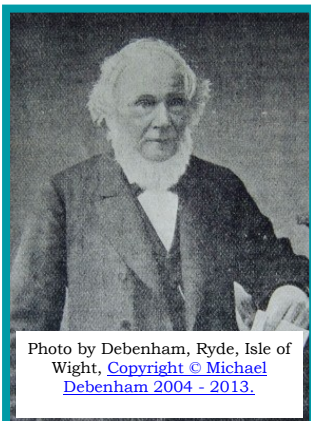
John Rylands (1801 – 1888) was the owner of the largest textile manufacturing concern in the United Kingdom, and Manchester's first multi-millionaire. He employed 15,000 people in his 17 mills and factories

### WHO WAS JAMES BRAID?

<<James Braid (1795 – 1860) was a Scottish surgeon and "gentleman scientist". He was a significant innovator in the treatment of club-foot and an important and influential pioneer of hypnotism and hypnotherapy. He is regarded by many as the first genuine "hypnotherapist" and the "Father of Modern Hypnotism".>>  
[[source: [Wikipedia](#)]]

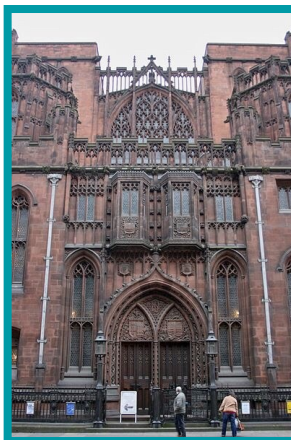
### WHAT DO JOHN RYLANDS AND JAMES BRAID HAVE IN COMMON?

We decided to find out...

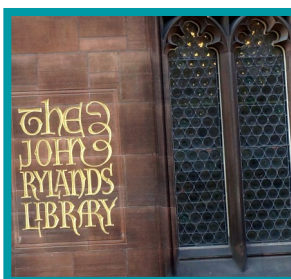


### THE QUEST

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Photograph by Mike Peel, 2009 ([www.mikepeel.net](http://www.mikepeel.net)). The front of the John Rylands Library, Manchester, England. Creative Commons Public Domain, CC-BY-SA-4.0



### THE JOHN RYLANDS LIBRARY

is a <<late-Victorian neo-Gothic building on Deansgate in Manchester, England. The library, which opened to the public in 1900, was founded by Enriqueta Augustina Rylands in memory of her husband, John Rylands. The John Rylands Library and the library of the University of Manchester merged in July 1972 into the John Rylands University Library of Manchester; today it is part of The University of Manchester Library.>>  
[[source: [Wikipedia](#)]]

Entering the library, we felt as if we have entered the magical world of J. K. Rowling's Harry Potter or had stepped through the wardrobe of C. S. Lewis's Narnia novels.

And... we have been thrilled to find out that this very special collection of the library indeed includes some of Braid's books!!!

It did not take long to make a decision on grabbing the opportunity to spend our lunchtime in the library to explore the rare and unique.

Very soon we had found ourselves subscribing as members of the John Rylands University Library of Manchester.

Once signed up, we were entitled to request books in the special reading room. filled thrilled the reader request slip.

And waited for our own miracle to happen...



