



# The International Society of Hypnosis

## NEWSLETTER

*Building Bridges of Understanding*

2017, Volume 41, No. 4

### Letter from the President



**December 2017**

*Claude Virot MD*

President's Letter

Translator:  
Marion Orel

As the calendar turns to 2018 I wish you and your families, associations and patients the best of happiness and health. I also wish our International Society of Hypnosis success in

its fundamental objectives: to provide better care through hypnosis for all those who suffer, to promote the practice in each country and to watch over the ethical dimension of therapeutic acts.

In order to achieve these objectives, it is essential to better understand hypnosis and better evaluate the benefits provided by fundamental and clinical studies. For this reason we believe that gathering before the congress in Montreal will be invaluable. By bringing together the best current scientists in basic and clinical research, we will be able to identify the major orientations for studies over the next 5 or 10 years. The aim is that each of these studies, which are often long and costly, should form part of a coherent whole in order to answer the questions we ask ourselves for greater effectiveness.

This is also what the national and international authorities like the WHO are asking us to do. The ISH has created a committee led by Prof. Giuseppe de Benedittis (elected by the ISH Council of Representatives) to formally recognize hypnosis as one of the major therapeutic practices to support its development and dissemination. Indeed, if each of

us knows how hypnosis helps our patients, whether we are psychiatrists, psychologists, general practitioners, anaesthetists, midwives, nurses, physiotherapists, etc., it is necessary to prove it. A great deal of research work is carried out and published every year, but to date it is too scattered to have the necessary convincing power. Better focusing the energies of researchers will be one of ISH's fundamental missions in the coming years.

Focusing is the heart of our daily art. Focusing attention to generate this particular form of consciousness that relieves and heals, this consciousness that is part of the heritage of each one of us and that we can no longer use in certain phases of our life. Milton Erickson compared it to a huge resource and solution store. Nice metaphor but still ; What is consciousness? What is this specific consciousness that we activate in hypnosis? How does this consciousness enable us to heal mental suffering as well as physical suffering? Is it matter, neurons, circuits, mediators...? Is it in the brain, in the body, in each cell, in DNA? Is it a kind of vital energy that animates every living being from conception to death? We have many beautiful mysteries to unravel. Through our hypnotic practice of activating this consciousness, we are using it every day, and even if we don't understand it enough, we are probably the most competent caregivers to talk about and study it. This gives us a special mission for the future: to participate in the knowledge of consciousness in order to make humanity benefit from it. Much like the Renaissance anatomists and then physiologists, physiologists have allowed much of the medical and surgical progress we know today. It may be necessary to imagine consciousness as an organ with dimensions and functions to be known and respected. Even if this organ would be very different from a liver or muscle, such a concept might remind everyone that consciousness can be damaged by words or attitudes. That it must be respected, protected and cared for. That those who have the right to touch the body must have very high skills and an absolute ethic.

In this course of the future, there will be much talk about neurosciences, quantum philosophies and quantum processes to "give body to the mind". A complex and exciting journey! A course of which a very soon stage will be the 21st World Congress of Hypnosis in Montreal from August 22nd to 25th, 2018.

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

## Lettre de la présidente

French

Bonjour,

En ce début d'année 2018, je présente tous mes meilleurs vœux de bonheur et de santé à chacun de vous, vos familles, vos associations et vos patients. Je souhaite aussi à notre Société Internationale d'Hypnose de réussir dans ses objectifs fondamentaux : mieux soigner tous ceux qui souffrent grâce à l'hypnose, favoriser la pratique dans chaque pays et veiller encore et toujours à la dimension éthique des actes thérapeutiques.

Pour atteindre ces objectifs, il est essentiel de mieux comprendre l'hypnose et de mieux évaluer les bénéfices apportés grâce à des études fondamentales et des études cliniques. Sur ce point, la journée que nous organisons à Montréal la veille du congrès sera précieuse. En réunissant les meilleurs scientifiques actuels en recherche fondamentale et en recherche clinique nous allons pouvoir dégager les orientations majeures pour les études des 5 ou 10 prochaines années. Le but est que chacune de ces études, souvent longues et coûteuses, s'inscrive dans un ensemble cohérent pour répondre aux questions que nous nous posons pour une meilleure efficacité.

C'est aussi ce que nous demandent les autorités nationales et internationales comme le WHO. L'ISH a créé un comité dirigé par le Pr Giuseppe de Benedittis (président du Council of Representatives de l'ISH) pour que le WHO reconnaisse officiellement l'hypnose comme une des pratiques thérapeutiques majeures afin d'en soutenir le développement et la diffusion. En effet, si chacun de nous sait à quel point l'hypnose rend service à nos patients, que nous soyons psychiatre, psychologue, médecin généraliste, anesthésiste, sage-femme, infirmier (e), kinésithérapeute..., il est nécessaire de le prouver. Beaucoup de travaux de recherche sont réalisés et publiés chaque année mais restent à ce jour trop dispersés pour avoir la puissance de conviction nécessaire. Mieux focaliser les énergies des chercheurs sera une des missions fondamentales de l'ISH pour ces prochaines années.

Focaliser est au cœur de notre art quotidien. Focaliser l'attention pour générer cette forme de conscience particulière qui soulage et guérit, cette conscience qui fait partie du patrimoine de chacun de nous et que pourtant nous ne savons plus utiliser dans certaines phases de notre vie. Milton Erickson la comparait à un immense magasin de ressources et de solutions. Belle métaphore mais encore? Qu'est ce que la conscience? Quelle est cette

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## Gedanken der Präsidentin

Translator: Reinhild Draeger-Muenke  
German

conscience spécifique que nous activons en hypnose? Comment cette conscience permet t'elle de soigner les souffrances mentales comme les souffrances corporelles? Est elle matière, neurones, circuits, médiateurs...? Est elle dans le cerveau, dans le corps, dans chaque cellule, dans l'ADN? Est elle une sorte d'énergie vitale qui anime chaque être vivant de sa conception à sa mort? Nous avons beaucoup de beaux mystères à éclaircir. Par notre pratique hypnotique d'activation de cette conscience, nous la cotoyons chaque jour, et même si nous ne la comprenons pas suffisamment, nous sommes probablement les soignants les plus compétents pour en parler et l'étudier. Ceci nous donne une mission particulière pour le futur : participer à la connaissance de la conscience afin de mieux en faire bénéficier l'humanité. Un peu comme les anatomistes de la Renaissance puis les physiologistes ont permis une grande partie des progrès médicaux et chirurgicaux que nous connaissons aujourd'hui. Il faudra peut-être imaginer la conscience comme un organe avec des dimensions et des fonctions à connaître et à respecter. Même si cet organe serait bien différent d'un foie ou d'un muscle, un tel concept permettrait peut-être de rappeler à chacun que la conscience peut être abîmée par des mots ou des attitudes. Qu'elle doit être respectée, protégée, soignée. Que ceux qui ont le droit de toucher à cet organe doivent avoir des compétences très élevées et une éthique absolue.

Dans ce parcours du futur, il sera beaucoup question de neurosciences, de philosophies et de processus quantiques pour « donner corps à l'esprit ». Un parcours complexe et exaltant! Un parcours dont une étape très prochaine sera le 21e congrès Mondial d'Hypnose à Montréal du 22 au 25 Aout 2018.

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

Schönen Tag !

Zum Jahresanfang 2018 sende ich Ihnen allen, Ihren Familien, Ihren Mitarbeitern, und Ihren Patienten. meine besten Wünsche für Glück und Gesundheit. Ebenso wünsche ich unserer Internationalen Hypnosegesellschaft Erfolg in ihren Grundzielen: allen denen, die leiden, dank der Hypnose besser helfen zu können, ihre Anwendung in jedem Land zu fördern, und vor allem immer auf die ethischen Dimensionen therapeutischer Handlungen zu achten.

Um diese Ziele zu erreichen, ist es wesentlich, die Hypnose besser zu verstehen und ihren Nutzen mit Hilfe von Grundlagenforschung und klinischen Studien besser bewerten zu können. Zu diesem Zweck ist der Tag, den wir vor dem Kongress in Montreal organisieren, sehr kostbar. Durch das Zusammenbringen der besten aktuellen wissenschaftlichen Beiträge in der Grundlagenforschung und der klinischen Forschung werden wir in der Lage sein, unsere wesentlichen Forschungsziele für die nächsten 5-10 Jahre in Bewegung zu bringen, mit dem Ziel, dass jede dieser oft langwierigen und kostspieligen Studien als Teil eines zusammenhängenden Ganzen dazu beiträgt, unsere Fragen nach einer besseren Effizienz zu beantworten.

Das verlangen auch nationale und internationale Autoritäten wie die WHO von uns. Die ISH hat ein Gremium unter dem Vorsitz von Professor Giuseppe de Benedittis (dem Präsidenten des Repräsentantenrates der ISH) mit dem Ziel zusammengestellt, dass die WHO offiziell die Hypnose als eine der wesentlichen therapeutische Anwendungen anerkennt, um damit die Weiterentwicklung und Weiterverbreitung zu gewährleisten. In der Tat, selbst wenn jeder von uns weiss, wann die Hypnose unseren Patienten hilft, ob wir nun Psychiater, Psychologe, Allgemeinmediziner, Anesthäsist, Hebamme, Krankenschwester, oder Bewegungstherapeut sind....., ist es notwendig, das zu beweisen. Viele Forschungsarbeiten werden jedes Jahr fertiggestellt und veröffentlicht, aber sind bis jetzt zu weit verstreut, um die notwendige Überzeugungskraft zu erzielen. Die Energien der Forscher besser zu konzentrieren wird eine der grundlegenden Aufgaben der ISH für die kommenden Jahre sein.

