



CONTENT

- 1 -

LETTER FROM
THE PRESIDENT

- 11 -

NOTES FROM
THE EDITOR

- 13 -

REMEMBERING
DABNEY EWIN

- 19 -

METAPHORIC
PICTURES

- 20 -

BUILDING
BRIDGES OF
UNDERSTANDING

- 28 -

SCEH 71ST ANNUAL

- 29 -

ESH

- 30 -

HYPNOSIS IN
HEALTHCARE

- 31 -

IJCEH

- 37 -

XXII WORLD
CONGRESS

- 38 -

EVENT CALENDAR

- 38 -

FREE STUDENT
MEMBERSHIP

- 39 -

ISH MEMBERSHIP

- 40 -

NOMINATIONS AND
ELECTIONS

- 41 -

LIST OF
CONTRIBUTORS

The International Society of Hypnosis NEWSLETTER

Building Bridges of Understanding
2020, Volume 44, No. 3

LETTER FROM THE PRESIDENT



September 2020
Bernhard Trenkle

Dear Colleagues:

It is now the middle of September 2020. I am writing you this letter to give you an update on our plans for the 2021 ISH World Congress, given the ongoing uncertainties with the COVID-19 pandemic.

I have been working in August three full days with Kasia Mirska and Kris Klajs, who are the primary organizers of the next International Hypnosis Congress. We have been meeting in a “bubble” in North-East Poland during our “vacation”.

We have been discussing in detail many options for the congress and have come up with five primary options. We tried to analyze and discuss each option using the best future orientation techniques we know from hypnotherapy.

And here they are:

Option A: This is the version everybody is hoping for. We hold the congress in Krakow as initially planned, with hundreds of colleagues participating from more than 50 countries. Unfortunately, given the ongoing increase in infection rates and the prognosis of international experts, this option seems less and less likely. At least not unless an effective vaccination and/or new medical treatments become available soon.

Option B: We can hold a live congress but with limitations, including social distancing and masking. No full plenary room or gala dinner (with dancing) would be possible. We might have to limit the conference to 250 – 500 participants. Perhaps participants from some countries will not be allowed to travel to Europe, either because of restrictions from their home country or the EU/Poland.

Option C: We hold a *very* limited live congress with 100 colleagues only. Perhaps this would include two representatives from each constituent society and a handful of teachers. This group of teachers and representatives would meet and have elections of the new ISH BOD. We would record and stream the presentations of these participants in Krakow. Other presentations would be pre-recorded for an online congress. Thus, this would be a mix between a small live meeting and a big online meeting.



Option D: We hold the entire conference online. A small part of the scientific program would be streamed live, while the major part will be pre-recorded in the weeks before the congress and available in June 2021. In addition, the meeting of the representative (ISH COR Meeting) with elections for the new BOD will be online. The same would be true for the ISH Award ceremony. The advantage of this would be that many colleagues around the world who cannot come to Krakow because of financial and/or visa problems, could participate. Modern internet platforms are offering a lot of interactive possibilities too.

Option E: We postpone the full congress to June 2022. In this case, we would plan for and conduct a small online meeting with some presentations, including the COR meeting with elections for the new ISH board. We might even have a focus on the ways to control the pandemic using hypnosis. As you know, many of our colleagues are active in developing hypnotic strategies for facing this virus and Covid-19 in health systems and psychotherapy. A conference on this topic might be very timely. And after this crisis, we could reflect on all this process and develop useful concepts for the future.

In October we will have a Skype Meeting of our BOD to discuss the situation and make decisions.

It is the first time in more than 10 years that the BOD of ISH is not meeting live in person in this year. We will keep all of our valued ISH members informed of any decisions we make.

Most of this letter was written together with the Polish Team so it is signed by Kris Klajs and me.

Bernhard Trenkle & Kris Klajs
President ISH / Chair of Organizing Committee

XXII WORLD CONGRESS OF MEDICAL & CLINICAL HYPNOSIS 2021, JUNE 10–13 KRAKOW, POLAND

JAGIELLONIAN UNIVERSITY – AUDITORIUM MAXIMUM



XXII
WORLD CONGRESS
OF MEDICAL & CLINICAL
HYPNOSIS
KRAKOW2021



POLSKI INSTYTUT
ERICKSONOWSKI



www.hypnosis2021.com

contact: info@p-i-e.pl



GEDANKEN DES PRÄSIDENTEN (DE)

Sehr geehrte Kolleginnen und Kollegen:

Es ist jetzt Mitte September 2020. Ich schreibe Ihnen diesen Brief, um Sie angesichts der anhaltenden Ungewissheiten im Zusammenhang mit der COVID-19-Pandemie über unsere Pläne für den ISH-Weltkongress 2021 auf dem Laufenden zu halten.

Ich habe im August drei volle Tage mit Kasia Mirska und Kris Klajs gearbeitet, die die Hauptorganisatoren des nächsten Internationalen Hypnosekongresses sind. Während unseres "Urlaubs" haben wir uns mitten in wunderschöner Natur in Nordostpolen zu dieser Sitzung getroffen.

Wir haben viele Optionen für den Kongress eingehend erörtert und sehen fünf Hauptoptionen.

Wir haben versucht, jede dieser Optionen zu analysieren und zu diskutieren, wobei wir die besten Zukunftsorientierungstechniken, die wir aus der Hypnotherapie kennen, verwendet haben.

Und hier sind sie:

Option A: Dies ist die Version, die sich alle erhoffen. Wir halten den Kongress wie ursprünglich geplant in Krakau ab, an dem Hunderte von Kollegen aus über 50 Ländern teilnehmen. Leider scheint diese Option angesichts des anhaltenden Anstiegs der Infektionsraten und der Prognosen internationaler Experten immer unwahrscheinlicher zu werden. Zumindest nicht, wenn nicht bald eine wirksame Impfung und/oder neue medizinische Behandlungen zur Verfügung stehen.

Option B: Wir können einen Live-Kongress abhalten, jedoch mit Einschränkungen, darunter soziale Distanzierung und Maskierung. Ein voller Plenarsaal oder ein Gala-Dinner (mit Tanz) wäre nicht möglich. Möglicherweise müssen wir die Konferenz auf 250 bis 500 Teilnehmer beschränken. Vielleicht wird es Teilnehmern aus einigen Ländern nicht erlaubt sein, nach Europa zu reisen, entweder aufgrund von Beschränkungen aus ihrem Heimatland oder aus der EU/Polen.

Option C: Wir halten einen sehr begrenzten Live-Kongress mit nur 100 Kollegen ab. Vielleicht würde dies die zwei Repräsentanten jedes Mitgliedlandes und eine Handvoll Referenten, einschließen. Diese Gruppe würde zusammenkommen und auch das COR-Meeting mit den Wahlen zum neuen ISH-VORSTAND abhalten. Wir würden die Präsentationen dieser Teilnehmer in Krakau aufzeichnen und streamen. Andere Präsentationen würden für einen Online-Kongress vorab aufgezeichnet werden. Es würde sich also um eine Mischung aus einem kleinen Live-Meeting und einem großen Online-Meeting handeln.

Option D: Wir halten die gesamte Konferenz online ab. Ein kleiner Teil des wissenschaftlichen Programms würde live gestreamt, während der größte Teil in den Wochen vor dem Kongress voraufgezeichnet würde und im Juni 2021 verfügbar wäre. Darüber hinaus wird die Sitzung des Repräsentanten (ISH COR-Sitzung) mit den Wahlen für den neuen Verwaltungsrat online sein. Dasselbe gilt für die ISH-Preisverleihung. Dies hätte den Vorteil, dass viele Kolleginnen und Kollegen aus der ganzen Welt, die aufgrund von Finanz- und/oder Visaproblemen nicht nach Krakau kommen können, teilnehmen könnten. Auch moderne Internetplattformen bieten viele interaktive Möglichkeiten.



Option E: Wir verschieben den gesamten Kongress auf Juni 2022. In diesem Fall würden wir ein kleines Online-Treffen mit einigen Präsentationen planen und durchführen, einschließlich des COR-Treffens mit Wahlen für den neuen ISH-Vorstand. Wir könnten uns sogar auf die Möglichkeiten konzentrieren, die Pandemie mit Hilfe von Hypnose zu kontrollieren. Wie Sie wissen, sind viele unserer Kollegen aktiv an der Entwicklung hypnotischer Strategien zur Bekämpfung dieses Virus und von Covid-19 in Gesundheitssystemen und in der Psychotherapie beteiligt. Eine Konferenz zu diesen Themen könnte sehr angebracht sein. Und nach dieser Krise könnten wir über diesen ganzen Prozess nachdenken und nützliche Konzepte für die Zukunft entwickeln.

Im Oktober werden wir eine Skype-Sitzung unseres Vorstandes abhalten, um die Situation zu diskutieren und Entscheidungen zu treffen.

Es ist das erste Mal in über 10 Jahren, dass sich der ISH-Vorstand nicht live persönlich treffen kann. Wir werden alle unsere geschätzten ISH-Mitglieder über alle Entscheidungen, die wir treffen, auf dem Laufenden halten.

Der größte Teil dieses Briefes wurde zusammen mit dem polnischen Team geschrieben, daher ist er von Kris Klajs und mir unterzeichnet.

Bernhard Trenkle & Kris Klajs
Präsident ISH / Vorsitzender des Organisationskomitees



THE INTERNATIONAL
SOCIETY OF HYPNOSIS

Follow us



International Society of Hypnosis



International Society of Hypnosis



ishhypnosis



www.ishhypnosis.org



LA LETTRE DU PRÉSIDENT (FR)

TRADUCTION NICOLE RUYSSCHAERT

Chers collègues :

Nous sommes maintenant à la mi-septembre 2020. Je vous écris cette lettre pour vous donner une mise à jour de nos plans pour le Congrès mondial de l'ISH de 2021, étant donné les incertitudes actuelles concernant la pandémie COVID-19.

Le mois passé je me suis rencontré pour trois jours entiers avec Kasia Mirska et Kris Klajs, qui sont les principaux organisateurs du prochain Congrès International de l'Hypnose. Nous nous sommes rencontrés dans notre propre "bulle" au nord-est de la Pologne pendant nos "vacances".

Nous avons discuté en détail de nombreuses options pour le Congrès, et nous avons proposé cinq options principales. Nous avons discuté et pris en considération chaque option en utilisant les meilleures techniques d'orientation future que nous connaissons de l'hypnothérapie.

Et les voici :

Option A : C'est la version que tout le monde espère de réaliser. Nous organisons le congrès à Cracovie comme prévu initialement, avec la participation de centaines de collègues de plus de 50 pays. Malheureusement, étant donné l'augmentation constante des taux d'infection et le pronostic des experts internationaux, cette option semble de moins en moins probable. Du moins, pas à moins qu'une vaccination efficace et/ou de nouveaux traitements médicaux ne soient bientôt disponibles.

Option B : Nous pouvons organiser un Congrès en direct, mais avec des limites, notamment la distanciation sociale et la porte de masques. Aucune salle plénière pleine ou dîner de gala (avec danse) ne serait possible. Nous pourrions devoir limiter le congrès à 250 - 500 participants. Peut-être des participants de certains pays ne seront pas autorisés de voyager pour l'Europe ou en Europe, soit à cause des restrictions de leur pays d'origine, soit à cause de l'UE/Pologne.

Option C : Nous organisons un Congrès en direct très limité, avec seulement à peu près 100 collègues. Il pourrait s'agir de deux représentants de chaque société constituante et un nombre limité d'intervenants. Ce groupe d'intervenants et de représentants se réunirait et procéderait aux élections du nouveau conseil d'administration de l'ISH. Nous enregistrerions et diffuserions les présentations de ces participants à Cracovie. D'autres présentations seraient préenregistrées pour un congrès en ligne. Il s'agirait donc d'un mélange entre une petite réunion en direct et une grande réunion en ligne.

Option D : Nous organisons l'ensemble du Congrès en ligne. Une petite partie du programme scientifique serait diffusée en direct, tandis que la majeure partie serait pré-enregistrée dans les semaines précédant le congrès et disponible depuis juin 2021. En outre, la réunion des représentants (réunion du COR de l'ISH) avec les élections du nouveau conseil d'administration aurait lieu en ligne. Il en sera de même pour la cérémonie de remise des prix ISH. L'avantage serait que de nombreux collègues du monde entier, qui ne peuvent pas venir à Cracovie en raison de problèmes financiers et/ou de visa, pourraient participer. Les plates-formes Internet modernes offrent également de nombreuses possibilités d'interactions.