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Please complete one slip for each item, in BLOCK CAPITALS			
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R36636		Braid, James	
FULL TITLE OF BOOK / PERIODICAL / MANUSCRIPT / ARCHIVE ITEM			
Magic, Witchcraft, animal magnetism			
NO. OF VOLS		DATE OF PUBLICATION / CREATION	
READER'S FULL NAME Katalin VARGA		STAFF USE ONLY LOCATION L Dewey	
CONTACT DETAILS (phone or email, in case we have a query)		132.3B	
varga.katalin@prk.elte.hu		RETRIEVED BY	
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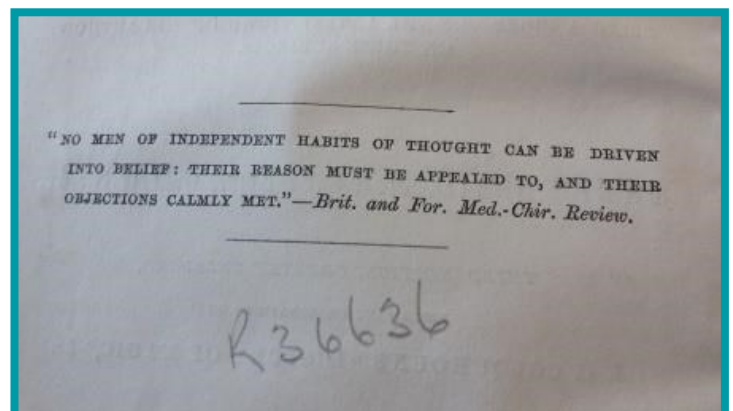
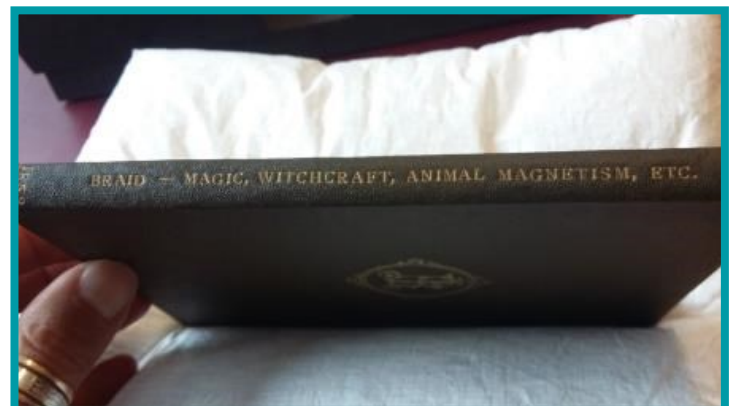
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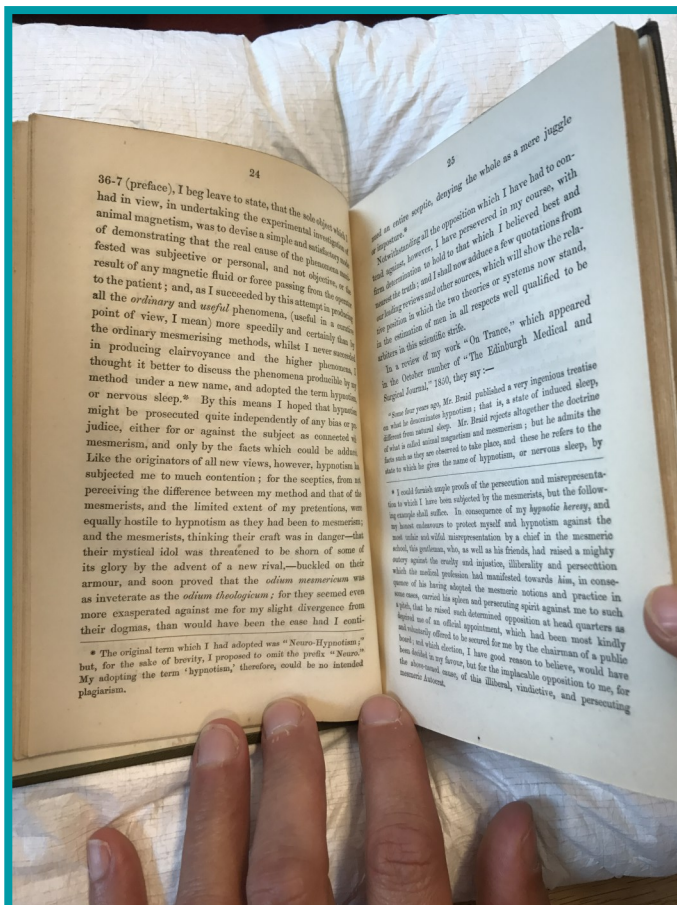
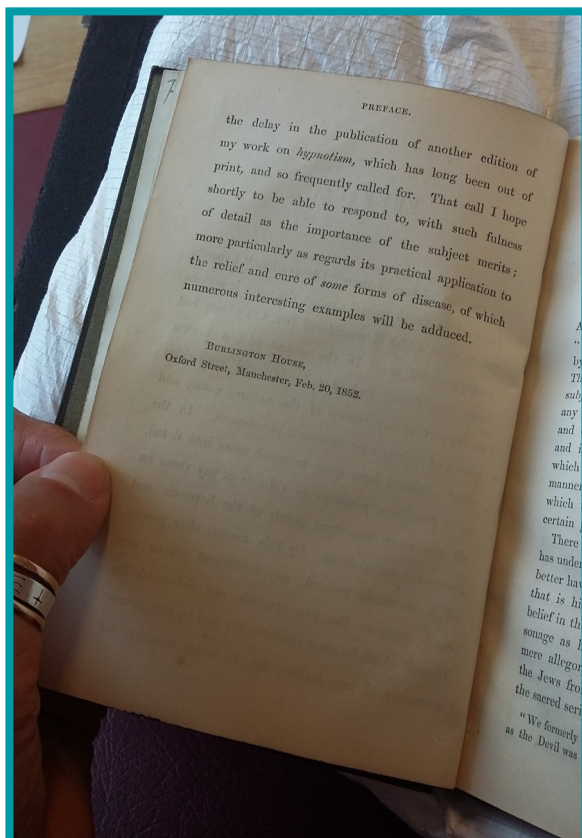
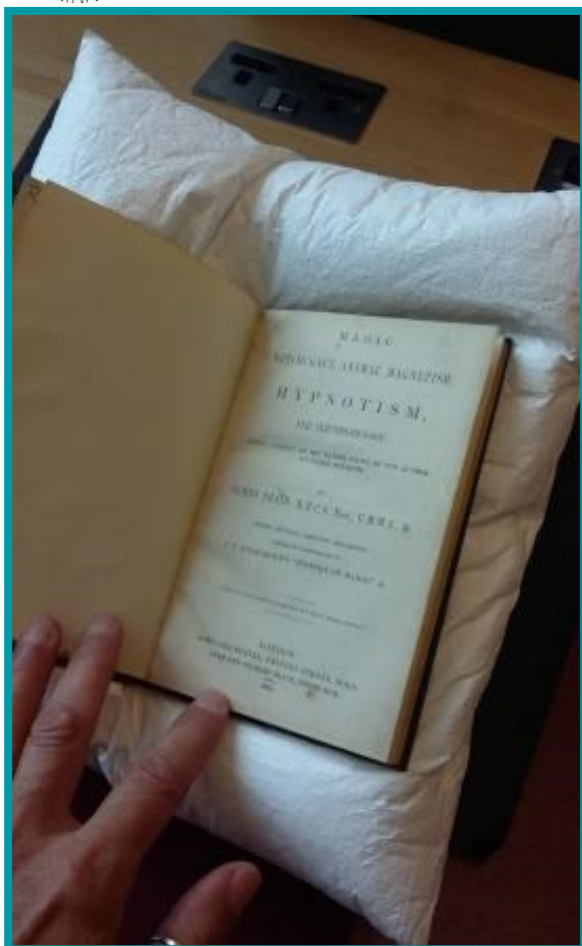
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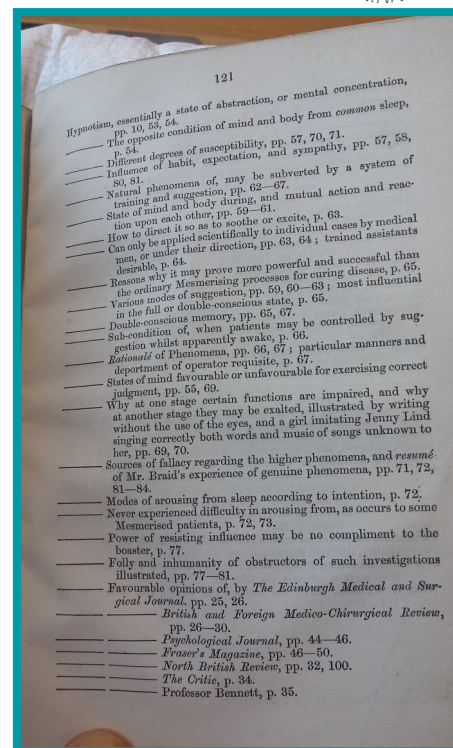
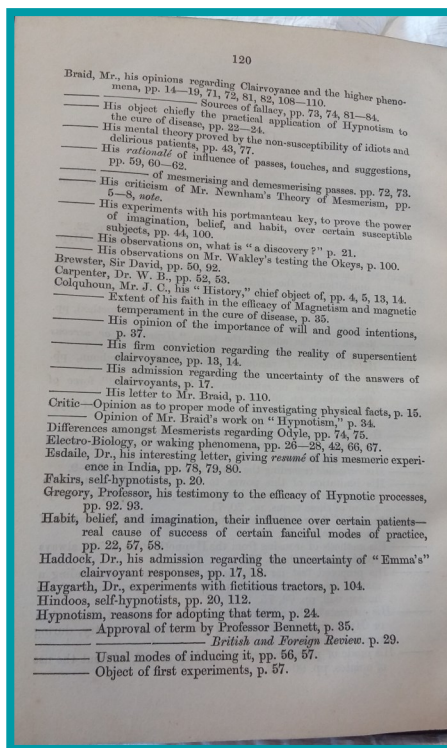
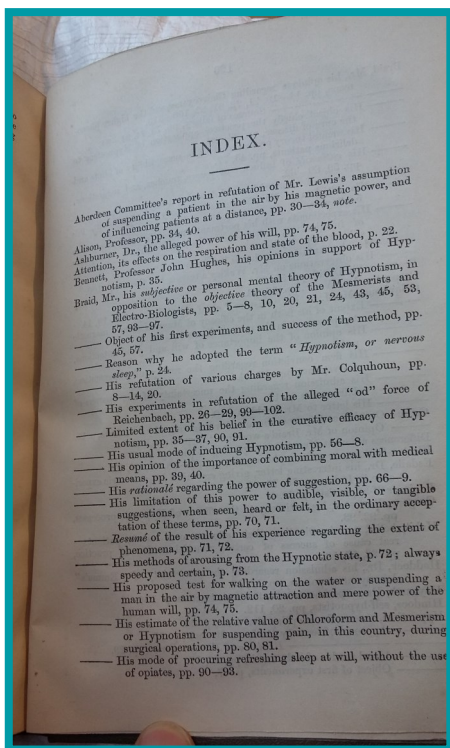
AND...