Fokussieren steht im Mittelpunkt unserer täglichen Kunst. Aufmerksamkeit so ausrichten, dass sie dieses spezielle Bewusstsein erzielt, welches lindert

und heilt, das Bewusstsein, das Teil unseres Erbes ist, und von dem wir trotzdem nicht mehr wissen, wie wir es in gewissen Phasen unseres Lebens anwenden können. Milton Erickson hat es mit einem enormen Warenlager von Ressourcen und Lösungen verglichen. Eine schöne Metapher, aber was nun? Was genau ist das Bewusstsein? Was ist dieses spezifische Bewusstsein, das wir in der Hypnose aktivieren? Wie schafft es dieses Bewusstsein, sowohl körperliches als auch geistiges Leiden zu lindern? Besteht es aus Materie, Neuronen, Kreisläufen, Vermittlern....? Ist es im Gehirn, im Körper, in jeder Zelle, in der DNA? Ist es eine Art Lebensenergie, die jedes Lebewesen von seiner Befruchtung bis zum Tod am Leben hält? Wir haben viele schöne Geheimnisse zu erhellen. Durch unsere hypnotische Praxis, dieses Bewusstsein zu aktivieren, haben wir mit ihm jeden Tag zu tun, und selbst wenn wir es nicht ganz verstehen, sind wir doch wahrscheinlich die kompetentesten Heiler, um es zu diskutieren und zu erforschen. Das gibt uns eine besondere Aufgabe für die Zukunft: an der Erforschung des Bewusstseins teilzunehmen, um es der Menschheit mehr und mehr zunutze kommen zu lassen. Ein bisschen so, wie die Anatomen der Renaissance und dann die Physiologen einen Grossteil des medizinischen und chirurgischen Vortschritts ermöglicht haben, den wir heute kennen. Man müsste sich vielleicht das Bewusstsein wie ein Organ vorstellen, dessen Dimensionen und Funktionen kennenzulernen und zu respektieren sind. Selbst wenn dieses Organ sehr unterschiedlich von Leber und Muskel sein sollte, könnte eine solche Konzeptualisierung vielleicht dazu beitragen, einen jeden daran zu erinnern, dass das Bewusstsein mit Worten oder allgemeiner Einstellung negativ beeinflusst werden kann. Dass es respektiert, geschützt, und gepflegt werden muss. Dass die, die das Recht haben, dieses Organ zu berühren, sehr fortgeschrittene Kompetenzen und absolut ethisches Verhalten haben müssen.

Auf diesem künftigen Weg wird sehr oft die Rede von Neurowissenschaften, Philosophie und Quantumprozessen sein, um „dem Verstand einen Körper zu geben“. Ein komplizierter und spannender Weg! Ein Weg, dessen nächste Etappe der 21. Weltkongress der Hypnose in Montréal vom 22. Bis 25. August 2018 sein wird.

Mit freundlichem Gruss,  
Claude VIROT  
Präsident der Internationalen  
Hypnosegesellschaft

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

Buongiorno!

Mentre il calendario va verso il 2018, auguro felicità e salute a voi e alle vostre famiglie, associazioni e pazienti. Auguro anche che la nostra Società Internazionale di Ipnosi raggiunga i suoi obiettivi fondamentali: fornire migliore assistenza attraverso l'ipnosi a tutti coloro che soffrono, promuovere la pratica ipnotica in ogni paese e monitorare la dimensione etica delle azioni terapeutiche.

Al fine di raggiungere questi obiettivi, è essenziale capire meglio l'ipnosi e valutare meglio i benefici forniti da studi di base e clinici. Per questo motivo crediamo che l'incontro prima del congresso a Montréal sarà di valore inestimabile. Riunendo i migliori scienziati esistenti nella ricerca di base e clinica, saremo in grado di identificare i principali orientamenti per gli studi nei prossimi 5 o 10 anni. L'obiettivo è che ciascuno di questi studi, che sono spesso lunghi e costosi, facciano parte di un insieme coerente per rispondere alle domande che ci poniamo per diventare più efficaci.

Questo è anche ciò che le autorità nazionali e internazionali come l'OMS ci chiedono di fare. L'ISH ha creato un comitato guidato dal Prof. Giuseppe de Benedittis (eletto dal Consiglio dei Rappresentanti ISH) per riconoscere formalmente l'ipnosi come una delle principali pratiche terapeutiche a supporto del suo sviluppo e della sua diffusione. Infatti, se ognuno di noi - psichiatri, psicologi, medici generici, anestesisti, ostetriche, infermieri, fisioterapisti, etc - sa come l'ipnosi aiuta i nostri pazienti, è necessario anche dimostrarlo. Una grande quantità di lavori di ricerca futuri viene svolta e pubblicata ogni anno, ma oggi è troppo dispersa per avere il necessario potere convincente. Concentrare meglio le energie dei ricercatori sarà una delle missioni fondamentali di ISH nei prossimi anni.

La focalizzazione dell'attenzione è il cuore della nostra arte quotidiana. Concentrare l'attenzione per generare quel particolare stato di coscienza che allevia e guarisce, quello stato di coscienza che fa parte dell'eredità di ognuno di noi e che non possiamo più usare in certe fasi della nostra vita. Milton Erickson l'ha paragonata a un enorme magazzino di risorse e di soluzioni. Bella metafora, tuttavia, cos'è la coscienza? Qual è questa coscienza specifica che attiviamo nell'ipnosi? In che modo questa coscienza ci consente di guarire la sofferenza mentale e la sofferenza fisica? È materia, neuroni, circuiti, mediatori ...? È nel cervello, nel



corpo, in ogni cellula, nel DNA? È una specie di energia vitale che anima ogni essere vivente, dal concepimento alla morte?

Abbiamo molti bei misteri da svelare. Attraverso la nostra pratica ipnotica di attivazione di questa coscienza, che usiamo ogni giorno anche se non la comprendiamo del tutto, siamo probabilmente gli operatori sanitari più competenti per parlarne e studiarla. Questo ci dà una missione speciale per il futuro: partecipare alla conoscenza della coscienza per farne beneficiare l'umanità. Proprio come gli anatomisti del Rinascimento e poi i fisiologi, fisiologi che hanno permesso gran parte del progresso medico e chirurgico che conosciamo oggi. Potrebbe essere necessario immaginare la coscienza come un organo con dimensioni e funzioni da conoscere e rispettare. Anche se questo organo è molto diverso dal fegato o da un muscolo, tale concetto potrebbe ricordare a tutti che la coscienza può essere danneggiata da parole o da atteggiamenti. Che deve essere rispettata, protetta e curata. Che quelli che hanno il diritto di toccare il corpo devono avere abilità molto elevate e un'etica assoluta.

Nel percorso del futuro, si parlerà molto di neuroscienze, filosofie e processi quantici per "dare corpo alla mente". Un viaggio complesso ed emozionante! Un percorso di cui molto presto ci sarà una tappa durante il 21° Congresso mondiale di ipnosi a Montreal dal 22 al 25 agosto 2018.

Cari saluti,  
Claude VIROT  
Presidente della  
Società Internazionale ipnosi

**Columna de la Presidencia**  
Translator: Teresa Robles  
Spanish

¡Buenos días!

En el inicio del año 2018, quiero desearles toda la felicidad y salud a ustedes, sus familias, sus asociaciones y sus pacientes. También deseo a nuestra sociedad internacional de hipnosis que este año logre sus objetivos fundamentales: ayudar a cuidar mejor a todos los que sufren, gracias al hipnosis; favorecer la práctica de esta disciplina en cada país y velar siempre porque se cumpla la dimensión ética de los actos terapéuticos.

Para lograr estos objetivos, es esencial comprender mejor la hipnosis, evaluar mejor los beneficios que aporta gracias a estudios fundamentales de investigación y clínicos. A este respecto, el día de trabajo que organizamos en Montreal la víspera del Congreso, será precioso. Reuniendo a los mejores científicos que existen en la actualidad tanto en investigación fundamental como en investigación clínica, podremos obtener excelentes orientaciones para los estudios que se realizarán en los próximos cinco o diez años. El objetivo es que cada uno de esos estudios, que generalmente son largos y costosos, se inscriba dentro de un conjunto coherente que nos permitirá responder a las preguntas que nos hacemos sobre cómo ser más eficaces.

Esto es también lo que nos están solicitando las autoridades nacionales e internacionales como lo Organización Mundial de la Salud. La ISH creó un comité dirigido por Giuseppe de Benedittis (Presidente del Consejo de Representantes de la ISH) para que la Organización Mundial de la Salud reconozca oficialmente a la hipnosis como una de las principales prácticas terapéuticas, lo que nos permitirá sostener su desarrollo y su difusión. De hecho, si bien cada uno de nosotros conoce muy bien cómo la hipnosis es útil a nuestros pacientes, ya seamos siquiátras, psicólogos, médicos generales, anestesiólogos, parteras, enfermeros, rehabilitadores... tenemos que probarlo. Cada año se realizan y publican muchos trabajos de investigación pero hasta ahora se encuentran demasiado dispersos como para tener la fuerza de convencimiento necesaria. Una de las misiones fundamentales de la ISH para los próximos años será focalizar mejor las energías de los investigadores.

Focalizar es el corazón de nuestra vida cotidiana. Focalizar la tensión para generar cierta forma de conciencia que relaja y cura; esa conciencia es parte

del patrimonio de cada uno de nosotros y sin embargo no sabemos utilizarla en algunos aspectos de nuestra vida. Milton Erickson la compara a una tienda inmensa de recursos y de soluciones. Es una bella metáfora, pero ¿qué es la conciencia?, ¿Cuál es esta conciencia específica que activamos durante la hipnosis?, ¿Cómo esta conciencia permite sanar los sufrimientos emocionales y corporales? ¿Se trata de materia, neuronas, circuitos, mediadores...? ¿Está en el cerebro, en el cuerpo, en cada célula, en el ADN? ¿Es un tipo de energía vital que anima a cada ser vivo desde el momento de su concepción hasta su muerte? Tenemos muchos misterios maravillosos que aclarar. En nuestra práctica hipnótica, activamos esta conciencia, cada día la tocamos y, aunque no la comprendamos bien, probablemente somos los profesionales de salud más competentes para estudiarla y hablar de ella. Esto nos da una visión particular para el futuro: participar en el conocimiento de la conciencia para que la humanidad se beneficie mejor de ella. Un poco como los anatomistas del Renacimiento, a los que siguieron los fisiólogos y entre ambos permitieron una gran parte del progreso médico y quirúrgico que conocemos hoy en día. Tal vez habría que imaginar la conciencia como un órgano con dimensiones y funciones que debemos conocer y respetar. Aún cuando este órgano sería muy diferente de un hígado o de un músculo, una conceptualización de este tipo tal vez nos ayude a recordarnos que la conciencia puede lastimarse con palabras y con actitudes. Y debe ser respetada, protegida, cuidada. Que aquellos que tienen derecho de tocar a ese órgano deben tener elevadas competencias y una ética absoluta.

En el futuro por venir necesitaremos en gran medida de neurociencias, filosofías y procesos cuánticos que nos permitan "dar cuerpo al espíritu". ¡Un porvenir complejo y excitante!

Y la próxima etapa de este porvenir, de este recorrido, será el 21 Congreso Mundial de Hipnosis en Montreal del 22 al 25 agosto del 2018.

Atentamente  
Claude VIROT  
Presidente de la  
International Society of Hypnosis

## Welcome

Welcome to the new hypnosis society from Morocco, **AMHYC**, which was accepted for membership as a constituent Society.