Option E : Nous reportons le Congrès complet à juin 2022. Dans ce cas, nous planifierions et organiserions une petite réunion en ligne avec quelques présentations, y compris la réunion du COR avec les élections du



nouveau conseil d'administration de l'ISH. Nous pourrions même nous concentrer sur les moyens de contrôler la pandémie en utilisant l'hypnose. Comme vous le savez, beaucoup de nos collègues sont actifs dans le développement de stratégies hypnotiques pour faire face à ce virus et au Covid-19 dans les systèmes de santé et la psychothérapie. Une conférence sur ce sujet pourrait être très opportune. Et après cette crise, nous pourrions réfléchir à tous ces processus et développer des concepts utiles pour l'avenir. Cette année, au mois d'Octobre, le conseil d'administration ISH BOD aura une réunion Skype pour prendre quelques décisions préliminaires. Cette année, c'est la première fois depuis plus de 10 ans que le conseil d'administration de l'ISH ne se réunit pas en personne. Nous allons tenir nos membres respectueux de l'ISH au courant de toutes les décisions dès que nous les aurons prises.

La plus grande partie de cette lettre a été écrite avec l'équipe polonaise, elle est donc signée par nous deux, Kris Klajs et moi-même.

Bernhard Trenkle & Kris Klajs
Président ISH / Président du comité d'organisation

XXII
WORLD CONGRESS
OF MEDICAL & CLINICAL
HYPNOSIS





LETTERA DEL PRESIDENTE (IT)

TRADUZIONE IN ITALIANO DI CONSUELO CASULA

Cari colleghi:

Siamo a metà settembre 2020. Vi scrivo questa lettera per aggiornarti sui nostri piani per il congresso mondiale ISH 2021, date le incertezze in corso per la pandemia COVID-19.

Proprio il mese scorso ho incontrato per tre giorni interi Kasia Mirska e Kris Klajs, che sono i principali organizzatori del prossimo congresso internazionale sull'Ipnosi. Ci siamo incontrati nella nostra "bolla" nel nord-est della Polonia durante la nostra "vacanza".

Abbiamo discusso in dettaglio molte opzioni per il congresso e abbiamo elaborato cinque opzioni principali. Abbiamo discusso e considerato ogni opzione utilizzando le migliori tecniche di orientamento verso il futuro che conosciamo dall'ipnoterapia.

Eccole qui:

Opzione A: questa è la versione che tutti sperano accada. Teniamo il congresso a Cracovia come inizialmente previsto, con la partecipazione di centinaia di colleghi provenienti da più di 50 paesi. Sfortunatamente, dato il continuo aumento dei tassi di infezione e la prognosi di esperti internazionali, questa opzione sembra sempre meno probabile. A meno che non siano presto disponibili vaccini efficaci e / o nuove cure mediche.

Opzione B: teniamo un Congresso dal vivo ma con limitazioni, incluso l'allontanamento sociale e l'uso delle mascherine. Non sarebbe possibile una sala plenaria completa o una cena di gala (con ballo). Potremmo dover limitare il congresso a 250-500 partecipanti. Forse ai partecipanti di alcuni paesi non sarà consentito viaggiare in Europa, a causa delle restrizioni del loro paese d'origine o dell'UE / Polonia.

Opzione C: teniamo un congresso dal vivo molto limitato con solo circa 100 colleghi. Forse questo includerebbe due rappresentanti di ciascuna società costituente e una manciata di relatori. Questo gruppo di relatori e rappresentanti si riunirà e terrà le elezioni per il nuovo BOD dell'ISH. Potremmo registrare e trasmettere in streaming le presentazioni di questi partecipanti a Cracovia. Altre presentazioni sarebbero pre-registrate per il congresso online. Quindi, questo sarebbe un mix tra una piccola riunione dal vivo e un grande incontro online.

Opzione D: teniamo l'intero congresso online. Una piccola parte del programma scientifico sarà trasmessa in diretta, mentre la maggior parte sarà pre-registrata nelle settimane precedenti il congresso e sarà disponibile a partire da giugno 2021. Inoltre, la riunione dei rappresentanti (riunione del COR ISH) per le elezioni del nuovo BOD avverrebbe online. Lo stesso avverrebbe per la cerimonia del premio ISH. Il vantaggio di questa opzione sarebbe che molti colleghi in tutto il mondo che non possono venire a Cracovia per problemi finanziari e / o di visti, potrebbero partecipare. Anche le moderne piattaforme Internet offrono molte possibilità di interazione.

Opzione E: posticipiamo l'intero congresso a giugno 2022. In questo caso, pianifichiamo e condurremo una piccola riunione online con alcune presentazioni, inclusa la riunione del COR per le elezioni del nuovo



consiglio direttivo ISH. Potremmo anche concentrarci sui modi per controllare la pandemia usando l'ipnosi. Come sapete, molti dei nostri colleghi sono attivi nello sviluppo di strategie ipnotiche per affrontare questo virus e Covid-19 nei sistemi sanitari e in psicoterapia. Una conferenza su questo argomento potrebbe essere molto opportuna. E dopo questa crisi, potremmo riflettere su tutti questi processi e sviluppare concetti utili per il futuro.

Nell'ottobre di quest'anno, l'ISH BOD avrà un incontro Skype per discutere la situazione e prendere alcune decisioni preliminari.

È la prima volta in più di 10 anni che il BOD dell'ISH non si incontra dal vivo, di persona, almeno una volta all'anno. Terremo informati tutti i nostri stimati membri ISH di tutte le decisioni non appena verranno prese.

La maggior parte di questa lettera è stata scritta insieme alla squadra polacca, perciò è firmata sia da Kris Klajs sia da me.

Bernhard Trenkle & Kris Klajs
President ISH / Chair of Organizing Committee



COLUMNA DE LA PRESIDENCIA (ES)

TRADUCIDO POR TERESA ROBLES

Queridos Colegas:

Estamos a mediados de septiembre. Les escribo para ponerlos al tanto de los planes que tenemos para el Congreso Internacional de la ISH en 2021, teniendo en cuenta la situación que vivimos con el COVID-19.

El mes pasado, pasé tres días completos con Kasia Mirska y Kris Klajs que son los principales organizadores de ese Congreso. Nos encerramos en nuestra “burbuja” en el Noreste de Polonia, durante nuestras “vacaciones”.

Revisamos a detalle muchas opciones para el congreso y terminamos seleccionando cinco que nos parecieran las más importantes. Discutimos cada opción utilizando las técnicas de proyección al futuro que utilizamos en hipnoterapia.

Y aquí están:

Opción A: La que todos deseamos. Tener el Congreso en Cracovia como fue originalmente planeado, con cientos de colegas participando de más de 50 países. Desgraciadamente, dado el incremento de infecciones que está teniendo lugar y los pronósticos de expertos internacionales, esta opción parece prácticamente imposible. Al menos, mientras no tengamos una vacuna y/o un tratamiento médico eficientes.

Opción B: Realizar el Congreso con limitaciones, como son el distanciamiento social y el cubrebocas. Esto sería sin conferencias plenarias, ni cena de gala, ni baile. Tendríamos que limitar el Congreso a entre 250 y 500 participantes. Probablemente los participantes de algunos países no podrían viajar a Europa, por restricciones de Estados Unidos y Polonia o de su propio país.

Opción C: Hacer un Congreso presencial limitado a 100 participantes donde tal vez podrían incluirse dos representantes de cada sociedad pertenecientes a la ISH y conferencistas. Este grupo se reuniría y llevaría a cabo las elecciones para la nueva Mesa Directiva de la ISH. Se grabarían y transmitirían las presentaciones en Cracovia. Otras presentaciones podrían grabarse con anterioridad para realizar un Congreso On Line. Es decir, habría una combinación entre una pequeña reunión en vivo y una gran reunión On Line.

Opción D: Realizar el Congreso completo On Line. Una pequeña parte del programa científico sería transmitido en vivo, mientras la mayor parte sería grabada con anticipación y estaría a la mano para ser consultado en junio 2021. Además, la Asamblea de Representantes donde se realizarían las elecciones de la siguiente mesa directiva, sería transmitida On line, así como la ceremonia de entrega de premios. La ventaja de esta opción sería que muchos colegas que no podrían viajar a Cracovia por razones económicas o de visas, podrían participar. Las plataformas de internet modernas nos ofrecen muchas posibilidades para interactuar.

Opción E: Posponer el Congreso completo para junio 2022. En este caso, organizaríamos una pequeña reunión On Line con algunas presentaciones, incluyendo la Asamblea con las elecciones de la nueva mesa directiva de la ISH. Podemos incluso enfocarnos en las formas para controlar la pandemia a través de la hipnosis. Como ustedes saben, muchos de nuestros colegas están trabajando activamente para desarrollar estrategias utilizando hipnosis para enfrentar el virus del Covid-19 en los sistemas de salud y en la psicoterapia. Una conferencia sobre este tema estaría muy adecuada al momento. Y después de la crisis, podemos reflexionar sobre todo este proceso



y desarrollar conceptos útiles para el futuro.

En octubre de este año, la mesa directiva de la ISH tendrá una reunión por Skype para discutir esta situación y tomar algunas decisiones.

Es la primera vez en más de 10 años que esta mesa directiva no se reúne en forma presencial al menos una vez al año. Tendremos informados a todos nuestros queridos miembros de la ISH de las decisiones que se tomen.

La mayor parte de esta carta fue escrita en conjunto con el equipo polaco, por lo que la firmamos Kris y yo.

Bernhard Trenkle & Kris Klajs
Presidente ISH / Coordinador del Comité Organizador



NOTES FROM THE EDITOR



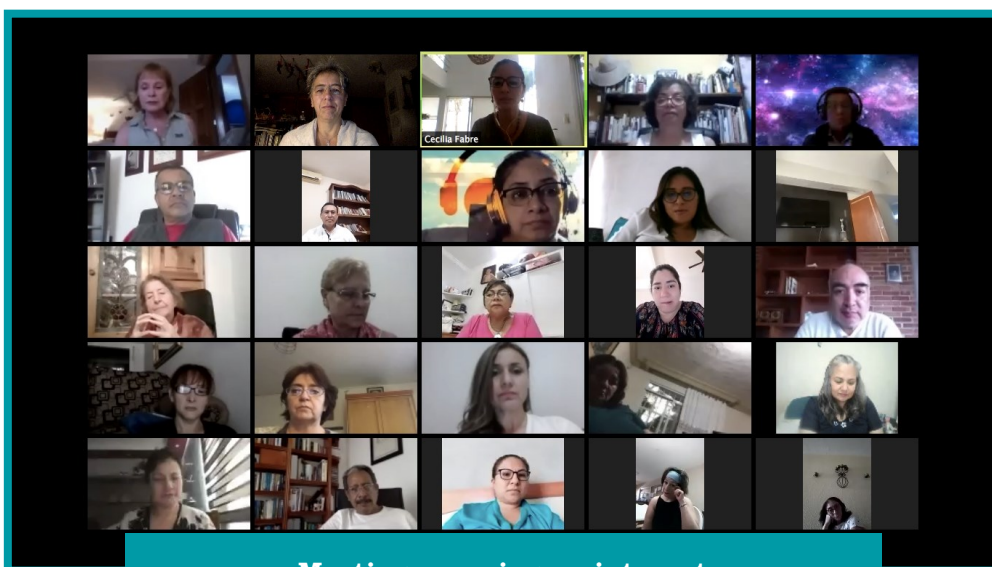
Katalin Varga

Dear Colleagues,

This time we are sending you the newsletter following a still difficult period of the COVID pandemic all around the world.

Many meetings are cancelled, others are running via internet (like the one with my Mexican colleagues). Better than nothing, but not the same as face-to-face meetings, hugging, free discussions, social programs...

Hope – I really do hope – we CAN meet in Krakow.



Meetings running on internet

The main part of the current issue is an international **tribute** to **DABNEY M. EWIN**, MD, FACS, clinical professor of surgery and psychiatry at Tulane Medical School, and clinical professor of psychiatry at Louisiana State University Medical School, who recently passed away. Among his many awards and titles, he was given the Pierre Janet Award from the International Society of Hypnosis for clinical excellence. It was that award only because we do not have a “humanity excellence”, or a “everyone’s favourite” award.

Dr. Ewin was a nice and good person, who amazingly actively shared his knowledge. I remember, after he gave a lengthy workshop in 2013 at the International Conference on Hypnosis in Medicine meeting, in Budapest, I found him and several participants from his workshop, who continued the discussion for hours in another room, that they “occupied”. Even if I had the fortune to participate several times in the workshops of Ewin, I could not resist sitting in again, just listening to him.

There are not many people who really want to **SHARE** their knowledge, and **TEACH** their approach, techniques, but rather just want to demonstrate their own brilliance. We invite our readers to visit again our interview with Ewin, back in 2015. ([ISH NL 2015 winter](#))



In the **Building Bridges of Understanding** section **Guilad Tchelet** and MA students from my university summarize several research findings on hypnodelic therapy. This is a very interesting combination of lysergic acid diethylamide (LSD), and hypnotherapy. We can read the historical background, the methodological steps, the results, and the critical analysis of this technique.