### THE BOOK

**JAMES BRAID ( 1852) MAGIC, WITCHCRAFT, ANIMAL MAGNETISM, ETC..., BURLINGTON HOUSE, OXFORD, MANCHAESTER**







We were sad to say goodbye to the library, the city, as well as the superb congress.

Next time you are in Manchester, spare some time for the unique and special opportunity.

We had a very exciting time and felt and honoured to have this experience.

Much love,  
Kata, Emese and Judit



## 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.**

**THE ART AND PRACTICE OF HYPNOTIC INDUCTION: FAVORITE METHODS OF MASTER CLINICIANS, EDITED BY MARK P. JENSEN, DENNY CREEK PRESS, 2017**



Reviewed by Eniko Kasos

As someone who is at beginning of her hypnosis journey, I was very excited to read a book about hypnotic inductions and I hope I can do it justice in writing this review. As the book is about beginning a hypnosis session the right way, perhaps it is appropriate that the book review is written by a person

who is relatively new to hypnosis.

Mark. P. Jensen, who edited this book, is the Vice Chair for Research of the Department of Rehabilitation Medicine and attending psychologist at the rehabilitation outpatient clinic, both at the University of Washington Medical Center. He holds countless honours, such as the Society of Clinical and Experimental Hypnosis Hilgard Award for Best Theoretical Paper, and the ISH Jay Haley Early Career Award, just to mention a few. He is a licensed psychologist as well as an esteemed researcher. He has served as board member for the American Pain Society and the International Society of Hypnosis, and has been a long-time member of the American Society of Clinical Hypnosis. His research and clinical focus is on the development and evaluation of pain treatments and pain measures, and is the author or co-author of six books and more than 450 articles in peer reviewed journals. He is also the Editor-in-Chief for the Journal of Pain. He has been mentoring students and supervising research for decades. The multiple awards and research funding he has received attests to the quality and importance of his contributions.

What seems particularly important to me is that he divides his time between research and clinical work; this bridge between clinical practice and empirical research is reflected in the Art and Practice of Hypnotic Induction.

We often hear about the growing divide between research and clinical practice. Studies are sometimes conducted in the ivory tower of science, while clinical work is conducted in the trenches of health care, with one paying little attention to the other. Dr. Jensen's life's work successfully combines the theoretical with the practical, research with clinical work.

The chapters in this book, reflect his dedication to and knowledge of both; it includes practical tools for everyday use in several different settings grounded in solid, scientific research. It is a great book for the beginner because it explains techniques from the basics. At the same time, for the experienced hypnotist, the information and tools provide a way for them to step back, reaffirm basics, and get some ideas regarding how other experts approach different challenges.

Amongst the book's contributors are psychologists, physicians, researchers, and academics, who work with both adults and children, practice traditional and active hypnosis, and use hypnosis in the individual, family and self-hypnosis contexts. Thus, each author approaches the hypnotic induction from a unique perspective. Some chapters talk about the use of induction in a wider sense, such as using it with children, such as the chapters by J. Linden and D. Kohen. Others present inductions effective when using hypnosis with families, such as the chapter by C. Loredio, inspiring discussions about theory and presenting ideas for new research. Other chapters describe more specific problems or situations, describing favourite inductions in clinical practice, such as those by A. Cyna, G. Filo, B. Trenkle or D. Wark. All of these chapters made me think about how I might adapt the inductions described in new contexts, and inspired me to want to try one myself.

Although every definition of hypnosis includes the induction, the focus is often on the hypnotic suggestions themselves. By paying such a detailed attention to how one starts hypnosis, the book examines the critical element of the induction; by starting out right one can make hypnosis easier and reinforce the goals one is trying to achieve. Reading the careful and thoughtful way these experts build their inductions made me really hope for similar edited books from multiple experts on how they design and offer suggestions, or even one about strategies for de

-induction/alerting.