The screenshot shows the AMHYC website with a blue header and a navigation menu. The main content area displays the title "LES MEMBRES DU BUREAU DE L'AMHYC" and a grid of member portraits with their names and titles.

LES MEMBRES DU BUREAU DE L'AMHYC		
 Présidente Dr Myriam NJRI Médecin généraliste	 Vice présidente Dr Entisar GHARBI Médecin du travail et diabétologue	 Secrétaire générale Dr Bouchra AMMOR Médecin généraliste
 Secrétaire générale adjointe Dr Ramha ZEMMAMA Médecin généraliste	 Trésorier Dr Rachid BENNIS Anesthésiste réanimateur	 Vice trésorier Dr Rachid Squali Anesthésiste réanimateur
 Conseillère Dr Zineb Guessous Dermatologue		

Below the member grid is a large blue circular logo with a spiral design, and the text "AMHYC" in large letters, followed by "ASSOCIATION MAROCAINE D'HYPNOSE CLINIQUE" in smaller letters.

## Letter from the Editor



Dear Colleagues,

Another year came to its end...

In this “closing issue” we are posting our “main interview” with **Arreed Barabasz** who served as the editor of “The International Journal of Clinical and Experimental Hypnosis” (IJCEH) for 15 years. The Newsletter of ISH would like to honor his tenure and strengthen the IJCEH’s relationship with the ISH. Dr.

Barabasz began his first term as IJCEH Editor at the end of 2002 and will retire from the editorship on 31 December 2017. That means that he will be the 2<sup>nd</sup> longest serving editor in the history of the journal (Martin Orne, MD, PhD served for 30 years).

As you will see, Barabasz is doing excellent clinical work and clinical research as well, just like having a very special pastime – so it is worthwhile to read his interview.

Another special person, Prof. Dr. **Ulrike Halsband** is the interviewee of our section “Meeting our mentors”. Prof Ulrike herself is an international person: born in Germany, getting her University degrees in England, making research and visiting professor trips in Japan, Finland, the Netherlands – just to mention a few. She is working on the cross-fields of altered states of consciousness and neuroscience – this by itself an interesting challenge. She shares with us the secret: how she is doing those wonderful synthesizing summaries – based on the “incomprehensible”, huge data.

The section: **Clinical Relevance of Research Findings connects** the research fields of hypnosis and hypnotherapy. This time **Domonkos File**, a psychology PhD student (at Eötvös Loránd University in Budapest, Hungary) summarizes the state of the art on unconscious perception during hypnosis, focusing (and explaining) the method of the most well-known neural correlate of unconscious perception, the so-called mismatch negativity.

In our popular column “**Findings of Note**” **Fanni Pusztai** summarizes new prominent clinical and research papers.

It is my pleasure to announce that the “network” between our members created by the “**10 questions**” section is resuscitated: as Camillo Lorioed finally answered the questions of Consuelo Casula, now the right of answering Camillo’s questions goes to **Éva Bányai**. Believe it or not: even if we are working in the same Department, we could hardly find time to get her answers...

Of course, we have some of the latest news from Montreal Congress and other plans.

I repeat my invitation: please do contact me with your ideas, suggestions for topics, questions, or new columns – and of course your feedback on this issue.

Katalin Varga  
Dipl. Psych. Ph.D.

Visit ISH Video Library by clicking below.





## Main Interview

Interview by Katalin Varga



**Arreed Franz Barabasz, EdD, PhD, ABPP,** completed his 1st doctoral degree at the age of 23, State University of New York. His PhD in Clinical and Experimental Psychology is from the University of Canterbury, New Zealand where he conducted the first studies of EEG and Hypnosis in Antarctica. Arreed is a Professor at Was-

hington State University and a psychologist in practice. Previously he was Associate Professor, Harvard University Medical School/ Massachusetts General Hospital. He joined ISH in 1979 and is the Editor of the International Journal of Clinical and Experimental Hypnosis (IJCEH)(2003-2018). He is Past-President of the Society for Clinical and Experimental Hypnosis (SCEH) (1999-2001) of the American Psychological Association (APA) Society of Psychological Hypnosis (D30).

Arreed has published over 150 articles and received dozens of awards for research, theory, and practice including the Distinguished Science Award in Hypnosis from the American Psychological Association. His recent books include *Hypnotherapeutic Techniques*, 2E, (2005); *Advanced Hypnotherapy: Psychodynamic Techniques*, (2008) both with John G. Watkins and *Medical Hypnosis Primer* (2010).

Arreed is Airline Transport licensed pilot rated to fly the Boeing 737 as Captain. He often flies his own airplane to conferences.

**When you started to work as the editor of IJCEH what was your vision for the journal? What changes did you hope to make? As you reflect on the past years, what were you able to achieve?**

AB: I was deeply honored to be selected to serve as editor of the #1 ranked hypnosis journal worldwide. It has been an amazing experience to interact with the best minds in the field as well as to help nurture clinicians and experimental researcher authors new to hypnosis.

A major goal was to raise the numbers of clinical articles and to significantly increase the number of contributions to content from international authors. The *IJCEH* had been dominated with a majority of articles from the US experimental hypnosis labs for decades. I felt that had to change if the field and the *journal* were to grow internationally.

I believe we have been successful. The majority of articles, each year, now come from outside of the United States and a balance has been achieved between clinical and experimental contributions. Emphasis on clinical efficacy studies has made it possible for clinicians to make the case for the use hypnosis in both hospital and independent practices.

The *journal's* achievements are thanks to our amazing authors and remarkable editorial board. Our reviewers, as well as this Editor, focus on helping authors to improve their articles. Several manuscripts each year go through as many as four or even five revisions before final acceptance.

Near the end of my first term as editor the *IJCEH* achieved the highest Thompson-Routers (ISS) citation impact factor in the *journal's* history (2.068). During my editorship the *IJCEH* ranked 32<sup>nd</sup> out of 85 top tier psychiatry journals (Science) and 28<sup>th</sup> out of the 88 citation indexed journals in Clinical Psychology. Our prestigious publisher, Routledge-Taylor & Francis concluded that these are remarkable achievements for a small specialty journal.

Another milestone is the growth of the *journal's* acceptance from sponsorship by ISH and SCEH to become the official journal of six major hypnosis societies.

Wider recognition of the *journal* began in 2003, my first full year as editor, with the addition of the Society of Psychological Hypnosis (American Psychological Association Div. 30) while I was in my 1<sup>st</sup> term as president of that society. Next to join was the Canadian Federation of Clinical Hypnosis- Alberta Socie-



ty, followed by the Canadian Society of Clinical Hypnosis-Ontario. The Danish Society of Clinical Hypnosis joins us this year. At present rate of growth we may run out of space on the *journal's* cover to list all of our supporting societies!

**Please tell us something about your work as an editor? What are some of the “secrets” of the actual works? How many manuscripts have you received? How did the reviewing process work? Any pearls of wisdom?**

AB: If there is a secret it lies in the traditions of the journal recognized by the SCEH Constitution and By-Laws and by ISH. The *IJCEH* Editors have never been paid a salary and throughout its 64 year history has been both fiscally and editorially independent of the supporting societies. This time honored tradition and policy has assured that all *IJCEH* editors have been in a protected position to resist pressures by a society officers to accept articles for publication for political reasons varying from one society administration to another or to have the *journal's* operational budget be influenced by a society's financial trends.

The ISH Board was instrumental as was support from the Society for Psychological Hypnosis in helping to maintain that essential freedom when it was under siege in 2012.

The number of manuscripts that are worthy of the review process (about 90 in 2016) has increased in every year of my editorship. This suggests that while the number of active hypnosis labs in the US has fallen dramatically interest in our *journal* is expanding worldwide. ISH has played a critical role in this regard.

The review process sometimes begins when I meet with individual potential authors and regular contributors at hypnosis conferences such as the Milton Erickson Foundation meetings in Germany and the US, APA Div. 30, SCEH meetings and, of course, all of the ISH congress meetings. In 2016 I also met with potential authors at the American Society for Clinical Hypnosis and the Alberta Canada Society conferences. The process helps mitigate authors' frustrations as well as to save many hours per year of *IJCEH* office processing.

**Recently more and more high level journals are publishing hypnosis articles. This might increase competition, as the authors (especially the researchers) may prefer to publish elsewhere instead of *IJCEH*. Although this progress might be the result of nice publications in the “parent” journal, how do you see this change?**

AB: First let me say that the journal is “by any measure” to use our publisher's words a high level journal. The *IJCEH* is a tier one research journal as demonstrated by our citation indexing where we compete well on a broad scale with top indexed journals in psychiatry and psychology.

The *IJCEH* is by an enormous margin the most cited hypnosis journal in the world. Now that other high level journals are publishing hypnosis articles is not only good for the field and a tribute to ISH but also a catalyst for citations of the dozens of original works that appear in the *IJCEH* each year.

**Obviously, you are not only an editor, but a very effective clinician. Please tell us something about your everyday clinical work. Who are your patients? What is your general approach, preferred techniques? What is the role of hypnosis in your clinical practice in general?**

AB: Thank for your kind words about my effectiveness. I am humbled by the wisdom greater than my own shown by some of my patients. Given the recent evidence based findings of my efficacy studies with Drs. Marianne Barabasz and Ciara Christensen, inspired by the late John (Jack) G. Watkins, I try to limit my practice to the single 5-6 hour manualized abreactive hypnosis treatment of PTSD.

As shown by the efficacy studies (Barabasz et al. 2013; Christensen et al. 2013, *IJCEH*) over 70% are symptom free at 12-18 month follow ups It is intense but gratifying. My patients come from all over the US and occasionally from Europe.

**What is your future plan post editorship? What will you do in the free time when you are relieved of workload as an editor?**

AB: Ciara Christensen, PhD and I will be testing the efficacy of EMDR using our manualized abreactive hypnosis treatment for PTSD in a fully controlled evidence-based model investigation. I also plan to spend more time flying my airplanes with more formation flying and perhaps a few aerobatics.

**And, of course, our traditional question: your message, advice, hints to your up and coming colleagues?**

AB: Take the time and effort to tailor hypnotic inductions. Patients are individuals and a hypnotizability score is not enough. You must have the confidence to know it will work because what you do comes from research supported hypnotic interventions, published, of course, in the *IJCEH*.

Expectancies about outcome come from your patients hypnotizability AND the results you produce with your patient using hypnosis. Results are not produced by magical thinking that expectations by themselves account for outcomes.

Finally, borrowing from my days when I flew Boeing 737s, only sweat on the side of your face your patient cannot see.