The usual section of the **International Journal of Clinical and Experimental Hypnosis** (IJCEH) report from Gary Elkins and Lynae Roberts presents the abstracts from the articles published in the most recent issue of the Journal. It seems so simple: interesting and well written papers are appearing in each issue. Usually we simply consider the tremendous work behind the results. This time we see the names of the reviewers of the journal, along with the “thanks” from the editor in chief. Those who have ever done a review know the workload it requires. Being a reviewer is not only time, but also expertise and responsibility. Without reviewers we would not have scientific journals. This is a simple fact.

We have interesting **news**, like the new board of European Hypnosis Society (**ESH**), meeting announcements, and much more.

Personally, one of the most important moments of the past months was when our national association, the Hungarian Association of Hypnosis was awarded the “Constituent Society Award”.

It was a special pleasure for me that I could be “present” in the online session, when the award was officially handed over online by Gérard FITOUSSI, Kathleen LONG, and Consuelo CASULA.

Katalin Varga
Dipl. Psych. Ph.D., DSC.





REMEMBERING DABNEY EWIN

In this issue, we pay tribute to the memory of Dabney Ewin with the recollections of colleagues. For many of us, his teaching, his individuality, his unsurpassed kindness and humour were decisive.

Rest in peace.

Katalin Varga
Dipl. Psych. Ph.D., DSC.



Gérard Fitoussi and Dabney Ewin

I happened to meet Dabney Ewin in 2014, when he came to France with his son, Dr Chris Ewin. I discovered a very humorous, alert and « young » professional who delivered a wonderful speech and gave us some insights into his tremendous experience. He was invited by the Hypnocrate association, led by Dr Stéphane Radoykov who, not only organized his visit, but shared a deep link with Dr Ewin. I remember us having some great conversations with Dabney afterwards where we learned much more about his great work using hypnosis. In the name of the CFHTB and the French speaking hypnosis community, a great thanks to a giant of our field and our sympathy to his family.

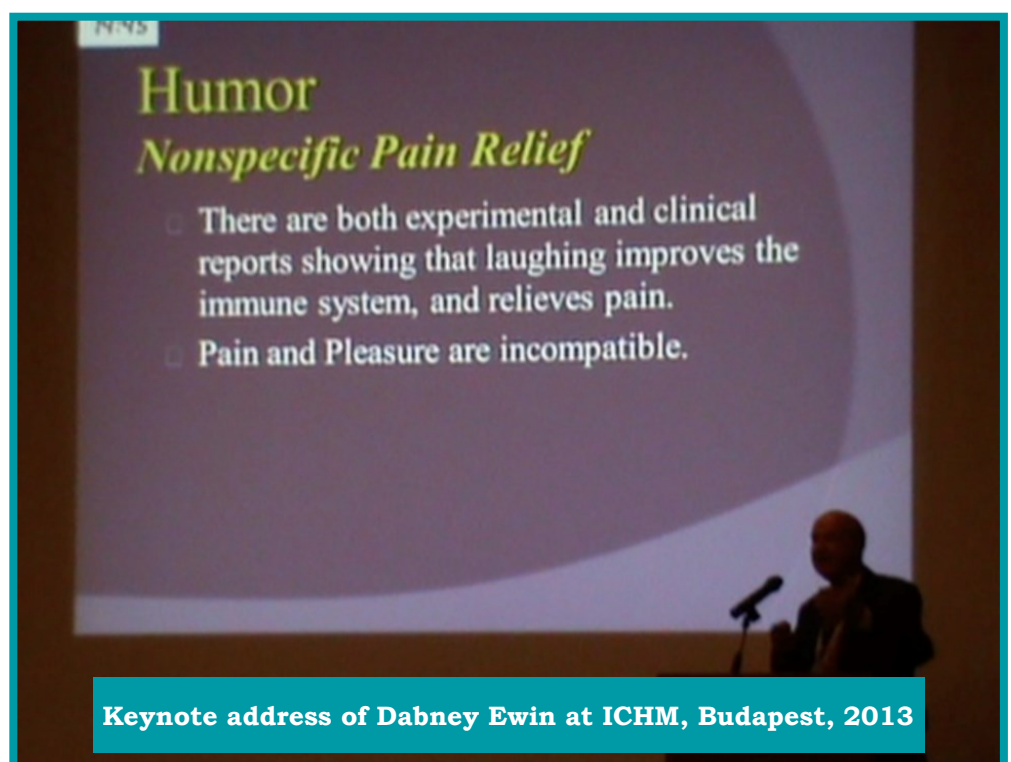
Gérard Fitoussi
President of CFHTB



Keynote address of Dabney Ewin at ICHM, Budapest, 2013

I had the pleasure of meeting Dabney Ewin and studying with him in his hometown of New Orleans during an ASCH conference there nearly two decades ago. He was a wonderfully zealous champion of clinical hypnosis for physicians and other health care practitioners. In my family it would be said that living to 95 years in reasonable health (including learning to tap dance in your mid-eighties because “I never saw an unhappy tap dancer”) is “living a good long life”. Someone remind me of that 23 years from now...

Lance M. Rucker, AB, BSc, DDS, FACD
Executive Board Member-at-Large
Canadian Society of Clinical Hypnosis (BC Division)

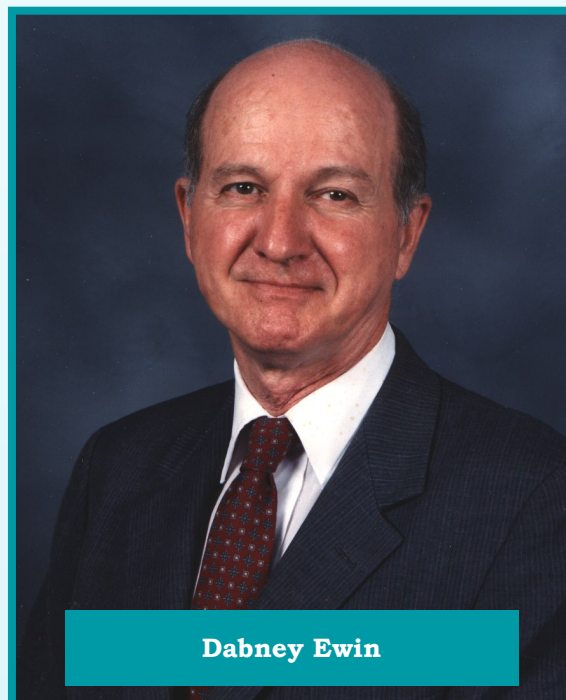


Keynote address of Dabney Ewin at ICHM, Budapest, 2013



Regrettably, I did not have as many opportunities to talk face-to-face with Dr Dabney Ewing as I would have liked. But the few conversations we did share, really stand out in my mind. As you will soon see, I consider Dabney to be one of those rare individuals who served as an inspiration to many.

The last time I was able to enjoy Dabney's company was in October, while attending the SCEH scientific symposium on hypnosis, in New Orleans. At age 94, Dabney led a lively workshop on the use of hypnosis to treat pain. His stories were fascinating and his logic plain and simple.



Anyone who has spent time with Dabney has undoubtedly heard him say how important it is to help patients discover their Happy Place. As he explained at his workshop, "When you are feeling happy, you're not feeling pain. These feeling states are incompatible." Following a very informative workshop, with lots of humour and fun, I had the good fortune of sharing dinner with Dabney.

As with everyone else at our table, I was delighted to have the opportunity to listen and learn more about his life. Evidently, at age 86, Dabney took up tap dancing. His reason was that "I never saw an unhappy tap dancer." His energy was superhuman. Even so, Dabney eventually decided that with the coming of old age, everything was slowing down for him. He now had to use a walker to keep his balance. As Dabney made clear at his workshop, while rejecting other's offers to help him set up his computer and projector, "I can still think clearly and get around, it just takes a little longer than it used to. It seems that I am getting old."

Given his advanced age, Dabney decided it was probably time to retire. However, I do not think he was in retirement long. As Dabney explained to me at dinner that evening: "Shortly after my retirement, a physician came to me and said his daughter needed help. She was in pain and the other doctors could not figure it out. So here is a young girl, at the beginning of her life, who needs help. What did I do? I reinstated my license so I could help her. A pain problem like that could affect her for the rest of her life! I could not let that happen. So, I spent \$800 to get my license reinstated. ... Now, I never charge a fee when colleagues bring me family members who need help. So, I didn't make much money on that deal. But I will tell you this, it was the best \$800 I ever spent!"

My admiration for Dabney's confidence in his craft, his altruistic spirit, and his love of life is difficult to express in words. Dabney certainly practiced what he preached. As seems to be the case, using hypnosis to benefit others was Dabney Ewing's Happy Place.

Dan Short, Ph.D.
Phoenix, Arizona



In 2004 The Danish Society of Clinical Hypnosis had the pleasure of Dabney Ewin's visit to Copenhagen where he gave a 2-day workshop on ideomotor signalling and hypnosis in burn care. His knowledge and deep care for his patients were powerful examples to be followed.

Rather new to hypnosis I first met Dabney Ewin sitting on the floor with him doing an exercise during the 1992 ISH congress in Jerusalem. At one of the later congresses I asked him what he could possibly benefit from attending these congresses with all his years of experience. Dabney replied: "if I only take one sentence with me it has been worth it all".

His teachings of how to treat burn victims was crucial when recently I had a young woman in therapy who had had an accident where she had burnt her right hand due to an inflamed pot of cooking oil. The skin came off, and she was hospitalized. Thanks to Dabney Ewin's teachings I knew what I had to do: "keep it cool and be surprised at how fast it can heal". And the hospital staff was surprised.

Dr Dabney Ewin had a lot of knowledge, a lot of wisdom, and he was a true human being with empathy and respect for his fellow man. I am grateful for having met him.

Anne-Marie Harnum
Danish Society of Clinical Hypnosis
president 1995-2005 and 2017-
2019

Malek's Law: Any simple idea will be worded in the most complicated way

101 things
I wish I'd
known when
I started using
hypnosis

Dabney Ewin

What a special man!

He epitomized the graciousness of a southern (US) gentleman, courteous, well mannered, always focusing on the needs of others. It was an honour to be his co-chair of an intermediate training with ASCH. It afforded me wonderful time connecting with him as we prepared for the meeting.

Nearly everyone who took training at ASCH witnessed his skills and learned from him.

My favourite memory of Dabney was at the airport waiting for a plane coming back from an ISH meeting.

My husband was traveling with me and at the time was in great need of a knee replacement. He was in a lot of pain and was limping. Dabney said to my husband in his commanding doctor's voice: "Russ, STOP limping!" Russ still needed the knee replacement, but it always brought a smile to our faces when we recollected Dabney's intervention.

He will be sorely missed.

Carolyn Daitch, Ph.D. L.P.
Fellow, MPA, Fellow, ASCH
Director, Center for the Treatment of Anxiety Disorders



Dr Dabney M Ewin MD was the Honorary President of the British Medical and Dental Hypnosis Society (BSMDH(S) for more than four decades. He was a wonderful, inspirational teacher who has had a lasting effect on our society. We were fortunate enough to persuade him to come to Scotland on at least four occasions and each time he brought not only his expertise in clinical hypnosis, but his humility and humanity.

Dabney wanted us all to learn something that we could use with our patients to make their lives better, and we did. He taught us with the ease of a master. To this day we still incorporate much of Dabney's teaching into our course. One of our top recommendations to our new recruits in Medical and Dental Hypnosis is Dabney's book, 101 Things I Wish I'd Known when I Started Using Hypnosis. A great book by a great man.

Dabney was in many ways an Honorary Scot as well as our Honorary President. He loved coming to Scotland and made a point of researching his Scottish ancestors from both sides of his family. Ewin is an old Scottish Clan name 'Clann Eoghan' meaning well born or noble. Dabney was certainly noble in the true meaning of the word; righteous, good, honourable, honest, upright, and upstanding. He also had a wicked sense of humour and his use of metaphor was often so subtle that it only percolated to your conscious mind after he had boarded the aeroplane back to the USA. The Ewin name also means of the Yew Tree which is a tree that does not tolerate rain or clay soils and is better suited to sunnier climates. Perhaps this is why the Ewins ended up in the USA and thrived. The Yew tree is thought also to erase negativity, and this was a quality that Dabney had in abundance; smiling and positive every time no matter what the circumstances. Dabney, despite the many achievements in life and accolades that he received, remained approachable, friendly, and lacked the conceit that can often affect others.

In one of his visits to Scotland he and his daughter, Connie, went to Glasgow Cathedral to see the Ewin window. Dabney lectured to BSMDH (S) in Glasgow and Stirling. One of his ancestors, Baron James Ewing, was born in either or Glasgow or Stirling in 1620 and maybe we covered both bases even if we were unaware of it at the time.

The last time I saw Dabney was in Montreal in 2018 at the International Society of Hypnosis Conference. I was so excited to see him. I took across some lady doctors who were also at the conference to introduce them to him. The band stuck up and before we knew it Dabney was up dancing showing us his great moves.