I think I am not alone in my view that specific examples are very useful when talking about any theory or technique. The chapters in this book focus not just on describing a certain technique, but also provide very specific examples and texts with explanations give the practitioners' scripts to use in crafting their own versions. Listening to somebody else solve a problem always gives me new ideas. I might not choose the same solution, but find this specific information very useful for incorporating the ideas into my own approach and extending the ideas to other problems as well.

There are three very important themes that were reflected in the different chapters. These themes help to make clear the need for such detailed focus on the hypnotic induction.

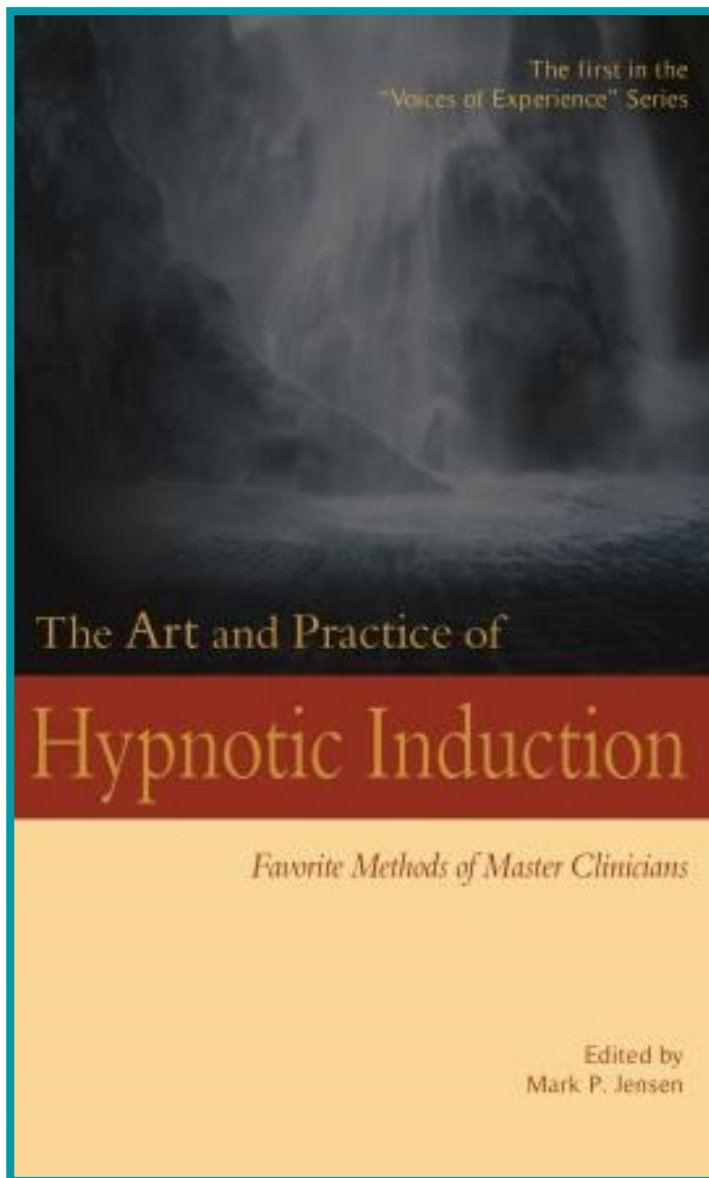
The first was interactionality; how the hypnotist and client create the experience together. The authors describe this as the bases of a successful hypnosis and therapy. Being hypnotic together can help form a better relationship and thus a better experience not just for the client but the hypnotist as well. The hypnotist must be willing to enter the other person's world, giving up control. The chapter written by B. Trenkle is a great illustration of this point. He teaches self-hypnosis first, "handing over" the "power" completely in order to gain trust and make the subsequent hetero-hypnosis possible.

D. P. Kohen emphasizes and illustrates the importance of the connection further through his work with children and the added challenge of being aware of the developmental level of the other person. The hypnotist cannot help being affected by the interaction. While the focus is naturally on the client, because of the very nature of hypnosis, the hypnotist's role is just as essential. Beyond building rapport, and guiding the client, the clinician also brings their mood, style, and experience. Being real as a hypnotist can have the most surprising effect and grease the wheels of hypnosis, building a better and more trusting relationship.

Of course, the active participation of the client is essential to successful therapy. Contemporary approaches to hypnosis – including the induction – is more permissive. It is important to understand that without fostering agency, especially in the therapeutic or medical context, hypnosis can be more difficult if not counterproductive. Hypnosis and thus induction is not done "to" anybody. The hypnotist helps the client achieve the altered state of hypnosis, but it is his/her experience and the hypnotist has to allow him/her to shape it. This really high-

lights the role of the induction. According to Dr. Jensen, this is the first step from theory to practice, because up to this point one just talks about hypnosis. There is a conscious agreement to enter the hypnotic state, but taking the first step to an experience that is as unique as the person experiencing it is very different. The right approach to induction has to happen in an organic way drawing on the hypnotist's experience and style; while being influenced by the client. M. D. Yapko put it very eloquently in his chapter, noting that hypnosis is elicited and not induced. It should be allowed to unfold naturally, and the client must be allowed to experience hypnosis at his/her own pace.