Thank you,  
Kata

„TF -51 WW II Mustang I  
got to fly for a while a year ago.”



„My hangar near my home and my current two  
airplanes.”



## Meeting Our Mentors

### Prof. Dr. Ulrike Halsband

was born on 18th May, 1955 in Hamburg (Germany). Both of her parents were biologists. She got her BSc Honours Degree at the University of Sussex and finalized her doctor's degree at the University of Oxford in the Department of Experimental Psychology. Her post-doctoral degree ("Habilitation") was completed in the Medical School, Department of Neurology at the University of Duesseldorf (Germany).



She spent two years as a visiting professor at the Okazaki National Research Institute for Physiological Sciences and the University of Tohoku in Japan. She also carried out research and teaching activities at the University of Turku (Finland), Maastricht (Netherlands) and in Germany at the Universities of Bielefeld, Kiel, Duesseldorf and Tuebingen. In 1999 Ulrike was appointed as University Professor and Head of Clinical and Experimental Psychology at the Department of Psychology, University of Freiburg (Germany).

She published numerous peer-reviewed articles and acted as a guest editor for special journal issues on brain imaging in neurosciences and altered states of consciousness. She also published several books on human and animal psychology. Her broad research interests include brain mechanisms of hypnosis and meditation, clinical lesion studies, motor learning and memory, as well as animal studies with special reference to observations on dogs' social behavior and intelligence. Within the field of hypnosis her current main research interests focus on modern brain imaging techniques to disentangle what happens in the brain after hypnotic interventions in patients with anxiety disorders.

Ulrike Halsband obtained several research awards, such as Alexander-von Humboldt Forschungspreis, Milton Erickson Prize (German Branch) and most recently "Wissenschaftspreis 2017" from the German Dental Society of Hypnosis, DGZH.

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.

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

I was introduced to the fascinating topic of hypnosis by my parents when I was a teenager at High School. Both my mother and my father had a PhD in Biological Sciences and a broad interest in human and animal physiology and psychology which was reflected by their large private library at home. Among them were also books on hypnosis. So, I was stimulated by my parents to read about this topic. My earliest two books I read about hypnosis were 1) Ludwig Mayer (1951): *Die Technik der Hypnose. Praktische Anleitung für Ärzte und Studierende*. Lehmanns Verlag, München and 2) Arthur Ellen and Jean Jennings (1973) *The Intimate Casebook of a Hypnotist*, German Edition: *Ich hypnotisierte Tausende- aus dem Tagebuch eines Hypnotiseurs*, Ramon F. Keller Verlag, Genf.

Later, as a D.Phil. student at Oxford (1979-1982) I regained interest into the subject matter. I read several peer-reviewed articles on how hypnosis works in the brain. In those days, the literature I found was mainly on EEG-studies (electroencephalography). But my most important personal contact to the subject area happened many years later at the University of Tübingen (Germany) when I met Prof. Dr. Dirk Revenstorf in 1998 (see below).

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

I finished High School in Germany and went immediately afterwards to England in order to complete my undergraduate studies at the University of Sussex in Experimental Psychology in the School of Biological Sciences. I graduated with a BSc Honours Degree and did my DPhil Degree at the University of Oxford, Department of Experimental Psychology. After my PhD I returned to my home-country Germany. I was active in research and teaching in several German Universities, including Bielefeld, Kiel, Düsseldorf and Tübingen. In addition I worked for two years as a visiting professor at Okazaki National Research Institute for Physiological Sciences and at Tohoku University in Sendai, Japan. I also carried out brain imaging studies at Turku University (Finland) and in Maastricht (Netherlands).

I completed my postdoctoral degree („Habilitation“)



in the Medical School, Department of Neurology at the University of Düsseldorf. In 1999 I was offered a full-time professorship (tenured track) at the Department of Psychology, University of Freiburg as a head of the Neuropsychology Unit.

My research interests include brain mechanisms of hypnosis and meditation, clinical lesion studies, motor learning, memory, multi-lingual processing and animal behavior with special reference to dogs' intelligence and social interactions. My current research focus is on modern brain imaging techniques to disentangle what happens in the brain after hypnosis in normal subjects and in patients with anxiety disorders and to study the efficacy of hypnotherapeutic interventions. In addition, I am devoted to study the intelligence of dogs, human-dogs relationships and the use of dogs as a „co-therapist“. Since 2000 I am acting as a president of the Scientific Advisory Board of the German speaking Hypnotic Societies (Austria, Switzerland, Germany, WBdH).

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

My most important mentor in the field of hypnosis was Prof. Dr. Dirk Revenstorf, University of Tübingen. He organized training courses on hypnosis and hypnotherapy within the curriculum of the Milton Erickson Society (M.E.G, German branch). I actively participated in the training with great enthusiasm. But, as a neuroscientist it soon turned out that I became more and more interested in the exciting topic of what is happening in the brain during hypnosis. This was the starting point for me to conduct a series of experiments on the neurobiological bases of hypnosis using EEG, fMRI (functional magnetic resonance tomography) and PET (positron emission tomography).

In 2000 Dirk supported me to become the president



of the Scientific Advisory Board of the German speaking Societies of Hypnosis (wissenschaftlicher Beirat deutschsprachiger Hypnosegesellschaften, WBdH). I am still acting as a chair of the WBdH seventeen years later (2017). This honorary position made it possible to create close contacts to members from Austria, Switzerland and Germany. I am really enjoying being able to organize our regular meetings and to participate in the interesting discussions on the future of hypnosis in science, clinical practice and teaching schedules. So, I am most grateful to numerous colleagues of mine for stimulating discussions on the science and clinical practice of hypnosis. Their valuable input has been of great importance to me.

### How did you end up as a hypnosis researcher?

It all started with my hypnotherapeutic training organized by the Milton-Erickson-Society (German branch, M.E.G) in Tübingen. I enjoyed the training, but my tutors taught us very little about how hypnosis affects our brain. I registered in the training as a mature neuroscientist- just a couple of months later I was offered a full professorship at Freiburg University. At that stage I was already fully engaged in research using modern brain imaging techniques in Finland (Turku), the Netherlands (Maastricht) and in Germany (Düsseldorf, Tübingen, Freiburg). I submitted research proposals on the neurobiology of hypnosis. Here I am most grateful to the German

speaking Societies of Hypnosis (M.E.G, DGZH, DGH and WBdH) who sponsored my research activities. Without their funding I could not have ended up as a hypnosis researcher. Although at that stage I was engaged in a large variety of research projects the focus of my personal research interests became more and more centered around the fascinating topic on the neurobiology of hypnosis which is reflected by two research awards in this field (Milton-Erickson-Prize (German branch) 2004, Scientific Award by the German Society of Dental Hypnosis, 2017).

**It is more and more difficult to understand the very complicated neurophysiological studies of hypnosis. You do a wonderful job explaining complex results in a very simple, condensed way. What is your personal method of understanding and synthesizing the complex results?**

I am most grateful to my previous PhD supervisor at Oxford, Prof. Dr. Dick Passingham. He taught me useful methods of how to synthesize the main points from diverging and complex research results. I like an analytical approach which requires hard work and critical reflections on the subject matter.

It's not possible to come to a creative conclusion just by reading books and articles. Creative problem solving is an *active* process which basically involves four stages: in the preliminary or preparation stage

### Explanation of Abbreviations:

**EEG** (electroencephalography): a recording of the electrical changes occurring in the brain, measured by placing electrodes on the scalp and amplifying the electrical potential developed. High quality temporal data, but limited spatial resolution.

**fMRI** (functional magnetic resonance imaging): is based on the increase in blood flow to the local vasculature that accompanies neural activity in the brain. The response to a local increase in metabolic rate is increased delivery of blood to the activated region. It is the iron in blood haemoglobin which serves as an inherent magnetic susceptibility-induced T2-shortening intravascular contrast agent and is used as a local indicator of functional brain activation. High quality spatial localization but limited temporal resolution.

**fNIRS** (functional near infrared spectography): a non-invasive optical imaging technique that indirectly assesses neuronal activity by measuring changes in oxygenated and deoxygenated haemoglobin in brain tissues using near-infrared light. The use of portable fNIRS has gained considerable attention in recent brain research. It can be easily used in field studies, and the method is less prone to motion artefacts compared to fMRI and PET scanning. However, fNIRS also has severe restrictions: it is not well suited for examining subcortical brain regions.

**PET** (positron emission tomography): a technique for assessing brain activity and function by recording the emission of positrons from radioactively labelled substances, such as glucose or dopamine. Positrons travel a short distance prior to colliding and annihilating with local electrons. The masses of positron and electron are entirely converted into two photons emitted in directly opposite directions (180°) with exactly the same energy. The production of positron emitters requires a nearby cyclotron or nuclear reactor. Silent method with a high quality spatial localization but limited temporal resolution.

one has to gather complex information on the state of the art and define the problem. This is followed by the incubation phase where our mind is trying to combine related and unrelated thoughts in pursuit of a solution. In this and the following illumination phase it is best for me to be out of office, away from my writing desk. For instance, during a walk with my dogs in the forest I might come to an important insight or scientific conclusion about controversial research findings. This is then the basis for the final verification stage- the last step when I finalize my conclusions and write up my manuscript.

**Yours and others' studies are focusing on the hypnotized person. What would you predict is happening in the brain of the hypnotist?**

Along these lines recent research findings on the neuroscience of rapport and on observing consciousness and mirror neurons in therapeutic hypnosis are highly relevant. Results suggest that the activity of "mirror neurons" in the human brain act as a mechanism whereby we experience empathy and recognize the intentions of others by observing their behavior and matching their brain activity. This would suggest that an intense hypnotic rapport would lead to a close link between the brain activity patterns of the hypnotist and the hypnotized person. Rossi & Rossi (2011) put forth a model on how mirror neurons may function as a rapport zone mediating between observing consciousness, the gene expression/protein synthesis cycle, and brain plasticity in therapeutic hypnosis.

On the neurochemical level, oxytocin seems to play a major role in establishing an empathetic rapport between hypnotist and the hypnotized subject. Oxytocin is a hormone that also acts as a **neurotransmitter** in the brain. Findings from Bryant et al. (2012) suggest that oxytocin plays a key role in hypnotic interactions.

Last but not least, recent findings suggest a link between peripheral physiological measurements and brain activity patterns. Thus, the meta-analysis by Thayer et al. (2012) showed a link between heart rate variability and neuroimaging studies. One could expect that there is a synchrony of heart rate frequency and heart rate variability between hypnotist and the hypnotized person. But large differences may occur based in different personality styles and therapist/patient interactions (Peter et al., 2017).