I just want to say thank you on behalf of BSMDH(S) for giving us the privilege to call you our Honorary President and for being a fantastic human being. An example to us all and a truly noble man. Rest in Peace Dabney with assurance that your legacy lives on in our work and hearts.

Condolences to all the family from BSMDH (Scotland)

Dr Kathleen Long MBChB MPH
President BSMDH(S)
President Elect ESH
on behalf of all the members of BSMDH(S)



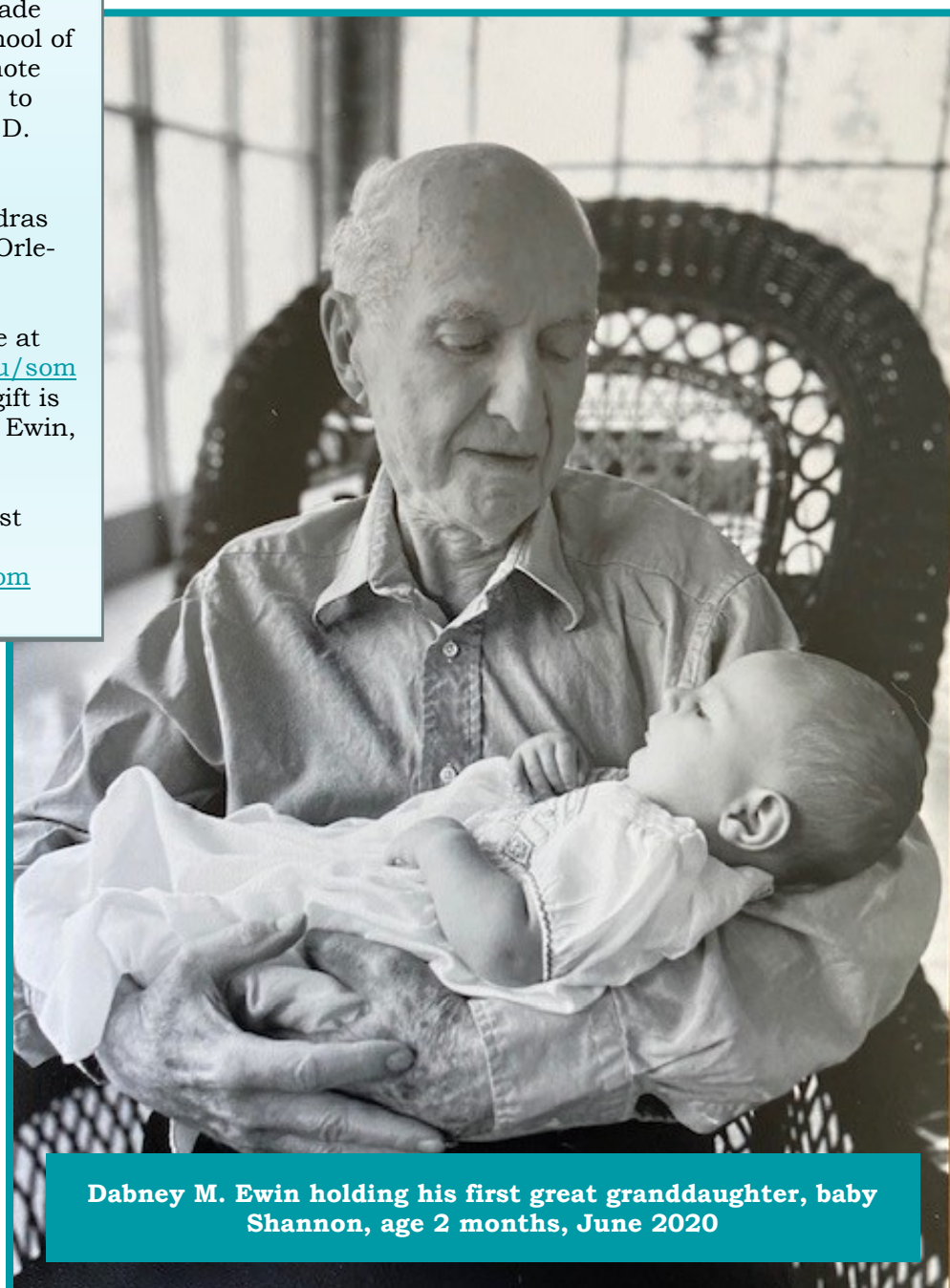
Meeting our Mentors, Dabney Ewin at ICHM, Budapest, 2013

In lieu of flowers, the family requests donations be made to: Tulane University School of Medicine, with a memo note designating the donation to the “Dabney M. Ewin, M.D. Hypnosis Lecture”.

Mail checks to 1555 Poydras Street, Suite 1000, New Orleans, LA 70112

Online gifts may be made at <https://giving.tulane.edu/som>
Please indicate that the gift is in memory of Dabney M. Ewin, M.D.

To view and sign the guest book for his family, visit www.lakelawnmetairie.com



Dabney M. Ewin holding his first great granddaughter, baby Shannon, age 2 months, June 2020



METAPHORIC PICTURES



**location: Vác, Hungary
by: Katalin Varga**





BUILDING BRIDGES OF UNDERSTANDING

CLINICAL RELEVANCE OF RESEARCH FINDINGS

In each 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...

HYPNODELIC THERAPY: THE APPROPRIATION OF COGNITIVE-BEHAVIORAL THERAPY AS A THERAPEUTIC APPROACH

Guilad Tchelet

ABSTRACT

Hypnodelic therapy is a therapeutic model of therapy that was developed with the goal to maximize the power of hypnotic suggestions made in a clinical setting. Patients who respond to hypnosis are administered a psychedelic drug, lysergic acid diethylamide (LSD), and then these patients undergo hypnotherapy. The first researchers to introduce and investigate hypnodelic therapy did so in the year 1963 in a study which investigated whether or not hypnodelic therapy was more effective than hypnotherapy, psychotherapy, and psychedelic therapy, with interesting results. However, due to the research limitations at the time, no concrete method was established for further research. This paper aims to explore the semantics regarding hypnotherapy while suggesting the introduction of cognitive-behavioural therapy (CBT) as the standard therapeutic approach to be used in hypnodelic therapy.

KEYWORDS:

hypnodelic therapy, hypnosis, LSD, Cognitive-behavioural therapy.

INTRODUCTION

In 1949, Albert Hoffman, the synthesizer of the lysergic acid diethylamide (LSD), had spread his new serotonergic psychedelic among researchers, psychiatrists, and military laboratories, amongst others (Hunter, 2015). Hoffman hoped that, by spreading his findings, the potential clinical use of the substance could be revealed. At the time, researchers believed that LSD could be a sizeable contribution to the field of



Guilad Tchelet

Guilad Tchelet is currently undertaking a Master's of Science degree in Developmental Psychology at Eötvös Loránd University (ELTE) in Budapest, Hungary.

Tchelet carried out the research and wrote the dissertation with the intention of shedding light on the potential benefits of hypnodelic therapy and calling for the adoption of cognitive-behavioural therapy as the chosen therapeutic technique for hypnodelic therapy.



medicine, specifically psychiatry, and thus, the medical field conducted research over LSD's ability to alternate the conscious experience and its possible utilization in psychiatric therapy (Garcia-Romeu & Richards, 2018; Nichols et al., 2016; Rucker et al., 2017). Afterward, and perhaps unsurprisingly, the research revealed the great positive potential of the psychedelic state for psychiatric treatment, and up until the end of the 1960s, a number of studies reported significant evidence of personal insight, therapeutic progress, and psychological development between study participants, and across a much shorter time span, as opposed to regular psychotherapy (Rucker et al., 2017). Additionally, the research highlighted that the effects of these insights would last longer, with a smaller chance for relapse among nicotine addicts (Nichols et al., 2016; Savage, 1973).

However, continued research on LSD in the psychiatric field was abandoned due to the war on drugs in the United States of America in the 1960s, when the USA categorized psychedelic drugs as unethical, harmful, and illegal (Hunter, 2015). Recently, the psychiatric world has been rediscovering the utilization of psychedelic drugs in the field and their applications in a therapeutic setting (Garcia-Romeu, & Richards, 2018; Inserra, 2019; Liester & Mitchell, 2014; Rucker et al., 2017; Sessa, 2005). One of the main points raised in recent research is the ability of LSD to promote acceptance amongst patients who are administered the drug (Garcia-Romeu, & Richards, 2018; Watts et al., 2017; Wolff et al., 2020). Acceptance is a notion in cognitive-behavioural therapy (CBT), whereas the opposite notion, avoidance, is an underlying mechanism behind many psychopathologies (Brockmeyer et al., 2015; Wolff et al., 2020). The psychedelic treatment, which facilitates acceptance, has been proven to promote psychological development in patients suffering from depression and anxiety (Garcia-Romeu & Richards, 2018; Sessa, 2005), as well as helpful in diminishing the fear of death from terminally ill patients (Byock, 2018), reducing addictive behaviours (Liester & Mitchell, 2014; Noorani et al., 2018; Savage, 1973), and treating post-traumatic stress disorder (PTSD) patients (Krediet et al., 2020).

The process of hypnotherapy involves the utilization of focused attention and dissociative "trance" states, which the patients enter with deduction and the use of hypnotic suggestions (instructions) and positive imagery presented by the therapist (British Medical Association Report, 1995), and through which the hypnotherapist is able to reduce the patients' mental or physical discomfort (Calvert et al., 2002; Coldrey & Cyna, 2004). Notably, hypnotherapy has been utilized in clinical settings and psychological interventions long before the formulation of psychoanalysis by Sigmund Freud (Newton, 1995). Furthermore, hypnotherapy has been proposed to have a significant effect on various psychosomatic illnesses, psychological disorders, and general discomforts, such as irritable bowel syndrome and functional dyspepsia (Calvert et al., 2002; Lindfors et al., 2012), various types of addictions (Hasan et al., 2014; Ludwig & Lyle, 1964), physical pain (Calvert et al., 2002; Griffiths, 2016), PTSD symptoms (Enea & Dafinoiu, 2013), body dysmorphic disorder (Abbarin et al., 2018), sleep disorders (Ng & Lee, 2008), and obsessive-compulsive disorder (OCD) (Husain & Mat, 2014), as well as promoting dental care (Griffiths, 2016).

Nowadays, thanks to modern neuroimaging techniques, a number of recent studies have presented valid evidence that points out the existence of an overlap between the hypnotic and the psychedelic states. Moreover, these two states showed an increased metabolism in the anterior medial prefrontal cortex (AMPFC), which corresponds to the anterior Default Mode Network (DMN) (Barrett & Griffiths, 2017; Jensen et al., 2017; Vollenweider & Kommer, 2010). The increased activation in the DMN, as presumed in research (Clark, 2013; Barrett & Griffiths, 2017), gives the patients a platform where they can re-evaluate and recalibrate old ideas with new interpretations (Wolff et al., 2020). Thus, the idea that these two mind-states can complement each other is not far from reality.

The link between hypnotherapy and psychedelic therapy is not a new idea.



At the beginning of the 1960s, Jerome Levine & Arnold M. Ludwig speculated possible overlapping concepts between the two states, and soon afterward, they started formulating the idea of combining these two states, hypnotic and psychedelic, and investigating the newly-founded field of hypnodelic therapy. The supporting hypothesis by Levin and Ludwig was that the highly suggestible state the patient enters when administered the psychedelic drug would complement the hypnotherapy process. Fortunately, psychedelic therapy is now attracting more scientific attention, mainly due to the paradigm shift concerning the war on drugs, which is, arguably, more of a geopolitical matter than a struggle for the public health (Rucker et al., 2017). And thus, the subject of hypnodelic therapy should be once again investigated and hypnodelic therapy, as an approach, must be established in a more coherent, structured manner, specifically one that is built on modern research.

NEUROBIOLOGY BACKGROUND

As aforementioned, modern neuroimaging techniques helped reveal the underlying mechanisms of consciousness, awareness, and mental processes. These findings highlight the possible benefits of combining the two mental states. Under MRI and fMRI scans, subjects under the hypnotic state show a reduction of metabolism in the pre-frontal cortex (PFC), specifically in the anterior medial prefrontal cortex (AMPFC), which corresponds to the anterior default mode network (DMN) (Oakley & Halligan, 2009; Kihlstrom, 2013; Jensen et al., 2017). Moreover, the neuroimaging scans show a reduction in connectivity and activity of the posterior cingulate cortex (PCC) and the dorsolateral prefrontal cortex (DLPFC), decreased anterior cingulate cortex (ACC) activation, and increased connectivity between DLPFC and insula (Oakley & Halligan, 2009; Kihlstrom, 2013; Jensen et al., 2017). This previous evidence shows a reduction amongst the subjects under the hypnotic state in regard to cognition, and hence, demonstrates how the highly suggestible these subjects are, and in turn, how sensitive they are for suggestions.