Most of the authors expressed the importance of utilizing the clients' –or during family therapy the families' – strengths. Eliciting active participation in their own hypnosis, focusing on not only what to change but what to keep empowers clients, and proves they



have what it takes to succeed. The use of alert techniques as described by D. Wark and self-hypnosis as described by B. Trenkle are great ways to achieve this. The steeple technique described by A. Cyna helps anxious patients gain control and increases their ability to practice self-hypnosis.

Éva Bányai's biopsychosocial theory is reflected in C. Loredio's statement that hypnosis is not just dissociative but also associative, strengthening associative patterns in families as well as in J. Linden's remark, that hypnosis can strengthen the therapeutic relationship, when the hypnotist is willing to enter the client's world.

To help clients reach the state of hypnosis, trust is essential from both sides. According to S. Lankton, while the therapist's perceived prestige and the client's motivation and expectations are important, building rapport and finding the common language is what connects the separate pieces. Building on the clients' past experiences, assessing current mood, and allowing the client to shape this experience influences this communication. M. D. Yapko noted that finding connections to past experiences even if they are not considered hypnotic shows it is a natural state and not strange, while S. Lankton finds that allowing the clients to organize their own experience helps bridge the gap between current state of consciousness and therapeutic trance.

Another important theme in the book is the focus on planning. This might be clear when talking about the hypnotic suggestions that will be offered during the session, but the authors extend the same careful forethought to the induction. The goal of the induction is twofold. The first goal is to help the client achieve a trance state. The second maybe not so obvious goal is that the practitioner can start to lay the foundation of future suggestions. This begins before each session, as the clinician gets as much information as possible to be able to understand how best to approach the client in a way that elicits trust. When it is not possible to learn much about the client, being familiar with the situation, preparing for possible scenarios, and planning for different possibilities is essential.

Dr. Jensen discusses the finding that different times of the day are associated with enhanced responsiveness to suggestions. He also discusses the use of active (or traditional), self or hetero-hypnosis. When starting the induction, setting the client up in a way that is conscious of body position, breathing, or keeping eyes open or closed will help elicit and maintain the hypnotic state. This is strongly emphasized in G. Filo's chapter about rapid induction as well as in K. Varga's chapter on suggestive com-

munication. There are situations when one has to react quickly and has no time to adjust. Hypnosis is a dynamic discipline and demands that the hypnotist to be quick and decisive.

Planning ahead, preparing different techniques, tools; practicing them is what allows the hypnotist to react quickly and stay confident that he/she will cause no harm even under pressure. This is just as important as planning the therapy itself and setting goals.

Perhaps it is redundant to mention after the discussion of the previous two points, but almost every contributor underscores the fact, that no two inductions are ever the same. All the preparation, practice, all the tools and techniques and planning is for the purpose to choose the right course of action as demanded by the momentary situation. The hypnotist really must pay attention to every detail, use every clue to decide on what to do.

A. Cyna, while talking about building rapport, explains that even a half sentence from the client can dictate the course of the induction and help formulate a helpful approach. G. Filo and K. Varga also stress the importance of paying attention to minute details in the clients' behaviour, body language, and use of words so as to not miss out on any opportunities.

It is important to keep in mind that different disciplines often use different styles and ways to elicit hypnosis. It can be formal with a specific start and end, or more informal, naturalistic. According to K. Varga and G. Filo, sometimes it is enough to recognize that our client is already in an altered state, and builds on it so we do not waste or misuse such an important opportunity. Some can indulge in a long induction, but in some situations and contexts, it is important achieve trance in just a few seconds. In one case one can follow a prepared script, while in other cases one must improvise. With some clients the therapist can draw on his/her experiences while in other cases one should be willing to learn from the client.

The book introduced several experts, all from different areas with different approaches. Superficially these techniques might be used very differently but can be adjusted for use everywhere. Rapid inductions are great in a dentist office or medical situation, when reacting quickly is essential, but can also be used during therapy especially when a lengthy induction is not needed. No need to detail the value of suggestive techniques during therapy or medical setting but I challenge you to try it at home or with colleagues. I really enjoyed learning about all these

techniques and find it very useful to see how adaptable hypnosis is.