**You are working with magnificent modern technology. Is there something still missing? What is your technological dream of what you would like to use in your research? What are your future plans?**



Drawing on evidence from several technological modalities, neuroimaging and physiological studies pave the road to a better scientific understanding of the neural mechanisms of hypnosis. Taken together, neuroimaging studies confirm the role of hypnosis as a function of suggestion.

However, as yet integrative studies are lacking using *multi-modal imaging*. For instance, a combination of PET with MRI imaging technology is a potential to combine the molecular and functional information of PET with the soft-tissue contrast of MR. Prototypes from Siemens technology are already available, but I don't have access to them. Furthermore, a promising approach to multimodal imaging techniques with a high temporal resolution is the combination of multi-channel EEG recordings and/or transportable fNIRS technology (functional near infrared spectroscopy) with fMRI. Also, fNIRS and EEG studies could be combined for analyzing brain activity changes under hypnosis in field studies. To give a concrete example: transportable EEG and fNIRS would allow us to analyze brain activity after hypnosis in patients with dental fears directly in the dental chair and not in an artificial lab situation of an fMRI or PET unit.

In parallel, a systematic analysis of the link between physiological parameters, like heart rate variability, and brain activity changes would be useful. Long term studies on the effects of hypnotherapy on the brain are lacking. Randomized studies on the effects of hypnotherapy as compared to other psychological interventions with larger sample sizes are needed.

My dream for future analysis is a systematic evaluation of *both functional and structural changes* of the brain. The aim is a multi-modal imaging evaluation of the immediate and long-term effects of hypnosis in the human brain in healthy individuals and in patients with a variety of psychological problems.



Within clinical studies the focus of my interest is on subjects with anxiety disorders and phobias. Also, the use of hypnosis as a preventive procedure for stress and anxiety symptoms is a challenging topic to explore.

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

Our neurobiological studies do provide evidence on how hypnosis affects our brain activity patterns. I used different methods to examine the brain mechanisms of hypnosis including EEG, fMRI and PET—only few scientists in the world have been applying all three methods in order to get further insights into the neurobiological basis of hypnotic trance.

Hypnosis is a psychological intervention by which attentional control can modulate the neural circuitry of fear and anxiety and interact with structures related to unpleasant memories. We did the first study to address the effects of a brief dental hypnosis on the fear processing structures of the brain and the hippocampus in dental phobics and in healthy subjects. We were able to show that anxiety-provoking stimuli can be effectively reduced under hypnosis. This gives scientific evidence that hypnosis is a powerful and successful method for inhibiting the reaction of the fear circuitry structures and for restructuring traumatic memories.

However, my field of scientific interests is much broader than to explore how hypnosis and meditation affects our brain. Thus, in my opinion, a major contribution associated with my name is that of motor learning, brain lesion studies and multilingual processing. Finally, I am deeply devoted to explore dogs' behavior and intelligence.





## 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...**

### Unconscious perception during hypnosis Domonkos File

Hypnotic procedures have been proven to be useful in many clinical situations, such as pain management, treatment of phobia, depression, dissociative and psychotic disorders and so on (Vanhaudenhuyse et al., 2015). Also, there is growing evidence, that there are enduring cognitive and physiological differences between individuals as a function of hypnotizability. Just to mention a few, high hypnotizables use more information processing strategies or styles during different tasks, and shift more easily between them, which leads to higher cognitive flexibility, compared to low hypnotizables (Crawford, 1982). Also, highs tend to have better ability to have vivid and less effortful imagery, to

become involved in various experiences, or to have focused attentional skills (Crawford et al., 1989).

Despite its importance for clinical and scientific use, hypnosis has long been a “difficult to catch” phenomenon for science, mainly due to the lack of objective neurobiological markers. However, the intensive technical development of electrophysiological and neuroimaging techniques of the past few decades have opened up a bridge between the neurophysiological and psychophysiological studies of cognitive, emotional and sensory systems (De Benedittis, 2003).

In the present paper, we will focus on a rather specific field of neuroscience-hypnosis research; on the neuroscience of unconscious perception during hypnosis. The main advantage of such studies is that the markers of unconscious perception –as far as we know- cannot be manipulated consciously. Considering, that due to one of the leading hypotheses, the hypnotic state is the consequence of an altered state of mind (Fromm & Shor, 2009), unconscious markers serve as reliable proofs of altered perception during hypnosis, which are difficult to explain in the imaginative role enactment framework. Also, objective measures of the effects of hypnosis are crucial for defining the factors that add up to the beneficial effects of hypnosis during clinical use. As in every medical treatment, the effect of hypnosis is partly rooted in the fact that people believe in them. Placebo effect however is not sufficient for a treatment to be widely accepted, despite its effect sometimes rivaling the effect of the active agent. Therefore, defining the objectively measurable effects of hypnosis increases its chance to be incorporated into everyday medical use and to reach more people. Studying the objective markers together with the subjective markers of hypnosis leads to a more complex understanding of the phenomenon, and lets the clinical and research experts use and measure systematic changes in the procedure, in this way perfecting treatment strategies. Last, but not least, as we live in the age of material evidences, objective proofs are needed for most people to believe in the effectiveness of a treatment, thus in turn, parallel to the scientific canonization, the effect is getting stronger, due to the increased placebo effect.

Probably the most well-known neural correlate of unconscious perception is the so-called mismatch negativity (MMN), first reported by Näätänen, Gailard, and Mäntysalo in 1978. MMN can be observed after a new, unexpected tone (deviant) is presented in the repeating sequence of unattended identical tones (standards). A typical example could be an occasionally presented “ba” (deviant) sound in the repeating sequence of “ga” (standard) sounds; ga-ga-ga



**Domonkos File** is a psychology PhD student at Eötvös Loránd University in Budapest, Hungary.

He is currently studying unconscious visual perception at the Research Centre for Natural Sciences, Hungarian Academy of Sciences.

His areas of interest cover aging, creativity, inhibition and recently, hypnosis.

-ga-ga-ga-ba-ga-ga...

The deviant sound can differ from the standard in one or more perceptual features (e.g. duration, pitch, loudness, location) (Näätänen, 1992). MMN is usually measured by electrodes placed on the scalp registering the electric activation of the brain, a method called electroencephalograph (EEG). MMN is a difference component formed from the averaged EEG sections time-locked to the standard and the deviant stimuli; MMN is the deviant-minus-standard wave (see figure). The name “negativity” refers to the polarity of the difference wave. EEG is a great tool for investigating unconscious perception, since it requires no explicit response or subjective experience from the participants, but allows one to directly observe brain activation.

The experimental design of MMN-hypnosis studies are similar. First, electrodes are placed on the scalp, which lasts for 30-45 minutes, depending on the number of electrodes. Greater number of electrodes allows the application of source localization techniques, which specifies the approximate origin of the recorded EEG components. After the electrodes are placed, a pre-hypnosis, so-called baseline, recording is made. After the baseline recording, the hypnotic induction procedure comes, followed by a hypnotic recording. The third, optional part is the post-hypnosis recording. During the recordings an odd-ball sequence of tones is presented to the participants via headphones, which contains frequent-standard and infrequent-deviant tones. It is very important, that during the recordings subjects have to perform a primary task, which draws their attention away from the sequence of tones. The primary task is usually visual, for example participants view a rotating cross and press a button whenever the cross changes its direction of rotation. An additional practical function of the primary task is to focus the gaze to one point, in this way preventing eye movements, which would result in muscular electrical noise in the EEG recording. Each of the 3 recordings contains around 1000 stimuli, and crucially are identical, thus any observed difference between them can be attributed to the hypnotic induction.

Since MMN-hypnosis research is still in its infancy, there are only a few studies that have been conducted. Despite the low number of MMN-hypnosis publications, it is worth the time to get familiar with them, as they have broadened our knowledge of hypnosis already, and have a great potential to broaden it further.

Facco et al. (2014) investigated the effect of hypnotically induced amusia for rhythm (a condition in which individuals are unable to recognize melodies

or rhythms) on MMN. Five high and 5 low hypnotizable participants listened to trains of sounds before and during hypnosis (with the instruction to exclude external and internal stimuli), while EEG was recorded. The sounds were either frequent-standard short (50 ms), or infrequent-deviant long (100 ms) tones. They found, that the amplitude of MMN was significantly reduced (-34%) in the highly hypnotizable group during hypnosis compared to the before hypnosis MMN, while no such difference was present in the low hypnotizable group.

Csépe et al. (1997) study completes the previous experiment with the observation, that MMN between low, medium and high hypnotizable subjects are not different in the wakeful state, but does differ during hypnosis. This observation strengthens the notion, that the neural mechanisms underlying hypnosis involves top-down inhibitory/regulatory circuits, which shows great variability as a function of susceptibility. These result shows that hypnosis has specific top-down regulatory effect on unconscious brain functions, which might serve as a good basis for a better understanding of hypnotic suggestions utilized as treatment of different conditions and disorders (i.e. pain reduction). Also, there is a potential in MMN as an objective measure for distinguishing between patient’s hypnotizability.

MMN has an additional advantageous property, that one of its neural generators is located in the right frontal cortex (e.g. Baldeweg et al., 2002; Giard et al., 1990), which makes it suitable for testing the anterior inhibition theory of hypnosis (Jamieson et al., 2005). Kallio et al. (1999), for example, reported increased MMN recorded from a virtuoso hypnotic

#### BOX #1

##### Understanding top-down and bottom-up processing

Bottom-up processing is also called data-driven processing, that is perception starts at the sensory input, and the signal travels in one direction towards the brain. Imagine, suddenly a flower flashes on the screen; your eyes detect the features, your brain pieces it together, and you perceive a picture of a flower. What you see is based only on the sensory information coming in.