Furthermore, investigative research of the psychedelic trans-state through neuroimaging techniques also shows an increased metabolism in the PCC and pre-frontal areas, in addition to an increase in the activity of the DMN region (Barrett & Griffiths, 2017; Vollenweider & Kometer, 2010; Yanakieva et al., 2018). These regions are responsible for reducing self-awareness processes as well as higher executive and cortical functions. Moreover, patients' self-reports concerning their psychedelic encounters reveal a reduction in time-perception which might contribute to the "mystical" feel of the psychedelic state, which in turn can be related to the transcendental state of psychedelic experiences (Barrett & Griffiths, 2017; Muthukumaraswamy et al., 2013). In conclusion, these findings show that the psychedelic state can be controlled and/or mediated by the hypnotic state (Lemercier & Terhune, 2018; Ludwig & Levine, 1965). More importantly, this evidence may also suggest that the psychedelic and hypnotic states of consciousness can contribute to each other, and therefore, can be utilized in conjunction.

THE HYPNODELIC METHOD

Levine and Ludwig (1963) considered the potential benefits of hypnodelic therapy, arguing that the combination of hypnotherapy and psychedelic therapy in a therapeutic setting would yield greater results as opposed to either hypnotherapy or psychedelic therapy individually. Moreover, the two researchers speculated that the psychedelic state can be controlled and directed through hypnotic suggestions due to the patients' high levels of susceptibility (Levine et al., 1963).

Levine and Ludwig conducted research over hypnodelic therapy involving 40 males and 30 females between the ages of 25-35 who suffered from addiction. In the study, which was a double-blind multi-method research, the participants were unknowingly divided into five treatment groups: hypnotherapy, psychotherapy (no specific discipline or method), LSD



alone (delic), psychedelic therapy (LSD + psychotherapy), and hypnodelic therapy (LSD + psychotherapy + hypnotherapy) (Levine & Ludwig, 1965). The hypnodelic therapy group was tested over two sessions, with each session lasting between two to three hours. The first session was a preparation session that was dedicated to the evaluation of the patients' history and psychiatric background, which included a self-description of the patients and an evaluation of the most frequent defence-mechanisms, in addition to instructions and guidelines regarding the possible effects of the psychedelic drug LSD. In the second session, the participants were instructed to drink a glass of water with LSD, and afterward, the participants went through a hypnotic induction procedure which lasted approximately 45 minutes and until the onset of the LSD.

Through this procedure, the participants can enter the psychedelic frame while being inducted into the hypnotic state, with the induction taking place before the incipience of the psychedelic experience to ensure that the participants would respond to the hypnotic suggestions (Levine & Ludwig, 1965). Levine and Ludwig coined this disposition as the hypnodelic state. Subsequently, following the induction session, the therapists treated the participants in a psychotherapeutic setting, with the information gathered in the first part of the therapy being taken into consideration. Levine and Ludwig did not specify which technique was used and only stated that the psychotherapists in the study used their experiences, and according to the evaluation of the participants' history, selected the most efficient technique to use (Levine & Ludwig, 1965). Finally, in the closing therapeutic session, the therapists gave suggestions to the participants with the aim to keep working and thinking over their problems that emerged in therapy, while also suggesting to the participants to remember everything that occurred in the session. Next, the participants were led to a room where they were able to ruminate and introspect until the offset of the LSD.

When it comes to the results, there was an observable, significant advancement with patients in the delic, psychedelic, and the hypnodelic treatment groups, lasting even two months after the therapy with no relapse, while the hypnotherapy and the psychotherapy treatment groups showed little-to-no improvement in the first check-up, which was carried out after two weeks. However, the hypnotherapy and psychotherapy treatment groups showed a similar amount of improvement at the second check-up, which was administered after two months (Levine & Ludwig, 1965). Nonetheless, an intergroup statistical analysis was conducted to examine the superiority of one treatment method over the other, and the analysis revealed a constant advantage for the hypnodelic treatment method over the rest of the treatments. The outcome of this research shows that these two mental states can contribute to one another and intensify each others' effects. And while the outcome of hypnodelic therapy in this research is better than each of the three aforementioned treatment methods independently, no single psychotherapeutic technique was chosen to accompany hypnodelic therapy in the research. Thus, this paper recommends cognitive-behavioural therapy (CBT) as the therapeutic technique that should be employed in conjunction with hypnodelic therapy.

ACCEPTANCE AND AVOIDANCE

The significance of the psychedelic state lies in its ability to promote acceptance amongst those who experience it, and that acceptance is directed at their preconceptions regarding other individuals, objects, society, and life as a whole. Nevertheless, the promotion of acceptance is not exclusive to psychedelic experiences, in fact, acceptance is a key factor in the therapeutic process of cognitive-behavioural therapy (CBT) (Brockmeyer et al., 2015). Thus, the possibility of adopting psychedelic therapy into CBT is not only feasible but could yield sizable advantages as well.

Levine and Ludwig, using qualitative evidence from their research (Levine et al., 1963; Levine & Ludwig, 1965), speculated that the advantage of the hypnodelic method comes from the ability of the psychedelic state to pro-



duce a mental frame, which, they proposed, attaches an exaggerated sense of meaning and significance to the thoughts and feelings of those who go through a psychedelic experience. This, in turn, provides the patients with the ability to perceive their experiences and life events through an extraordinary, novel lens, one through which they can analyse their thoughts, behaviours, and psyche in a way that they could not have otherwise done before. Finally, if combined with the hypnotic state, the psychedelic experience may help the patients cede into the aforementioned alternative mindset with no cognitive restraints and decrease the patients' use of their defence-mechanisms (Levine et al., 1963).

Moreover, Levine and Ludwig also speculated that the hypnotic state provides patients with a space where all of their thoughts and ideas are admissible and acceptable, with no criticism regarding whether or not their thoughts are logical, proper, or coherent. Additionally, according to neurological evidence (Barrett & Griffiths, 2017; Watts et al., 2017), the psychedelic state disrupts the patients' perception of time, which allows the patients to easily analyse their conclusive life events, memories, and behavioural patterns, while also examining their traumatic experiences and past failures. And just as importantly, after the duration of the sessions, when the patients are left alone to reflect on their hypnodelic therapy process, they are able to put together pieces of both their lives and their hypnodelic encounter, thus, according to patient reports (Levine & Ludwig, 1965-1966), allowing them to ruminate further on the entire experience and facilitate the emergence of new thoughts and preconceptions concerning themselves.

Perhaps unsurprisingly, Levine and Ludwig were not wrong in their speculations, as in a more recent study, Wolff et al (2020) suggested that using psychedelic drugs in CBT sessions can increase the efficiency and utility of the therapy process as a whole. Wolff et al (2020) proposed that, when the psychedelic state is an ambiguous one for the patients, the resulting altered state of consciousness provides a cognitive-frame where there are no expectations or predictions of behaviours and thoughts (Wolff et al., 2020). This in turn allows the patients to re-evaluate their beliefs while feeling no need to restrain themselves to any known preconceptions in their minds. This state diminishes predictive processing, arguably the unifying mechanism of our consciousness (Clark, 2013), which promotes relaxation and acceptance in patients.

The notion of *acceptance* in CBT has great significance since it is unequivocally known that many psychopathological disorders, such as obsessive-compulsive disorder (OCD), major depressive disorder (MDD), and generalized anxiety disorder (GAD), are dominated by the notion of avoidance, where the patients' effortfully engage in avoidant behaviours, situations, and thoughts (Brockmeyer et al., 2015), as opposed to acceptance, which is the root of therapeutic progress and personal development. Moreover, educating to accept is a goal of many CBT interventions (Watts et al., 2017; Wolff et al., 2020). Evidence from qualitative interviews with patients who went through a psychedelic therapy session reveals that the topic of avoidance and acceptance is often the most extensive topic of their psychedelic experience (Levine & Ludwig, 1965; Wolff et al., 2020). The psychedelic state's ability to facilitate acceptance of previous avoidant matters lies in its restriction of the predictive processing (Wolff et al., 2020) of the patients, and may help them actualize and accept their reality through standard operant-conditioning, simply by learning that acceptance yields positive results and feelings, and thus acceptance will be further promoted (Vollenweider & Komter, 2010; Watts et al., 2017; Wolff et al., 2020).

In other words, the unique psychedelic state puts the patients in a previously unknown mindset, which offers the patients the chance to re-evaluate their thoughts and ideas in a novel environment that encourages the patients to explore their life events and their self-concepts. The evi-



dence reveals that psychedelic trans-state can, therefore, increase the patients' openness to change, which in turn may facilitate various types of therapeutic interventions, namely hypnodelic therapy.

CONCLUSION

The recent renaissance of psychedelic drugs in the psychiatric world can promote a variety of new interventions that may yield great benefits to the mentally ill population. Nowadays, the research community is on the course of reinvestigating the different uses of these substances and the potential benefits of their utilization in the psychiatric field. The method of hypnodelic therapy, which combines the use of psychedelic drugs, hypnotherapy, and psychotherapy, has not been sufficiently explored, yet can be found in a limited amount of research which cited the highly beneficial effects of the therapeutic approach. The possible contribution of psychedelic drugs and cognitive-behavioural therapy is also discussed in a positive manner, and thus, leads to the possibility of filling the technical gap Levin and Ludwig left in the formulation of the hypnodelic method. In conclusion, the aforementioned hypothesis should be reanalysed through the current, modern methods in order to reveal the full potential of hypnodelic therapy.

REFERENCES

- Abbarin, M., Zemestani, M., Rabiei, M., Bagheri, A. (2018). Efficacy of Cognitive-Behavioral Hypnotherapy on Body Dysmorphic Disorder: Case Study. *Iranian Journal of Psychiatry and Clinical Psychology*, 23(4), 394–407. <https://doi.org/10.29252/nirp.ijpcp.23.4.394>
- Barrett, F. S., & Griffiths, R. R. (2017). Classic Hallucinogens and Mystical Experiences: Phenomenology and Neural Correlates. *Current Topics in Behavioral Neurosciences*, 393–430. doi:10.1007/7854_2017_474
- Byock I. (2018). Taking Psychedelics Seriously. *Journal of palliative medicine*, 21(4), 417–421. <https://doi.org/10.1089/jpm.2017.0684>.
- Brockmeyer T, Kulesa D, Hautzinger M, Bents H, Backenstrass M. Differentiating early-onset chronic depression from episodic depression in terms of cognitive-behavioral and emotional avoidance. *J Affect Disord* (2015) 175:418–23. doi: 10.1016/j.jad.2015.01.045
- British Medical Association Report. Medical use of hypnotism. *BMJ* 1955; 1(Suppl.): 190–3.
- Calvert, E. L., Houghton, L. A., Cooper, P., Morris, J., Whorwell, P. J., (2002). Long-term improvement in functional dyspepsia using hypnotherapy. *Gastroenterology*, 123(6), 1778–1785. <https://doi.org/10.1053/gast.2002.37071>
- Clark A. Whatever next? Predictive brains, situated agents, and the future of cognitive science. *Behav Brain Sci* (2013) 36(03):181–204. doi: 10.1017/ S0140525X12000477
- Coldrey, J. C., & Cyna, A. M. (2004). Suggestion, Hypnosis and Hypnotherapy: A Survey of Use, Knowledge and Attitudes of Anaesthetists. *Anaesthesia and Intensive Care*, 32(5), 676–680. <https://doi.org/10.1177/0310057x0403200513>
- Enea, V., Dafinoiu, I. (2013). Cognitive Hypnotherapy in Addressing the Posttraumatic Stress Disorder. *Procedia - Social and Behavioral Sciences*, 78, 36–40. <https://doi.org/10.1016/j.sbspro.2013.04.246>
- Garcia-Romeu, A., Richards, W. A. (2018). Current perspectives on psychedelic therapy: use of serotonergic hallucinogens in clinical interventions. *International Review of Psychiatry*, 30(4), 291–316. <https://doi.org/10.1080/09540261.2018.1486289>
- Griffiths, M. (2016). The role of hypnotherapy in evidence-based clinical practice. *Oral Diseases*, 23(4), 420–423. doi:10.1111/odi.12532
- Hasan, F. M., Zagarins, S. E., Pischke, K. M., Saiyed, S., Bettencourt, A. M., Beal, L., McCleary, N. (2014). Hypnotherapy is more effective than nicotine replacement therapy for smoking cessation: Results of a randomized controlled trial. *Complementary Therapies in Medicine*, 22(1), 1–8. <https://doi.org/10.1016/j.ctim.2013.12.012>