Every contributor agreed that learning to perform an induction is easy if the task only requires memorizing a few scripts verbatim. The challenge is to apply each induction responsibly. Evaluating what works and when is essential and needs to be done continuously. During the induction and when providing suggestions, it is important to be aware of the clients' responses and adjust to them. Clinicians should ask for feedback during and after each session, and also look for evidence of change both during the session in the trance state and in the long term. The clients' response decides the value and efficacy of what we do.

Expanding one's repertoire of different techniques, useful tools, reflecting on past mistakes, formulating one's style and continuously listening to how others solve problems is what makes an induction effective. Hypnosis is a continuously evolving art, so we must never stop learning, never stop perfecting what we do.

I thoroughly enjoyed the book, and would recommend it to everybody working with hypnosis, either novice or expert. I do not think anybody can afford to miss out on the amount of information and knowledge it offers. I also think it could be useful for those who are considering hypnosis and interested in learning more about possible application. Also, it was very enjoyable to read! Every chapter just long enough that I did not want to put it down before finishing it.

## News

As you know, the Société québécoise d'hypnose (SQH) will be hosting the next ISH World Congress of Hypnosis Medical and Clinical, in Montreal

in 2018. A member of the organizing committee of this Congress, psychologist Rémi Côté Ph.D., vice-president of communications of the SQH, and a member of the scientific committee, psychologist Liliana Cané Ph.D., were present at the European Congress Society of Hypnosis (ESH), held in Manchester in August 2017.



Dr. Liliana Cané held a workshop: *Metaphor, Mindfulness and Ericksonian Communication in the Healing Process*. She demonstrated how these strategies (e.g. metaphor and mindfulness), integrated with care and creativity enhance the hypnotic process of healing. In her two-hour workshop the participants explored in detail the above elements, illustrated with different clinical vignettes (anxiety, depression, PTSD). This was followed by a live demonstration and a discussion.

Dr Rémi Côté presented his latest book, a biography about the baron Étienne Félix d'Hénin de Cuvillers, one of the creators during the origin of the current concept of hypnosis. He explained that Cuvillers created hypnosis in 1816 to differentiate his practice from magnetism, a false belief working like a placebo. Unlike magnetism, hypnotism was not the product of false beliefs but relied on a "relation sealed by imagination" between the hypnotist and the hypnotised. Cuvillers derived the etymology of the word hypnotism from the ancient Greek ἐνύπνιον (ἐνύπνιον), meaning "sleep accompanied by dreams". The first induction technique was derived from a yoga meditation practice, called Abéaston, a term of the 18th century designating the Abhaya-mudrā "gesture of fearlessness".

Cote, Remi (2017). Hénin de Cuvillers – The Creator of Hypnosis, clinical-hypnosis.ca Pub., ISBN-10: 1521927863, 130 pages.  
<http://www.clinical-hypnosis.ca/cuvillers-creator-of-hypnosis/>

## News

Dear Colleagues:

The idea of organizing a [First Asian Hypnosis Congress](#) was developed in a discussion with colleagues at one of the International Hypnosis Congresses at Mashhad Medical University organized by the **Iranian Hypnosis Society** 2015. It was first suggested by Kris Klajs, the director of the Polish Milton Erickson Institute, Kris Klajs. His idea was to interconnect the colleagues of Asian countries such as China, Japan, Korea, India, and Iran, with colleagues from former Russian Soviet Republics living in the neighborhood of Iran, such as Kazakhstan and Azerbaijan. Also, many who could not afford long distance travel to Montreal or Paris could meet more easily in Iran. At that time, we decided to plan this for 2019.

The pre-planning is now in an advanced state; the First Asian Hypnosis Congress webpage is ready. Many international colleagues from Asia, but especially also from non-Asian countries, have expressed a strong interest in coming to this congress as well as experiencing the cultural treasures and beauty of Iran.

This will be **5th International Hypnosis Congress** that the team around Prof. Mehdi Fathi, University of Teheran, has organized since 2012. I participated in 3 of the 4 congresses as a teacher and later also as an advisor/co-organizer. This organizing team is very well organized and all the congresses have been excellent. The traditional warm hospitality of Iranian people is famous.

Out of all of the Asian Countries, Iran probably has the most active hypnosis society. The Iranian Hypnosis Societies has trained around 7000 colleagues in 400 workshops in many cities of the country. Also, the spectrum of hypnosis applications is impressive. The range is from using hypnosis instead of opioids during surgeries in medicine and dentistry to the whole field of psychotherapeutic applications. In addition, the use of hypnosis for mental training for peak performance is known in Iran. The reputation of Iranian Hypnosis has also benefited from the active participation of Enayat Shahidi, MD from Teheran. He is currently on the Board of Directors of the International Hypnosis Society, and is among the most prominent of the Iranian colleagues who has been invited to teach outside Iran throughout

the world, including in Europe, Asia, and North America.