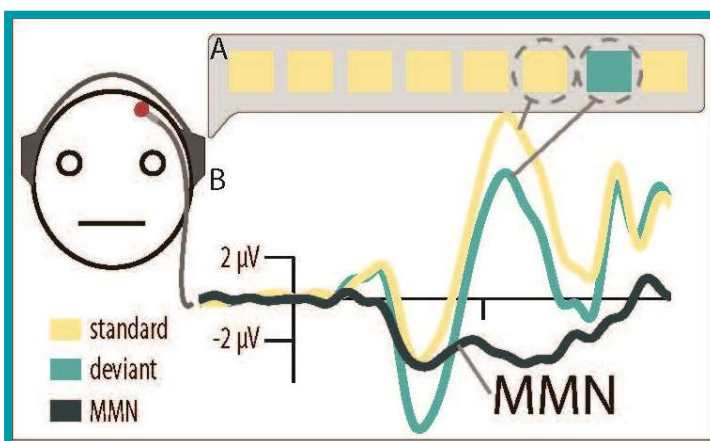
Top-down processing, on the other hand, refers to processing based on what is already in the mind. A good example for top-down processing is that we often read over typographical errors in text; because we know what words to expect, we automatically correct the incorrect letters. An important property of top-down regulation is that by directing the focus of attention, it can highlight certain stimuli, while abolishing some others, which has obvious advantages in pain reduction.

subject in the hypnotized compared to the non-hypnotized condition at a fronto-central electrode, which was interpreted as a disproof of the theory of frontal inhibition as a core feature of the state of hypnosis (Kallio et al., 1999). Since single case studies have their obvious limitations, Jamieson et al. (2005) repeated Kallio's study on a larger sample. A total of 23 subjects were examined (11 low susceptibles and 12 high susceptibles) before hypnosis, after hypnotic induction and post-hypnosis, while EEG was recorded. The study set out to replicate Kallio et al.'s (1999) study, that is, a frontal increment of MMN was observed during hypnosis in the highly hypnotizable group. It is important to note, however, that the low hypnotizable group showed the same pattern, although they were manifestly not hypnotized by the procedure, thus it could not be attributed to a distinctive hypnotic process per se (Jamieson et al., 2005). There are various possible explanations for such results, which are still the subject of debate, requiring further studies.

The presented studies, even though their number is low, converge to the notion that hypnotic state is accompanied with measurable neuro-cognitive changes, and that these changes cannot be solely attributed to conscious mechanisms. An additional, really interesting potential lies in the visual counterpart of MMN (see e.g. Czigler, 2014), which is recorded during the presentation of a sequence of unattended visual events. Visual stimulation in some cases might be more suitable to investigate the effect of hypnosis on unconscious perception, as visual stimuli can be more precisely matched to the objective of the hypnotic induction, which could allow the study of more specific effects of hypnosis on cognition. As both MMN and hypnosis research are studied intensively, further experiments are expected in the future.

**Figure #1**

**A semantic illustration of the (A) oddball sequence and the (B) time-locked EEG sections elicited by the standard, deviant and their difference (MMN).**



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14. Vanhaudenhuyse, A., Laureys, S., Faymonville, M-E. (2015). The use of hypnosis in severe brain injury rehabilitation: a case report. *Acta Neurol Belg* DOI 10.1007/s13760-015-0459-3



## Findings of Note



### Prominent Papers in Clinical and Research Hypnosis

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

**The “Findings of Note” section serves as a review of current hypnosis literature published not in the hypnosis journals but in the wider scientific – medical and psychological – area. In this section I attempt to provide an insight into a wide range of practical applications and theoretical developments in the field of hypnosis.**

I start this review with a recent paper that thoroughly summarizes the current state of hypnosis research. I found this article to be straightforward in highlighting the main findings of research both from clinical and neurophysiological aspects, while it also points out issues of contemporary hypnosis research and offers suggestions for the future. As such, I think it is a useful read for both clinicians and researchers of hypnosis. I am glad to report that I found quite a few new studies on hypnosis that appeared in papers not specifically focusing on hypnosis; I picked four of them that are in a way connected to the above mentioned summary paper on hypnosis research.

The summary article of Jensen and colleagues starts by reviewing findings regarding the neurophysiological underpinnings of hypnosis and the findings of clinical research proving the effectiveness of hypnosis for specific conditions. They also consider hypnosis as a model for symptoms found in some psychiatric and neurological conditions. The article continues with reviewing issues of hypnosis research and recommendations for future research that is only partially summed up here.

Related to findings on the neurophysiology of hypnosis as mentioned in Jensen and colleagues’ paper, the next article in this review is Squiantani and his colleagues’ paper on hypnoanalgesia. They seek to uncover the neural mechanisms underlying the well-established pain reducing effect of hypnosis. The

next two articles demonstrate the use of hypnosis research and hypnosis as treatment in cases of bipolar disorders and dermatological issues. There is accumulating evidence for the efficacy of hypnosis in such conditions, but as we can see in Jensen and colleagues’ article, they are not yet listed as having strong empirical support; therefore it seems worthwhile to further discuss and explore them. The last article that is reviewed here is a bit of a delicacy for the curious, as it has no clinical or research relevance in the field of hypnosis; however, it is a fascinating illustration of how widespread the application of hypnosis can be. This short review introduces a study that tried to uncover a way for computer software to be able to discriminate between emotional states of the user, and the authors used hypnosis to induce specific emotional states in subjects for their experiment. Even though Jensen and his colleagues’ article mentions hypnosis as a model for symptoms of specific disorders, we can thus see that hypnosis also serves as a model for emotions.

**JENSEN, M. P., JAMIESON, G. A., LUTZ, A., MAZZONI, G., MCGEOWN, W. J., SANTARCANGELO, E. L., DEMERTZI, A., DE PASCALIS, V., BÁNYAI, É. I., ROMINGER, C., VUILLEUMIER, P., FAYMONVILLE, M. E. & TERHUNE, D. B. (2017). NEW DIRECTIONS IN HYPNOSIS RESEARCH: STRATEGIES FOR ADVANCING THE COGNITIVE AND CLINICAL NEUROSCIENCE OF HYPNOSIS. *NEUROSCIENCE OF CONSCIOUSNESS*, 3(1).**

In their article Jensen and his colleagues summarize a discussion on issues of contemporary hypnosis research that took place in August 2015, a day before the International Congress of Hypnosis in Paris, France. Their aim is to give an overview of the most important findings and challenges in hypnosis research, and to provide guidelines for future research.

Considering the most important research findings, the authors emphasize studies that look to uncover the neurophysiological bases of hypnosis related phenomena. These studies utilize functional or structural magnetic resonance imaging (fMRI, MRI), positron emission tomography (PET), or electroencephalography (EEG), and according to the current review their main finding is that regions of the prefrontal and anterior cingulate cortices (ACC) play a primary role in individual differences in hypnotic responding.

Besides mapping the underlying brain structures that are involved in the hypnotic process, the use of neuroimaging in hypnosis research has brought about another valuable insight in our understanding of hypnosis, namely that specific changes in brain activity do in fact accompany hypnosis. Thus we can

now clearly state that hypnotic effects are real as in they are not merely pretenses on part of the hypnotized subjects: the reported subjective changes go along with traceable changes in brain regions that are related to the given psychological function. The neurophysiological underpinnings of hypnosis are still not fully understood and further research is necessary. For example, a recent meta-analysis found the activation of the lingual gyrus (and not the above-mentioned regions) to be correlated most robustly with hypnotic responses, a brain structure positioned in the occipital lobe, likely accounting for mental imagery (Landry et al., 2017). The fact however that we can clearly point out the validity of hypnotic subjects' responses not only at the level of their subjective experiences but at the level of brain functioning as well is substantial for both researchers and clinicians. Hypnosis, as the authors note, is still unfortunately seen as unscientific in some parts of the scientific community and among laymen; such studies and knowledge of their results can help base a strong argument for furthering the acceptance of scientific hypnosis.

Regarding research findings in hypnosis, the authors also list the conditions in which hypnotic treatment has been empirically shown to be most effective, which are the following: pain, irritable bowel syndrome and post-traumatic stress disorder symptoms. They also list conditions in which evidence is more limited but results are promising for hypnotic treatment, which are depression, anxiety and smoking. A further possibility of hypnosis in research is the use of hypnosis to model symptoms of psychiatric and neurological conditions: hallucinations, amnesia, delusions and conversion-like symptoms are modeled and studied this way.

After reviewing the most important findings, the article continues with methodological issues and recommendations for improving future research. These include suggestions for studying hypnosis in relation to other connected phenomena, for example meditation, or discontinuing the debate of whether hypnosis is a special altered state of consciousness or not, stating that this debate at the moment is not fruitful as it diverts attention from other important and solvable questions. The authors also encourage researchers to engage more in data sharing, as this practice is generally beneficial in any field of research by enlarging the available sample sizes for research.

Zenodo (<https://zenodo.org/>) is suggested as a free data-sharing repository. It is worth noting that all research outputs are accepted at Zenodo including papers, technical notes, reports, datasets etc., thus data sharing does not have to be limited to experi-

menters' data; it is just as beneficial if professionals working in primarily clinical contexts share case studies and findings as well.

Another suggestion the authors make for researchers of hypnosis is the consistent measuring of hypnotic suggestibility in laboratory experiments to better identify suggestion-specific responses, as well as including the full spectrum of hypnotic responding in these studies (that is, including not only low or high suggestible subjects but mediums as well, since they make up the greatest part of the general population).

Regarding the measurement of hypnotic suggestibility, the authors make an exception for the necessity of this practice for clinical outcome studies, as they note that suggestibility and treatment outcome is only weakly associated. This underlies the experience of many clinicians who observed that patients categorized as "lows" on a hypnotic susceptibility scale are still able to benefit from hypnotic treatment. The article does not elaborate on this subject, but on a side note I find it interesting to mention that laboratory studies will be possibly able to account for this phenomenon as well. Éva Bányai's (2002) concept of hypnosis styles seeks to uncover the relational aspects of hypnotic interactions, which may be part of the beneficial effects of hypnosis unrelated to hypnotic suggestibility (Bányai, 2002 or see short summary in ISH Newsletter Volume 41, No. 3.). Further studies investigating the possible mechanisms that are unrelated to susceptibility but play a part in effectiveness of hypnosis are currently being undertaken and I hope to report about them in a future Findings of Note.

- Bányai, É. I. (2002). Communication in different styles of hypnosis. In: Hoogduin, C. A. L., Schaap, C. P. D. R., de Berk, H. A. A. (eds) Issues on hypnosis. 1-19. Nijmegen: Cure&Care Publishers
- Landry, M., Lifshitz, M., & Raz, A. (2017). Brain correlates of hypnosis: A systematic review and meta-analytic exploration. *Neuroscience & Biobehavioral Reviews*.

**SQUINTANI, G., BRUGNOLI, M. P., PASIN, E., SEGATTI, A., CONCON, E., POLATI, E., BONETTI, B. & MATINELLA, A. (2017). CHANGES IN LASER-EVOKED POTENTIALS DURING HYPNOTIC ANALGESIA FOR CHRONIC PAIN: A PILOT STUDY. ANNALS OF PALLIATIVE MEDICINE.**

In their study, Squintani and his colleagues set out to uncover the effects of hypnotic analgesia by recording laser-evoked potentials (LEPs) in patients with chronic pain. As the authors note and as we

could see in the Jensen et al. summary on the state of current hypnosis research, clinical hypnosis in the treatment of pain is considered an empirically supported method. However, the neural mechanisms of this effect are still debated and questions still remain regarding whether a simple distraction of attention yields similar results through similar mechanisms.