- Journal of Psychopharmacology, 32(7), 756–769. <https://doi.org/10.1177/0269881118780612>
- Oakley, D. A., & Halligan, P. W. (2009). Hypnotic suggestion and cognitive neuroscience. *Trends in Cognitive Sciences*, 13(6), 264–270. doi: 10.1016/j.tics.2009.03.004
- Raz, A., Shapiro, T. (2002). Hypnosis and Neuroscience. *Archives of General Psychiatry*, 59(1), 85. <https://doi.org/10.1001/archpsyc.59.1.85>
- Rucker, J. J. H., Iliff, J., & Nutt, D. J. (2017). Psychiatry & the psychedelic drugs. Past, present & future. *Neuropharmacology*. doi: 10.1016/j.neuropharm.2017.12.040
- Savage, C. (1973). Residential Psychedelic (LSD) Therapy for the Narcotic Addict. *Archives of General Psychiatry*, 28(6), 808. <https://doi.org/10.1001/archpsyc.1973.01750360040005>
- Sessa, B. (2005). Can psychedelics have a role in psychiatry once again? *British Journal of Psychiatry*, 186(6), 457–458. <https://doi.org/10.1192/bjp.186.6.457>
- Vollenweider, F. X., Kometer, M. (2010). The neurobiology of psychedelic drugs: implications for the treatment of mood disorders. *Nature Reviews Neuroscience*, 11(9), 642–651. <https://doi.org/10.1038/nrn2884>
- Watts, R., Day, C., Krzanowski, J., Nutt, D., Carhart-Harris, R. (2017). Patients' AccoHunter, J. (2015). Beyond Castaneda: A Brief History of Psychedelics in Anthropology. In *Neurotransmissions: Essays on Psychedelics from Breaking Convention*.
- Husain, R., Mat, K. C. (2014). Hypochondriacal and Persecutory Ideas in A Man with Obsessive Compulsive Disorder Managed via Cognitive Behavioural Hypnotherapy. *Bangladesh Journal of Medical Science*, 13(2), 221–223. <https://doi.org/10.3329/bjms.v13i2.18308>
- Inserra, A. (2019). Current status of psychedelic therapy in Australia and New Zealand: Are we falling behind? *Australian New Zealand Journal of Psychiatry*, 53(3), 190–192. <https://doi.org/10.1177/0004867418824018>
- Jensen, M. P., Jamieson, G. A., Lutz, A., Mazzoni, G., Mcgeown, W. J., Santarcangelo, E. L., ...
- Terhune, D. B. (2017). New directions in hypnosis research: strategies for advancing the cognitive and clinical neuroscience of hypnosis. *Neuroscience of Consciousness*, 2017(1). <https://doi.org/10.1093/nc/nix004>
- Kihlstrom J. F. (2013). Neuro-hypnotism: prospects for hypnosis and neuroscience. *Cortex; a journal devoted to the study of the nervous system and behavior*, 49(2), 365–374. <https://doi.org/10.1016/j.cortex.2012.05.016>
- Krediet, E., Bostoen, T., Brecksema, J., Schagen, A. V., Passie, T., Vermetten, E. (2020). Reviewing the Potential of Psychedelics for the Treatment of PTSD. *International Journal of Neuropsychopharmacology*. <https://doi.org/10.1093/ijnp/pyaa018>
- Lemerrier, C. and Terhune, Devin Blair. 2018. Psychedelics and hypnosis: Commonalities and therapeutic implications. *Journal of Psychopharmacology*, 32(7), pp. 732-740. ISSN 0269-8811 [Article]
- Levine, J., Ludwig, A. M., Lyle, W. H. (1963). The Controlled Psychedelic State. *American Journal of Clinical Hypnosis*, 6(2), 163–164. <https://doi.org/10.1080/00029157.1963.10402334>
- Levine, J., Ludwig, A. M., (1965). A Controlled Comparison of Five Brief Treatment Techniques Employing LSD, Hypnosis, and Psychotherapy. *American Journal of Psychotherapy*, 19(3), 417–435. <https://doi.org/10.1176/appi.psychotherapy.1965.19.3.417>
- Levine, J., Ludwig, A. M. (1966). The hypnodelic treatment technique. *International Journal of Clinical and Experimental Hypnosis*, 14(3), 207–215. <https://doi.org/10.1080/00207146608412963>
- Liester, Mitchell. (2014). A Review of Lysergic Acid Diethylamide (LSD) in the Treatment of Addictions: Historical Perspectives and Future Prospects. *Current Drug Abuse Reviews*. 7. 146-156.



- Lindfors, P., Ljótsson, B., Björnsson, E., Abrahamsson, H., Simrén, M. (2012). Patient satisfaction after gut-directed hypnotherapy in irritable bowel syndrome. *Neurogastroenterology Motility*, 25(2). <https://doi.org/10.1111/nmo.12022>
- Ludwig, A. M., Lyle, W. H. (1964). The Experimental Production of Narcotic Drug Effects and Withdrawal Symptoms Through Hypnosis. *International Journal of Clinical and Experimental Hypnosis*, 12(1), 1–17. <https://doi.org/10.1080/00207146408409252>
- Muthukumaraswamy, S. D., Carhart-Harris, R. L., Moran, R. J., Brookes, M. J., Williams, T. M., Erritzoe, D., ... Nutt, D. J. (2013). Broadband Cortical Desynchronization Underlies the Human Psychedelic State. *Journal of Neuroscience*, 33(38), 15171–15183. doi:10.1523/jneurosci.2063-13.2013
- Newton, P. M. (1995). *Freud: From youthful dream to mid-life crisis*. Guilford Press.
- Ng, B.-Y., Lee, T.-S. (2008). Hypnotherapy for Sleep Disorders. *Annals Academy of Medicine*, 37(8), 683–688.
- Nichols, D., Johnson, M., Nichols, C. (2016). Psychedelics as Medicines: An Emerging New Paradigm. *Clinical Pharmacology & Therapeutics*, 101(2), 209–219. <https://doi.org/10.1002/cpt.557>
- Noorani, T., Garcia-Romeu, A., Swift, T. C., Griffiths, R. R., Johnson, M. W. (2018). Psychedelic therapy for smoking cessation: Qualitative analysis of participant accounts of Increased “Connectedness” and “Acceptance” After Psilocybin for Treatment-Resistant Depression. *Journal of Humanistic Psychology*, 57(5), 520–564. <https://doi.org/10.1177/0022167817709585>
- Wolff, M., Evens, R., Mertens, L. J., Koslowski, M., Betzler, F., Gründer, G., Jungaberle, H. (2020). Learning to Let Go: A Cognitive-Behavioral Model of How Psychedelic Therapy Promotes Acceptance. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.00005>
- Yanakieva, S., Polychroni, N., Family, N., Williams, L. T. J., Luke, D. P., & Terhune, D. B. (2018). The effects of microdose LSD on time perception: a randomised, double-blind, placebo-controlled trial. *Psychopharmacology*, 236(4), 1159–1170. <https://doi.org/10.1007/s00213-018-5119-x>

XXII World Congress of Medical & Clinical Hypnosis.

We are very pleased to invite you to the XXII WORLD CONGRESS OF MEDICAL AND CLINICAL HYPNOSIS organized by the Polski Instytut Ericksonowski and the International Society of Hypnosis (ISH). Congress will take place in Krakow, Poland on 10-13th of June, 2021.

It will be a great opportunity to bring together professionals and share knowledge and experience between qualified people who use hypnosis worldwide.

XXII WORLD CONGRESS OF MEDICAL & CLINICAL HYPNOSIS

COOPERATION IN HYPNOSIS. CHALLENGES & BENEFITS.

10-13.06.2021 Krakow, Poland

REGISTRATION



HYPNOSIS TO ENHANCE AND AUGMENT TREATMENT OUTCOMES

SCEH is very excited to be celebrating its 71st anniversary at our 2020 conference. The conference continues the proud tradition of SCEH meetings to focus on the evidence base of clinical hypnosis. This year's event will explore some new and varied topics, while providing attendees the opportunity to gain CE credits, engage in vibrant debate and learn best practices and tools from instructors and colleagues.

[Download the Conference Brochure](#)

SCEH 71st Annual Workshops and Scientific Program

Join the Society for Clinical and Experimental Hypnosis for our first online conference covering the latest information on hypnosis practice and research. Designed for clinicians and researchers alike, we will do a deep dive on the latest techniques and empirical data on clinical hypnosis. Student scholarships are available (see website for details).



SCEH 2020 Annual Conference

Hypnosis to Enhance and Augment Treatment Outcomes

#SCEH2020 includes Introductory, Skills and Advanced Workshops plus a Scientific Program.

www.sceh.us/2020-annual-conference







Keynotes, in order of appearance: Amir Aziz, PhD; Amanda Caplan, PhD; Sarah Clift for Pollack, PhD; Zohar Dinnel, PhD; and Amanda Bernier, PhD.

SCEH Workshops teach participants hypnotic theory and practical techniques for immediate use in professional practice. Workshops are offered at the Introductory, Intermediate/Skills and Advanced levels. Workshops are scientifically based, meet accepted Standards of Training in Clinical Hypnosis and count toward [SCEH Certification](#).

The SCEH Scientific Program features keynotes, research presentations or symposia that address empirical issues in hypnosis research and practice. Research presentations shine a light on novel empirically based findings, including experimental studies, case reports, clinical trials, meta-analyses, and systematic reviews. Symposia bring together top-notch researchers as they critically discuss empirical findings to highlight issues that improve our understanding of hypnosis. Our poster session provides another glimpse into the latest research in the field.

**Register
Now**



Registration deadline: 10/12/2020. Details: <https://www.sceh.us/2020-annual-conference>

Promoting excellence and progress in hypnosis research, education and clinical practice.

Society for Clinical and Experimental Hypnosis
305 Commandants Way – Commoncove Suite 100, Chelsea, MA 02150-4057 USA www.sceh.us



Dear President,

Thank you for your patience and co-operation throughout this first ESH online election for the BoD. The successful candidates are listed below, and I look forward to working with them and also all of the Constituent Societies. It is always sad to lose people who have worked hard on the ESH BoD and I would like to thank Michael Schekter and Shaul Navon for all their support and hard work during the last board. For those who stood for election but did not achieve the required number of votes for a place on the board, I say thank you for your enthusiasm and interest. We all face challenging times ahead because of the COVID19 situation and I am sure we will all rise to the occasion and I hope to see you all online soon and in Istanbul for our ESH Congress in 2023.

Board Members

- Randi Abrahamsen
- Marie-Jeanne Bremer
- Fabio Carnevale
- Peter Naish
- Stella Nkenke

Kathleen Long
ESH President



RESPONSIBLE USE OF HYPNOSIS IN HEALTHCARE

I am happy to share with you the results of our Belgian taskforce with a docu published yesterday: “Responsible use of hypnosis in healthcare”

In this scientific advisory report, which offers guidance to public health policymakers, the Superior Health Council of Belgium provides recommendations on the medical and psychotherapeutic use of hypnosis for health care providers. The full text is available in Dutch and French, unfortunately not in English and German. Here you have [a link from where you can download](#) the full text.

As president of the task force with Marie-Elisabeth Faymonville and many other experts in Belgium from the medical and psychotherapeutic field, it was a demanding task but finally we succeeded!

Now waiting for the politicians to see what they do with it!
Nicole Ruysschaert

Responsible use of hypnosis in healthcare

In this scientific advisory report, which offers guidance to public health policy-makers, the Superior Health Council of Belgium provides recommendations on the medical and psychotherapeutic use of hypnosis for health care providers.

(Only available in Dutch or French)



Avis 9491 - Hypnose dans les soins de santé

FRANÇAIS



20200910_css_9491_hypnose_vweb.pdf
PDF document - 3.21 Mo

Advies 9491 - Hypnose in de gezondheidszorg

NEERLANDAIS



20200910_hgr_9491_hypnose_vweb.pdf
PDF document - 3.43 Mo

Report 9491 - Hypnosis in healthcare

ANGLAIS

Stellungnahme 9491 - Hypnose im Gesundheitswesen

ALLEMAND



New Journal Layout

Beginning with the January 2020 issue, printed journal articles and online PDF pages have a new layout. If you receive the journal in the mail, you'll see that it's now bigger! This layout allows us to fit more great content on each page. It is the result of survey market research by the Taylor & Francis Group and is designed to streamline the typesetting process, speed up publication time, enhance author information, and offer better readability.

Publons

If you have been a peer reviewer for the journal recently, you may have noticed that our review forms include a new question asking if you would like to receive recognition on Publons.

Wondering what Publons is?

Publons.com is a free service where academics can track and showcase peer review contributions for journals. IJCEH reviewers can now indicate on the review form whether they would like to have record of their review added to Publons. If indicated, the record will be automatically listed on Publons as a verified review, without the need to do so manually or provide further evidence to the site.

Reviews are not published. The partnership between Publons and our system is about reviewer recognition, not open or transparent peer review. If a reviewer chooses to opt in, Publons will reflect that the individual carried out a review for the journal; the paper that was reviewed, and the



Gary R. Elkins, PhD
Editor-in-chief

Professor in the Department of Psychology & Neuroscience and the Director of the Mind-Body Medicine Research Laboratory at Baylor University in Waco, Texas, USA.

He is the Editor-in-Chief of the International Journal of Clinical and Experimental Hypnosis.