Please register for this congress as early as possible and also submit proposals for workshops and lectures. My prognosis: given the limited availability of parallel rooms in the congress center, the congress committee will have to make the final decisions on which presenters can be included in the program. Taking into account that in 2016, for the First World Congress of Dental Hypnosis in Iran, around 50 international dentists attended (we expected less than half that number), we can imagine that there will be a significant amount of interest in this historic landmark congress of a First Asian Congress.

Early registration also is highly recommended because of the need for invitation letters and visa. Foreign visitors also now can get a visa directly at the border, but in case of the arrival of dozens of colleagues at the same time, it is highly advisable to have the visa in advance.

With all such questions our tour coordinator Najmeh Kazemi has experience in organizing and guiding tours around the congresses in these the last years.

On the webpage you will find different options for tours. Please pre-register as early as possible. As soon as there are enough colleagues for a tour, the detailed organizing will start. Then you will need to update your registration to ensure you have a place in the tours. Iran is very popular at the moment for tourism. Even major places like Isfahan or Shiraz short-term in high season do not have endless capacities of hotel beds at affordable rates and the most popular categories. The earlier you register, the better the choices of hotels you and the organizers will have to book at good prices. Also, the experienced organizers will be able to see very early via the incoming pre-registrations which tour formats are most popular, so early planning of final tour plans including blocking rooms in hotels can take place.

Having already organized in 1989 a workshop with a cultural journeys across Turkey and later from 1990-2011 several congresses and tours in Nepal with up to 260 colleagues from Western countries, I know this Mashhad congress 2019 plus the tours before and after will be something absolutely unique and special.

Of course, I again will support the Iranian team with my experience of organizing congresses and tours.

Bernhard Trenkle

## 68th Annual Workshops and Scientific Program



### *Hypnosis for the Ages*

October 25-29, 2017

Holiday Inn Chicago Mart Plaza River North and the Chicago School of Professional Psychology

Chicago, IL (connected via walkway)

#SCEH2017

**Registration is now open.**

✓ Register Now

The 2017 Annual Meeting will celebrate that hypnosis is "for the Ages". Modern hypnosis has a 300-year history; it is a therapy for the ages!

Clinical hypnosis has relevance for each stage in the human life cycle. This "*Hypnosis for the Ages*" conference will feature keynotes, symposia, and workshops on *Pediatric and Adolescent Applications of Hypnosis*, *Current Approaches to Hypnosis in Geriatrics and End of Life Care*, and *Highlights in the History of Hypnosis*. The meeting will also include scientific presentations on the *Evidence-Base of Medical Hypnosis*.

### KEYNOTES



### WORKSHOPS

By tradition, SCEH offers **introductory**, **Skills building/intermediate** and **Advanced** level workshops. Workshops are scientifically based and of the highest teaching quality. Most workshops include demonstrations or other experiential components, arming you with the tools to start using hypnosis to help patients.

### SCIENTIFIC PROGRAM

The Scientific Program includes presentations, keynotes and symposia that address empirical issues in hypnosis research, clinical practice and related areas. Research presentations shine the light on important empirically based findings, including: experimental studies; case reports; clinical trials; meta-analyses and systematic reviews. Symposia bring together world-renowned experts to discuss a specific theme of relevance and broaden our understand-

ing of hypnosis. Our poster session focuses on the latest research provides a two-way information exchange between author and audience.

Details: <http://www.sceh.us/2017-conference>

### Society for Clinical & Experimental Hypnosis

305 Commandants Way – Commoncove Suite 100,  
Chelsea, MA 02150

[www.sceh.us](http://www.sceh.us)



## XXI World Congress of Medical and Clinical Hypnosis

August 22-25, 2018 – Montreal, Canada

### CALL FOR PROPOSALS NOW OPEN!

Submit YOURS.

Deadline: extended to November 1, 2017.

[Hypnosis 2018 is accepting proposals](#) in the following categories:

- Medical and Clinical Hypnosis
  - Intervention Models
  - Application
  - Demonstration
  - Case Study
- Basic Research
- Clinical Research
- Training and Education
- Others

[Proposals can be submitted by clicking here](#) for different types of workshops and lectures. Proposal submission closes on October 15, 2017.

**This is your opportunity to get your voice into the program!**

### KEYNOTE SPEAKERS REVEALED!

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

### JOIN THE CONVERSATION



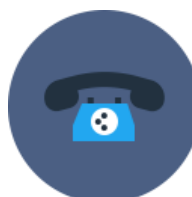
**#HYPNOSIS2018**

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**2018**  
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Register now  [hypnosis2018.com](http://hypnosis2018.com)

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