To distinguish between the neural mechanisms of hypnosis and distraction of attention in response to painful stimuli, laser stimulators were used to elicit pain sensation, a well-established method for exploring nociception in human experiments (Plaghki & Mouraux, 2003).

Ten patients with chronic pain were recruited for this pilot study; they received laser stimulation on the dominant hand first in a control condition, then during hypnosis and finally in the attention distraction condition. Hypnosis consisted of suggestions for changes in subjective experience and perception of pain, attention distraction was achieved by listening to an emotionally neutral article from a magazine. During all three conditions laser-evoked potentials (LEPs) were measured with electroencephalography (EEG) and pain intensity and unpleasantness were measured on a self-reported rating scale.

The results show that hypnosis was successful in significantly reducing pain as measured by the LEPs, pain intensity and unpleasantness compared to the control and the attention distraction condition. The fact that hypnosis, but not attention distraction had an effect in pain reduction indicates that the effects of hypnosis stem from different brain functions besides attention networks. The authors cite positron emission studies (PET) indicating that different brain areas are associated with hypnosis depending on the type of suggestion. For example suggestions regarding the unpleasantness of pain are associated with reduced activity in the anterior cingulate cortex (ACC), a structure supposed to be responsible for the affective component of pain; while suggestions targeting pain intensity are associated with decreased activity in sensory cortices. This is a good example of Jensen and colleagues' point that we saw above, namely that in response to hypnosis, changes in those brain structures can be shown that are related to the psychological function targeted by the given suggestion, as expressed by patients on the subjective level as well.

- Plaghki, L., & Mouraux, A. (2003). How do we selectively activate skin nociceptors with a high power infrared laser? Physiology and biophysics of laser stimulation. *Neurophysiologie Clinique/Clinical Neurophysiology*, 33(6), 269-277.

**ZHANG, B., SHEN, C., MA, G., FAN, H., WANG, J., ZHU, Q., & WANG, W. (2017). HYPNOTIC SUSCEPTIBILITY AND AFFECTIVE STATES IN BIPOLAR I AND II DISORDERS. *BMC PSYCHIATRY*, 17(1), 362.**

This study aimed to investigate how different characteristics of bipolar disorders relate to hypnotic suggestibility. The authors list a number of traits that have been shown to be related to hypnotizability, such as absorption, fantasy proneness and openness to experiences. They also summarize characteristics that have been found to be associated especially to high hypnotizability, such as non-planning, motor impulsivity, experiencing more emotional feelings and more intrusive thoughts. Moreover, as some patients with post-traumatic stress disorder and dissociative disorder also can be categorized as high hypnotizables, the authors relate the above findings to the dissociated-control theory of hypnosis. This theory states that hypnosis induction changes control of behavior and cognition in a way that lower-level cognitive systems are less influenced by higher-level integrating processes (Jamieson & Sheehan, 2004).

Bipolar I and II disorders have some shared and some differential characteristics. Bipolar I disorder is associated more with reckless activity, psychomotor agitation and irritable mood, while bipolar II disorder is characterized by more chronic depression. Some of their shared features are impulsivity and impaired executive functions, while insufficient metacognition and high motor impulsivity can be observed in both conditions but with a higher prevalence in bipolar I disorder. As these traits might have indications regarding hypnotizability of patients with these disorders, the current study measured hypnotizability, mania, hypomania and depression to seek out possible associations between them.

The results show that there were no differences in the total score of hypnotizability, as measured by the Stanford Hypnotic Susceptibility Scale: Form C, between patients with bipolar disorder I and II. They did find differences among individual items of the scale: more patients diagnosed with bipolar disorder I passed the "Moving hands apart" suggestion, and less the "Mosquito hallucination" suggestion.

The authors explain this in terms of the impaired metacognition and higher levels of motor impulsivity associated with bipolar disorder I, as the "Moving hands apart" item is a simple motor suggestion that is less cognitively demanding, and the "Mosquito hallucination" item requires greater involvement of executive functions through utilization of fantasy and imagery. As the authors note, this is the first study to assess hypnotic susceptibility in bipolar



disorders, and they encourage the findings to be taken into account during treatment. Although the authors do not elaborate on how to do that, an indirect implication of their results could be that if the clinician chooses to utilize hypnosis in the treatment of bipolar I disorder, she should keep in mind the possibility of limitations in the patient's executive functioning; and build up treatment strategy and suggestions in a way that is compatible with and not overly demanding of given patient. In the case of bipolar I disorder that could mean careful consideration of administering suggestions that are reliant on executive functions and cognition, starting with suggestions that are less demanding of these abilities to avoid early disappointment and patient dropout; and increase them tailored to the individual needs and abilities of given patient.

- Jamieson, G. A., & Sheehan, P. W. (2004). An empirical test of Woody and Bowers's dissociated-control theory of hypnosis. *Int J of Clinical & Exp Hypnosis*, 52(3), 232-249.

**SHENEFELT, P. D. (2017). USE OF HYPNOSIS, MEDITATION, AND BIOFEEDBACK IN DERMATOLOGY. *CLINICS IN DERMATOLOGY*, 35(3), 285-291.**

For those who practice and/or research hypnosis, it does not come as a surprise that mind and body interrelate and somatic issues could have psychological origins; some practitioners of medicine are yet to rediscover this fact (Bilkis & Mark, 1998). However, psychosomatic factors are considered to be especially important when dealing with skin related problems (Panconesi, 2005). Shenefelt in his article summarizes dermatological conditions in which hypnosis proved to be valuable, which is a beneficial addition for both the field of dermatology and hypnosis. On one hand because it can turn attention to the importance of psychosomatic factors for those who might not have considered them before; on the other hand because as we could see in Jensen and colleagues' article, these types of problems are not yet on the list of conditions in which hypnosis have been consistently proven to be effective.

Shenefelt notes that in general hypnosis can be effective in dermatology by reducing discomfort from painful or itching skin conditions, reshaping dysfunctional habits, cognitive and emotional patterns related to skin disorder, promoting healing of disorders and uncovering psychosomatic aspects of the problems. Moreover, hypnotic relaxation and pain reduction can be utilized for dermatologic procedures as well, regardless of patients' hypnotizability. A non-exhaustive list of specific conditions that Shenefelt lists is the following. *Acne excoriée*, or

picking at acne was successfully treated in cases where posthypnotic suggestions were administered for the patient to remember the word 'scar' and refrain from picking whenever they began to reach for picking. In cases of *alopecia areata* or spot baldness, anxiety and depression was lower for patients who received hypnotherapy, both of which are common comorbid disorders of this condition; more than half of the patients also experienced scalp hair regrowth to varying extents. Discomfort accompanying *atopic dermatitis*, a type of eczema was alleviated through suggestions for skin comfort and coolness and non-scratching behavior. Recurrences of *herpes simplex infection* and *neurodermatitis*, a condition characterized by chronic itching, have been reduced by hypnosis, and resistant cases that failed to respond to direct suggestions were successfully explored with hypnoanalysis. *Psoriasis*, a common and persistent condition thought to be associated with stress showed marked improvement for patients participating in hypnotic sensory-imagery techniques, for example recalling sensations of skin experienced during sunbathing.

Based on Shenefelt's summary on the use of hypnosis in dermatology we can see that most results come from case studies or controlled trials with relatively small number of participants; however these results are also promising, thus they support the need for more large-scale studies to empirically validate the effectiveness of hypnosis in such problems. As the author writes, with proper use, hypnosis is a safe method that can "produce significant results where other methods failed" (p. 2).

- Bilkis, M. R., & Mark, K. A. (1998). Mind-body medicine: practical applications in dermatology. *Archives of dermatology*, 134(11), 1437-1441.
- Panconesi, E. (2005). Psychosomatic factors in dermatology: special perspectives for application in clinical practice. *Dermatologic clinics*, 23(4), 629-633.

**ANCUSA, V., & DRAGOE, C. M. (2017). CURSOR MOVEMENT—A VALUABLE INDICATOR IN INTELLIGENT SYSTEM DESIGN. *BRAIN. BROAD RESEARCH IN ARTIFICIAL INTELLIGENCE AND NEUROSCIENCE*, 8(2), 45-55.**

I present this article for current review as a quick outlook into the possible uses of hypnosis outside of the world of clinical hypnosis and research aimed at uncovering the mechanisms of hypnosis. The authors' goal is to optimize computer software to react to emotional information of the user, therefore enhancing user satisfaction. The authors' approach is that a so-called affective database should be developed that can be programmed into software. Based

on specific indicators the software is then able to infer and react to emotional states of the user just like any other input. This study proposes the use of cursor to be a possible indicator of affective states, meaning that they looked to discover whether there is association between emotional states of the user and the amount of mouse clicks and mouse acceleration. Based on specific considerations the authors chose relaxation and stress as the emotional states they wanted to examine in relation to cursor usage. To “isolate” and study these states in their most direct form, the study utilized hypnosis to bring about relaxation or stress in subjects. Unfortunately the article does not go into detail regarding the hypnotic process other than stating that it was conducted based on the Stanford protocol for hypnosis. As they do not share how they measured if hypnosis and the desired emotional states were in fact successfully induced, the article should be read with a critical eye. However, the study claims to have found that there is difference in cursor usage between the two states: relaxation is associated with more clicks while stress is associated with higher acceleration. The article goes on to test for how this information can be built into software, which can be found in the open-access article for the interested reader; for our purposes I found it really interesting to demonstrate how hypnosis can even be built into a study investigating software design. This once again sheds a light on just how widespread the use of hypnosis can be.



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- Invitations to participate and to present in the Triennial Congresses, and other scientific events

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## 10 Questions



Dear Dr. Bánya,

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

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

You know the answer.... when I was 7 and a half years old and I went to the first class, the elementary school, and won the competition on the “steel and iron collection” and nobody understood why and how was it possible. Our teacher realized what could be the reason. When we left the school she saw all the other girls run around happily and the teacher saw that I went to a group of the highest and strongest boys of the oldest class. I told them something, and now I quote our teacher, “so this little girl did something to these boys and then she started to go with determined steps and these boys followed her. As if they were hypnotized”.

This was the first time that I heard the word ‘hypnosis’ and of course I was curious about its meaning. So afterwards I read everything about it, I try to get not only fictions like Jules Verne’s Sándor Mátyás, Thomas Mann’s and Mario and the magician. But unfortunately, in those days in Hungary hypnosis was forbidden that’s why I could not get the scientific literature and that was the reason that I wanted to deal with it scientifically, to get a deep understanding. This motivation is still working in me.