Lynae Roberts, MA
Managing Editor

MA is a doctoral student in the Department of Psychology & Neuroscience at Baylor University in Waco, Texas, USA.

She is the Managing Editor of the International Journal of Clinical and Experimental Hypnosis.





content of the review, are not included. If a reviewer opts out, no record of the review is sent to Publons.

Have you considered what Open Access Publishing can do for your research?

Publishing your accepted article in the IJCEH is free, but some authors elect to cover the costs of publishing, making their paper freely available to anyone online. The number of authors electing to publish their articles with Open Access in the IJCEH has been increasing. Open Access papers have many more views, more readers, and usually more citations. This is beneficial to the authors and to the journal! If your manuscript is accepted, consider Open Access publishing, and email us with any questions.

Abstract Translations

The IJCEH accepts many types of papers, including: Empirical research (e.g., clinical trials, neurophysiological studies, mechanistic studies, feasibility studies, replications); Clinical papers (e.g., well-designed multiple or single case studies); systematic reviews, meta-analyses, research-informed theoretical papers, & significant historical or cultural material. Topics can include: Hypnosis, hypnotizability, and hypnotherapy in psychology, psychotherapy, psychiatry, medicine, dentistry, wellness, nursing, and related areas; and studies relating hypnosis to other phenomena (e.g., mindfulness, contemplative practices, & consciousness).

Style and Formatting Update

As of February 27, 2020, the journal's style guidelines changed slightly with the new 7th edition of the Publication Manual of the American Psychological Association (APA-7). APA-7 style and formatting rules will apply to new submissions.

If you have a paper to submit go to mc.manuscriptcentral.com/ijceh and create a username. Everything you submit will be conveniently available for you to view on the online system.

Contact us at: IJCEH@baylor.edu

Find us online at: www.IJCEH.com or www.tandfonline.com/nhyp



Follow us on Twitter: The journal's Twitter page can be found at www.twitter.com/ijceh. We share recent article alerts, real time information, and the latest news. Follow the editor at www.twitter.com/ElkinsGary for more discussion and hypnosis research information.



The editor would like to extend heartfelt thanks to each individual who reviewed manuscripts for the *International Journal of Clinical and Experimental Hypnosis* this past year.

The input of peer reviewers is indispensable to sustaining the journal as a valuable and informative resource for hypnosis clinicians, researchers, and professionals in related fields. Our expert reviewers ensure that readers are provided with the highest quality articles.

The voluntary contribution of your time and expertise is sincerely appreciated and highly valued.

Thank you.

Dr. John Alexander	Dr. Anna Kaczmarek	Dr. David Reid
Dr. David Alter	Dr. Robert Karlin	Joshua Rhodes
Dr. Ran Anbar	Dr. Zoltan Kekecs	Dr. Judith Rhue
Dr. Hernan Anllo	Dr. Cassie Kendrick	Dr. Nicole Ruysschaert
Dr. Noel Arring	Dr. John Kihlstrom	Dr. Pamela Sadler
Dr. Amanda Barnier	Dr. Irving Kirsch	Dr. Omar Sanchez-Armass
Dr. Alex Beaujean	Dr. Lauren Koep	Dr. Enrica Santarcangelo
Dr. Juliette Bowers	Dr. V. K. Kumar	Dr. Marty Sapp
Dr. Andrea Bradford	Dr. Leora Kuttner	Dr. Steffanie Schilder
Dr. Antonio Capafons	Dr. Elvira Lang	Dr. Philip Shenefelt
Dr. Etzel Cardena	Dr. Jean-Roch Laurence	Dr. Dan Short
Dr. Timothy Carmody	Dr. Ji Kwan Lee	Dr. Antonio-José Silvestre-López
Susanna Carolusson,	Dr. Alexander Levitan	Lauren Simicich
Dr. Edoardo Casiglia	Dr. Pesach Lichtenberg	Dr. Oksana Sivkovich Fagin
Dr. Consuelo Casula	Dr. Stephen Lynn	Dr. Jim Sliwinski
Dr. Loana Comsa	Dr. Barbara McCann	Dr. William Smith
Dr. Maren Cordi	Dr. Patrick McCarthy	Morgan Snyder
Dr. Louis Damis	Dr. Kevin McConkey	Madeline Stein
Dr. Giuseppe De Benedittis	Dr. Richard McNally	Audrey Stevens
Dr. Vilfredo De Pascalis	Dr. Joseph Meyerson	Dr. Anthony Tasso
Prof. Quinton Deeley	Dr. Leonard Milling	Dr. Devin Terhune
Dr. Paul Dell	Dr. John Mohl	Dr. Linda Thomson
Dr. Jeffrey Feldman	Dr. Grant Morgan	Dr. Moshe Torem
Dr. Michael Finn	Dr. Donald Moss	Dr. Maureen Turner
Dr. Shelagh Freedman	Dr. Hyeji Na	Dr. Audrey Vanhaud-
Dr. Cyrus Gilbert	Jay Olson	Dr. Eamonn Walsh
Dr. Carol Ginandes	Dr. Olafur Palsson	Dr. David Wark
Dr. David Godot	Dr. Nicholas Olendzki	Dr. Anette Werner
Dr. Olivia Gosseries	Dr. Akira Otani	Prof. Peter Whorwell
Dr. Joseph Green	Dr. Burkhard Peter	Whitney Williams
Dr. Janna Henning	Dr. Vince Polito	Dr. Erik Woody
Dr. Alexa Huber	Brian Pulling	Dr. Michael Yapko
Dr. Alisa Johnson	Prof. Björn Rasch	



**WE ARE PLEASED TO SHARE ABSTRACTS FROM THE ARTICLES PUBLISHED IN THE
MOST RECENT ISSUE OF THE
INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS**

ABSTRACTS FROM THE JULY-SEPTEMBER 2020 ISSUE

**MARITAL HYPNOTHERAPY: A SESSION WITH MILTON ERICKSON WITH
COMMENTARY**

Jeffrey K. Zeig & Kaloyan S. Tanev

Hypnosis has primarily been used to treat individual problems. Occasionally, it has been applied to couples' problems such as infertility. We present a transcript of a treatment session of Dr. Milton Erickson in which he works with a married couple and interpret his techniques. We emphasize the following principles. Dr. Erickson's assessment was brief, just long enough to determine a general target. He used hypnotic induction to build responsiveness. He used evocative communication. He seeded ideas that, when presented later, had a powerful impact. He moved in small, strategic steps. The main intervention was designed to elicit dormant resources and adaptive states. He followed through, providing suggestions on how to use these resources. In presenting this case and our analysis of it, we highlight some of Dr. Erickson's methods and conceptualization of several intervention techniques.

**STYLES OF EXPERIENCING HYPNOSIS: A REPLICATION AND EXTENSION
STUDY**

Michael T. M. Finn & Lindsey C. McKernan

Beyond hypnotizability, there may be different styles of experiencing hypnosis relevant to both basic research and clinical practice. Previous research has demonstrated the presence of inward attentive and dissociative subtypes among more highly hypnotizable individuals during a group protocol. With a sample of undergraduate students, we successfully replicated the presence of these 2 subtypes among those who were relatively more hypnotizable. Inward attentive and dissociative subtypes did not differ in their overall experience of the depth of the relationship with the hypnotist, though the dissociative subjects reported elevated everyday dissociative experiences. We then explored features of each subtype, noting possible altered memory experience in the dissociative style and reduced experience of rationality in both the inward attentive and dissociative styles. We discuss the scientific and clinical implications of this line of research.

**HYPNOTIZABILITY-RELATED EFFECTS OF PAIN EXPECTATION ON THE
LATER MODULATION OF CORTICAL CONNECTIVITY**

Seyedeh-Parisa Zarei , Lucia Briscese , Simone Capitani , Bruno Rossi ,
Maria C. Carboncini , Enrica L. Santarcangelo, & Ali Motie Nasrabadi

This study examined hypnotizability-related modulation of the cortical network following expected and non-expected nociceptive stimulation. The electroencephalogram (EEG) was recorded in 9 high (highs) and 8 low (lows) hypnotizable participants receiving nociceptive stimulation with (W1) and without (noW) a visual warning preceding the stimulation by 1 second. W1 and noW were compared to baseline conditions to assess the presence of any later effect and between each other to assess the effects of expectation. The studied EEG variables measured local and global features of the cortical connectivity. With respect to lows, highs exhibited scarce differences between experimental conditions. The hypnotizability-related differences in the later processing of nociceptive information could be relevant to the development of pain-related individual traits. Present findings suggest a lower impact of nociceptive stimulation in highs than in lows.

**THE PERCEIVED CREDIBILITY OF COMPLEMENTARY AND ALTERNATIVE
MEDICINE: A SURVEY OF UNDERGRADUATE AND GRADUATE STUDENTS**

Olivia J. Green, Joseph P. Green, & Patrick J. Carroll

The popularity of complementary and alternative medicine (CAM) appears to be increasing, especially among college students. We surveyed 146 un-



dergraduate and graduate students with the CAM Health Belief Questionnaire and obtained credibility and frequency ratings for a select group of CAM therapies: yoga, meditation, massage, chiropractic medicine, biofeedback, hypnosis, acupuncture, spirituality/religion, therapeutic touch, the use of herbs/vitamins, and aromatherapy/essential oils. Graduate students held more favorable views about integrating CAM into conventional medical practice. Female students reported using a wider variety of therapies than male students. Spirituality/religion and herbs/vitamins were the most popular CAM approaches. Students rated yoga, meditation, and massage as being highly credible practices. They rated hypnosis and therapeutic touch low in credibility. We discuss hypnosis as an example of a therapy that suffers from poor public perception despite having a relatively strong evidentiary base.

DOES THE HOMO HYPNOTICUS EXIST? PERSONALITY STYLES OF PEOPLE INTERESTED IN HYPNOSIS

Burkhard Peter & Eva Böbel

It may be that individuals who are interested in hypnosis will volunteer for hypnosis experiments or practice hypnosis. Do these “hypnosis-prone” individuals differ from hypno-neutral, nonhypnosis-prone individuals? If so, could one speak of a personality type, the homo hypnoticus? This study reports on 3 samples of individuals where there was no indication of hypnosis or no interest in hypnosis (NONHYP: N = 1426) and 4 samples of individuals who were interested in hypnosis (HYP: N = 1048). Using the Personality Styles and Disorders Inventory, we calculated contrast analyses for the contextual effect of HYP vs. NONHYP and gender effects. Results suggested there may be a homo hypnoticus personality style with the characteristics of intuitive-schizotypal, rhapsodic-optimistic, and charming-histrionic. These distinctions appear mostly in women.

HYPNOSIS AS SOLE ANESTHESIA FOR DENTAL REMOVAL IN A PATIENT WITH MULTIPLE CHEMICAL SENSITIVITY

Mauro Cozzolino, Giovanna Celia, Kathryn L. Rossi, & Ernest L. Rossi

Despite a number of studies on hypnosis as analgesia and anaesthesia in several medical conditions, case studies on patients with multiple chemical sensitivity (MCS) are still relatively few. This case study is about a female patient with MCS who underwent dental removal using hypnosis as the sole anaesthesia. The paradigm in which we work is psychosocial genomics of clinical hypnosis. We used the mind-body transformations therapy, one of the clinical methods of the psychosocial genomics paradigm. In order to induce not only effective analgesia and anaesthesia but also a condition of well-being, problem-solving, effective coping and self-empowerment in our patient, 3 different hypnotic protocols were used in a multidimensional approach. Although further research is needed, our work might open up new scenarios for the application of hypnosis as sole anaesthesia in conditions such as MCS.

VITTORIO BENUSSI’S “EMOTIONAL FUNCTIONAL AUTONOMY”: RESUMPTION AND RE-EVALUATION

Mauro Antonelli, Serena Cattaruzza, & Francesco Strano

This study resumes and re-evaluates the research on emotional functional autonomy developed by Vittorio Benussi in the 1920s, using hypnosuggestive methods. Four fundamental human emotions were studied in hypnosis: hope, happiness, despair, and unhappiness. Participants received training aimed at experiencing neutral hypnosis, characterized by the absence of any suggested images or suggested cognition. During the neutral hypnosis, the participants were asked to experience emotions isolated from all cognitive and imaginative experience so as to produce what can be assumed to be physiological responses driven by emotion only. The measured physiological variables were breathing and skin conductance. The study found evidence for a specific respiratory profile for each of the emotions examined.



POTENTIAL EFFECT OF REPETITIVE HYPNOTIC INDUCTIONS ON SUBJECTIVELY RATED HYPNOTIZABILITY: A BRIEF REPORT

Anna D. Kaczmarek , Patrycja Jęda , Ewa Guśtak , Michał Mielińska , & Krzysztof Rutkowski

This study aimed to describe the potential influence of repetitive hypnotic inductions on hypnotizability, presentation of change dynamics, and comparison of 2 types of assessment. Six subjects underwent 5 subsequent hypnotic procedures. Ratings of response to hypnotic suggestions included self-ratings by subjects and ratings by observers. The suggestion effects were evaluated using a 0-to-3 rating scale. Five out of 6 subjects were susceptible to suggestions; 1 was not responsive. Increase or stability, not decrease, were observed within subsequent procedures. The hypnotizability ratings increased significantly in subjects' assessment. However, there was an insignificant change in observers' assessment. Repetitive hypnotic inductions may modulate subjectively rated hypnotizability. Behavioural responses do not precisely reflect subjective experiences in the state of hypnosis.

IN MEMORIAM: DABNEY M. EWIN, M.D., 1925-2020

Joseph Tramontana

In Memoriam: Dabney M. Ewin, M.D., 1925-2020, written by Dr. Joseph Tramontana will be in the next issue of the International Journal of Clinical and Experimental Hypnosis. It is now available on-line with **free access**. You can access it at: <https://www.tandfonline.com/doi/full/10.1080/00207144.2020.1802174>

It can also be downloaded as a PDF copy, and an audio version is available with webReader.

Many of you also may be aware that Dabney's son, Dr. Chris Ewin has been very active in establishing the "Dabney M. Ewin, M.D. Hypnosis Lecture" at Tulane University School of Medicine where his family established an endowed annual lecture celebrating his legacy.

At the time of his 90th birthday, Dabney Ewin was the first speaker at the "Dabney M. Ewin, M.D. Hypnosis Lecture" held in December each year at the annual Brain and Behaviour Conference sponsored by Tulane University Department of Psychiatry in New Orleans, Louisiana. The purpose of the lecture series is to advance the role, techniques, and use of hypnosis in medicine. To date, the family has raised \$100,000 of a target \$300,000 goal. Donations may be sent to Tulane School of Medicine:

<https://giving.tulane.edu/som> ; Please specify the "Dabney M. Ewin, M.D. Hypnosis Lecture".



XXII WORLD CONGRESS OF MEDICAL & CLINICAL HYPNOSIS

"COOPERATION IN HYPNOSIS. CHALLENGES & BENEFITS"

WHAT:	XXII World Congress of Medical & Clinical Hypnosis "Cooperation in Hypnosis. Challenges & Benefits"
WHEN:	June 10-13, 2021
WHERE:	Krakow, one of the most beautiful medieval cities in Europe. Auditorium Maximum Conference Center of Jagielloonian University, the oldest Polish university
WHO:	International Society of Hypnosis (ISH), The Polish Milton H. Erickson Institute
CONTACT:	fundacja@p-i-e.pl ; info@p-i-e.pl

We are both happy and proud to invite you to the **XXII World Congress of Medical & Clinical Hypnosis Cooperation in hypnosis. Challenges & Benefits** that will take place in Krakow, Poland on 10-13th of June 2021. Krakow is one of the most recognizable cities in that part of Europe visited by about 13 million visitors annually attracted by beautiful landscapes of the city, attractive streets, squares, and the largest historical complex, unique on global scale.

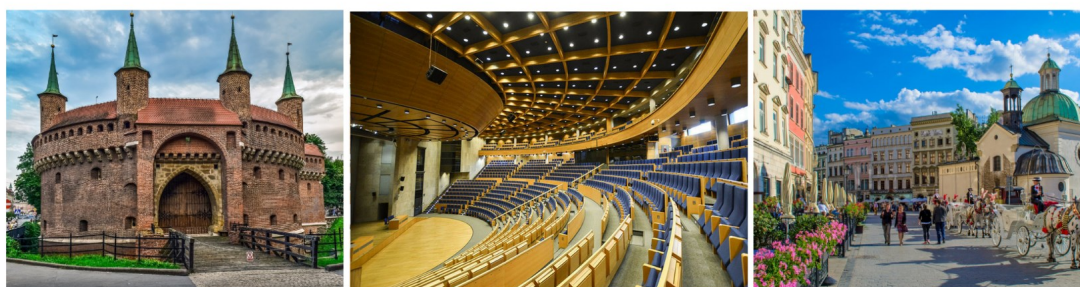
The topic of the meeting is **Cooperation in hypnosis. Challenges & Benefits**. The idea of it is to promote different aspects of cooperation, between the clinician and the patient, between unconscious and conscious, between person and the system etc. Our special goal is to focus on cooperation between more experienced and young generation and between different cultures and different countries.

We are trying to organize a great congress where the leading experts in the world will meet and learn from each other. We kindly ask you to support the idea of the congress and advertise it wherever this is possible and suitable.

Register on: www.hypnosis2021.com

M

XXII WORLD CONGRESS OF MEDICAL & CLINICAL HYPNOSIS COOPERATION IN HYPNOSIS. CHALLENGES & BENEFITS 10-13 JUNE, 2021 KRAKOW, POLAND



XXII
WORLD CONGRESS
OF MEDICAL & CLINICAL
HYPNOSIS
KRAKOW 2021



POLSKI INSTYTUT
ERICKSONOWSKI



www.hypnosis2021.com • contact: info@p-i-e.pl



EVENT CALENDAR

<https://www.ishhypnosis.org/events/>



ATTENTION
PROFESSORS,
WORKSHOP TRAINERS,
COLLEAGUES, CS PRESIDENTS

PLEASE LET YOUR
FULL TIME STUDENTS KNOW THEY MAY
JOIN ISH FOR FREE.

SPREAD THE WORD!

FREE MEMBERSHIP OFFER FOR STUDENTS

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

This **free membership** allows students to receive reduced fees for the ISH World Congresses as well as other member benefits such as the newsletter, membership directory and video library. Interested students may also purchase a one-year online access to the International Journal of Clinical and Experimental Hypnosis (IJCEH) at the cost of \$35.

Once the graduate studies are completed, the ISH invites these former students to apply for membership in the ISH with the full benefits of membership.

Please visit THIS link to submit your online application.



FOUNDED 1973

BOARD OF DIRECTORS

PRESIDENT

Bernhard Trenkle, Dipl. Psych.
(Germany)

SECRETARY-TREASURER

Enayatollah Shahidi, MD (Iran)

PRESIDENT-ELECT

Mark P. Jensen, PhD (USA)

IMMEDIATE PAST PRESIDENT

Claude Virot, MD (France)

MEMBERS-AT-LARGE

Cecilia Fabre, MA (Mexico)

Xin Fang, MA (China)

Kris Klajs, Dipl. Psych. (Poland)

Katalin Varga, PhD (Hungary)

COUNCIL OF REPRESENTATIVES

CHAIRPERSON

Woltemade Hartman, PhD (South Africa)

VICE CHAIRPERSON

Giuseppe DeBenedittis, MD, PhD
(Italy)

SECRETARY

Brian Allen, B. Psych. B.Sc. (Australia)

NEWSLETTER EDITOR

Katalin Varga, PhD (Hungary)

EDITOR, INTERNATIONAL JOURNAL OF CLINICAL & EXPERIMENTAL HYPNOSIS
Gary Elkins, PhD, ABPP, ABPH

PAST PRESIDENTS

Ernest R. Hilgard, PhD (USA)

Founding President

Martin T. Orne, MD, PhD (USA)

Fred G. Frankel, MB, ChB, DPM

(USA)

Germain F. Lavoie, PhD (Canada)

David R. Collison, MB, BS (Australia)

Frederick J. Evans, PhD (USA)

Graham D. Burrows, AO, KCSJ MD

(Australia)

Peter B. Bloom, MD (USA)

Walter Bongartz, PhD (Germany)

Éva Bányai, PhD (Hungary)

Karen Olness, MD (USA)

Eric Vermetten, MD, PhD

(The Netherlands)

Camillo Loredi, MD (Italy)

Julie H. Linden, PhD (USA)

Claude Virot, MD (France)

ISH World Headquarters

Post Office Box 602

Berwyn, Pennsylvania USA 19312

T: +1 (800) 550-ISH1

E: Contact@ISHHypnosis.org

W: <http://www.ISHHypnosis.org>

INDIVIDUAL ISH MEMBERSHIP

New membership in the **International Society of Hypnosis (ISH)** is automatic for active (dues are paid) full members of a Constituent Society (CS) of ISH.

A full list of those constituent societies can be seen [here](#).

FOR A CS MEMBER TO BECOME A MEMBER OF ISH:

Please complete the New Constituent Society Member Form [online](#) OR, download a [new member application form](#) (pdf) email (info@ISHHypnosis.org) or mail the form to ISH, PO Box 602, Berwyn, PA 19312, USA.

Please include complete credit card billing information. Once the credentials committee has verified your membership in the CS, we will process your payment.

OR, if you prefer not to send your credit card information, complete the form without the credit card information, and send to us via fax, email or mail (see above addresses) and once the credentials committee has verified your membership in the CS, we will contact you to direct you to the online payment option.



IF YOU ARE NOT A MEMBER OF A CS AND WISH TO JOIN ISH:

- You can complete your membership application online [here](#)
- OR Please complete the [non-CS new member application form](#) and follow the above instructions to send to ISH along with the requested documentation. Once the credentials committee has reviewed your application, ISH will notify you.

NEW CONSTITUENT SOCIETY MEMBERSHIP

If you would like to become

a **NEW INTERNATIONAL SOCIETY OF HYPNOSIS (ISH)** Constituent Society Member, you can:

- [Apply online](#) by completing the **online form**.
- Complete [this pdf](#) and email the form to info@ISHHypnosis.org
- OR mail to ISH, PO Box 602, Berwyn, PA 19312, USA. Please include complete credit card billing information.



NOMINATIONS AND ELECTIONS

Claude Viro, MD, Immediate Past President, ISH Chair, ISH Committee on Nominations and Elections sent a letter to Constituent Societies, as the nomination for the election takes place this October.

September 9th, 2020

Dear ISH Constituent Society Representative,

The ISH is less than one year away from its 22nd congress in Krakow, Poland. At the congress, the new officers assume their positions on the Board of Directors (BOD) and the Council of Representatives (COR) will meet and elects its “at-large” members to the Board of Directors of the ISH. It is now time to solicit candidates for the officers of the Board of Directors, the President-Elect, and the Secretary-Treasurer.

Here is a summary of the ISH Bylaws Article VII for the election process. (*joint: the complete article 7 of the ISH Bylaws: Election of Officers*). The Board of Directors is the Committee for Nominations and Elections and the immediate Past-President of the Society is the Chairperson of this Committee. The Committee solicits from the Council of Representatives, nominations for the positions of President-Elect and Secretary-Treasurer. A report of these nominations is sent to the Committee for nominations and elections. Each member of the committee may add nominations. Then the Committee for nominations and elections ranks orders the nominees. There must be 2 candidates for each office. Finally, members will be notified of an online ballot with photos and biographical information of nominees. (Write-in candidates are permitted, and if they receive 10% of the votes, a second ballot will be prepared.) Ballots will be prepared no less than 14 weeks prior to the congress. There is 30 days allotted for all members to cast their votes. The election process and votes are overseen by an independent auditor.

So, this is the first step: you are invited to nominate one or several people for each position: President-Elect and Secretary-Treasurer. The deadline to send your nomination form is **OCTOBER 9th, 2020**.

As you consider the people you would like to see as future leaders of the ISH, we ask you to please check with your nominees to verify if they are interested in running for the office. To be nominated for office, a candidate must have been a Full Member in good standing in the International Society for at least three (3) years prior to nomination.

We also ask that you inquire if they have the time and interest for these important positions. The ISH Board depends on the generous donation of time and energy from its members. The duties of the officers are many, with regular online conference calls and travel for in-person meetings. For the President-Elect it is a 9-year commitment; 3 years as President-Elect, 3 years as President and 3 years as Immediate Past President. For the Secretary-Treasurer, it is a 3-year position.

Please return your nominations by **OCTOBER 9th, 2020** to: (you may use electronic signatures, or print, sign and scan your nominations)

Claude Viro, MD
Immediate Past President
ISH Chair
ISH Committee on Nominations and Elections
c/o: drviroth@hypnoses.com

Thank you for your active participation in the ISH.



LIST OF CONTRIBUTORS

Katalin Varga
varga.katalin@ppk.elte.hu
EDITOR

Bernhard Trenkle
mail@bernhard-trenkle.de
PRESIDENT, ISH

LIST OF CONTRIBUTORS

Consuelo Casula
consuelocasula@gmail.com

Gary Elkins
Gary_Elkins@baylor.edu

Kris Klajs
info@p-i-e.pl

Julie Linden
julie@drjulielinden.com

Lynae Roberts
Lynae_Roberts@baylor.edu

Teresa Robles
tere@grupocem.edu.mx

Nicole Ruysschaert
nicole.ruysschaert@skynet.be

Gilad Tchelet
giladtchelet12@gmail.com

Shady Tonn
shady.tonn@googlemail.com

**For more information, contact ISH headquarters at
info@ishhypnosis.org**

Judit Osvat
Layout Editor