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

I was hypnotized by Ernest R. Hilgard, and that was

a very remarkable situation as I am a zero scorer on the standardized scales. Afterwards it was very interesting for me but I was a little bit sad because I wanted to experience and really deep hypnosis, and then Jack hypnotized me but this time not with one of the standardized scales, but with a really individualized induction.

And at this time, I experienced a very deep age regression. Well he gave the suggestion to get back to my seventh birthday and I began to cry and it was very surprising even for myself and it was a very interesting experience. I cried for my grandmother who has just died right before my sixth, not my seventh birthday, but at the same time I cried for my other grandmother who died just two weeks before my air travel to the US. So these two levels of grief came together in this experience and it was a really deep experience.

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

First of all, Ernest R. Hilgard, Jack, because and I was very glad to hear it when he let me call him Jack. As a very young beginner I read his works at home in Hungary and I wrote a letter to him and I asked him for standardized scales. He allowed me to translate them and to use them. I was very fortunate and happy to get the chance to work at his laboratory at Stanford and spend there an academic year and it was an unforgettable experience. It was the biggest experience of my professional career. I consider him my mentor in my research work.

And there is another fantastic hypnotherapist, Erica Fromm, whom helped me to have my hypnotherapeutic training. When I worked at Stanford, I contributed to the standardization of the Stanford Clinical Scale of Hypnotic Susceptibility and I had a very moving experience with a cancer patient in the terminal phase.

I administered the standardized scale and although there is no anesthesia suggestion in this scale the patient, who suffered unbearable pain at the time, became completely relaxed and peaceful and at the end said thank you to me, kissing my hand and I felt his tears on my hand...

And at that point I was ashamed of myself because I realized that. I learned a lot, not only about hypnosis, but the techniques. I just conducted research, at that moment I realized that hypnosis could be extremely helpful for a lot of patients. It was forbidden in Hungary and when I was thinking about this



experience Erica Fromm visited Stanford laboratory. She was so kind and generous to invite me to Chicago to her place and offered to begin my clinical training. So, I consider her my mentor in therapeutic hypnosis.

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

(Long pause)... Lev Tolstoy: War and peace.

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

I have a lot of restoration activities. I like to listen to music, to read books, to cook and to dance.

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

I would like to give myself more free time to relax because at this time of my life I feel sometimes I work too much.

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

If someone is able to take responsibility and he or she is a really reliable.

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

I think I am pretty good in cooking. One of my PhD students asked me in the name of the whole PhD class, to give them a course on making good food within a short period of time.

And... Pretty good in dancing. I won a competition in my university years I became elected "Queen of twist".

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

I am fine. I've just celebrated my 75<sup>th</sup> birthday, so I know that I will have less and less time to complete the work which I would like to finish or complete. The work with cancer patients. It's my desire to help them because perhaps this is the most important goal at this period of my life.

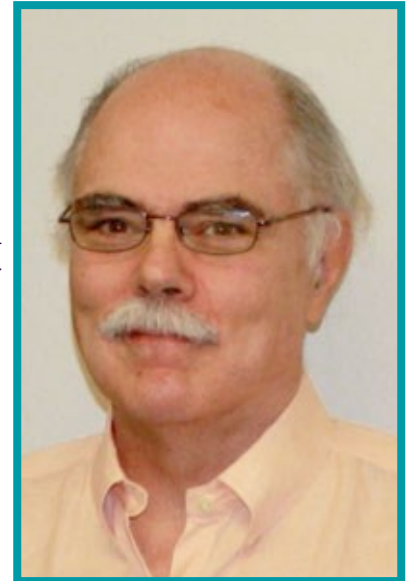
I wish I could see that my work will be followed and not finished after my passing away.

#### 10. Question of Camillo Loredi: What is the research that you never did but wanted to do?

I wanted to research the physiological effects of active alert trance. I was and I am still very curious as to why people who ride the bicycle so quickly for quite a long period of time never sense sore muscles.

I planned to conduct a study on this together with the team at the Physical Education University but the head of the physiology department of that university went abroad and that's why we never completed this plan work.

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



Michael Nash – what is your opinion about the archaic involvement of the hypnotist?

## News

### ISH World Congress of Medical and Clinical Hypnosis, in Montreal from August 22<sup>nd</sup> to 25<sup>th</sup>, 2018.

Drs. Giuseppe De Benedittis and Mark Jensen, members of the ISH Board of Directors, are organizing a 1-day pre-Congress symposium to facilitate communication between experienced hypnosis researchers and clinicians for the benefit of both, and ultimately for the field of hypnosis. There is some precedent supporting the benefits of such cross-fertilization. For example, clinicians have hypothesized that (1) patient/clinician rapport influences hypnotic responding, (2) tailored suggestions are more effective than standardized ones, and (3) permissive suggestions may be more effective than direct suggestions. All three of these hypotheses have been tested by hypnosis researchers, with support found for the first two hypotheses and not for the third. Such research is important, as it provides important empirically supported guidance for clinicians (e.g., clinicians need not be concerned about using permissive versus direct suggestions, but would be more effective if they maximize rapport and tailor inductions and suggestions for each session). The idea of this symposium is to move the field further by asking eight highly experienced clinicians and eight established hypnosis researchers to meet to develop ideas for an important hypotheses to be tested in the next decade. Although the symposium will be „closed” to facilitate the discussions, we anticipate that at least one scientific paper will emerge from the symposium. In addition, the key conclusions from the symposium will be presented at the World Congress meeting to follow, as well, of course, in this newsletter.

The Société Québécoise d'hypnose (SQH) will be hosting the next ISH World Congress of Medical and Clinical Hypnosis, in Montreal from August 22<sup>nd</sup> to 25<sup>th</sup>, 2018.

The SQH is a non-profit association of Quebecers members coming from various health professions including dentists, physicians and psychologists, trained in medical and clinical hypnosis. These professionals use hypnosis tools, techniques and methods within the framework of their discipline. The goal of the SQH is to stimulate research, discussion and publication of work related to the scientific study and application of hypnosis. SQH promotes cooperation between scientific disciplines interested in the study

and application of hypnosis. It sets standards for training and professional practice in the specific field of hypnosis and encourages its members to maintain the highest professional and scientific standards in the use of hypnosis and the practice of their profession.

In that context, the SQH hold a yearly congress for their members at the end of November. This year, the members of the SQH celebrated their thirtieth congress on the theme “L'hypnose dans tous ses états” which roughly translated as “Hypnosis in all its states”.

During this congress, after reviewing the main neuropsychological theories of hypnosis, we have been presented with applications of hypnosis in the field of pain management and the integration of hypnosis in the treatment of concussions and stroke. We have also been introduced to various innovations such as the integration of self-hypnosis techniques into psychotherapy, integration of hypnosis in psychodrama techniques, and hypnosis and storytelling in the context of dental surgery, inspired by the tradition of “Guignol” created by a dentist in the early 19th century. The program of this event can still be consulted on the SQH website: <http://sqh.info>.

Our annual congress was a great success but remains a small event compared to the next International Congress of ISH. All SQH members are looking forward to receiving ISH members from around the world and they will do their best to be hosts worthy of their guests.

Rémi Côté Ph.D  
vice-president of communications of the SQH



Jennifer Patterson, from IS Event Solutions in Montreal, registering people for the Montreal Congress at the Evolution of Psychotherapy 2017 conference in Anaheim, California.

## First Asian Congress of Hypnosis Oct 15-18, 2019 in Mashhad Iran

During a hypnosis congress 2015 in Iran our Polish Colleague Kris Klajs suggested the organization of a First Asian Congress.

His idea was to connect the colleagues in Asian countries who usually cannot afford to travel to Montreal or Paris to meet with others in the international field of hypnosis.

This is a great idea and after several successful congresses of the very active Iranian Society, Prof. Mehdi Fathi and Dr. Enayat Shahidi are enthusiastic to realize this idea.

Already many European colleagues like Consuelo Casula, Nicole Ruysschaert, Camillo Loredio, Giuseppe de Benedittis, Bernhard Trenkle, Claude Virot, Kris Klajs, Gunther Schmidt and also South African colleague Woltemade Hartman have agreed to come.

The Asian colleagues from China, India, Japan, Singapore, etc. are in contact with the Iranian group. At the moment the organizing committee of Fathi, Shahidi and Trenkle are collecting and researching contact data of colleagues working with hypnosis in countries like Kazakhstan, Turkmenistan, Azerbaijan, Korea, Saudi Arabia, etc.

Of course, the Iranian Society also has a lot to offer and to present for this congress.

Additionally, there is the possibility to take part in cultural tours, to experience the cultural treasures, the beauty of Iran and its famous hospitality. This part is organized by Najmeh Kazemi who already has guided several groups of hypnosis experts since 2015.

Informations/Registrations/Proposals:  
<http://cong-asianhypnosis2019.mums.ac.ir/>

Burkhard Peter has informed us, that he uploaded recently all the articles of the former journal „Hypnosis International Monographs (HIM)“ into <http://www.meg-stiftung.de/index.php/en/publications>

All of them (with the exception of HIM 3), i.e. HIM 1-2, and 4-6 are Proceedings of European and International Hypnosis-Congresses including the International Hypnosis Congress in Munich 2000.

Burkhard Peter is offering a free download of all articles to ISH members via informing them now in

this newsletter. Of course, you also can inform your colleagues about this possibility. You also can remind your colleagues to join ISH. It is our goal to interconnect the Hypnosis Communities around the world with ISH.

Burkhard Peter has been a BOD member of ISH for many years and he organized the 2000 congress in Munich. He also edited the newsletter of ISH for some years.

Bernhard Trenkle



“We introduce them to hypnosis early”: Mathieu Landry, who is a PHD brain researcher with Amir Raz’s lab, and son of Michel Landry, with his wife and 6 month old baby at the Anaheim conference.



# Season Greetings



**Wishing you relaxing  
and happy holidays!**

## 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:

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

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### KEYNOTE SPEAKERS REVEALED!

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

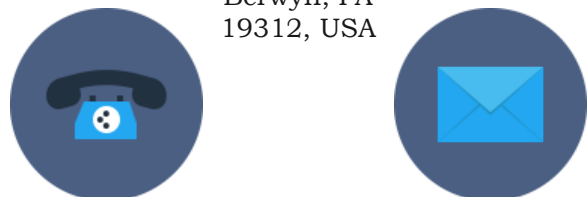
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## KEYNOTE SPEAKERS REVEALED



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