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The International Society of Hypnosis

NEWSLETTER

Building Bridges of Understanding
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A LETTER FROM THE PRESIDENT



MARK JENSEN

WORDS MATTER

Dear ISH members:

I am writing this issue's President's Letter from the beautiful Pokamedulski Klasztor in Wigry, Poland, where the 31st (!) annual Wigry Utilization conference organized by Bernhard Trenkle and Kris Klajs is going on. In the workshops and during meals and other fun events, I am bathed in the positive suggestions of the conference's teachers and participants. At the same time, and on my way to this conference, Ernil Hansen sent me a copy of a recent publication by him and his colleagues on the role of word choice when describing the risks of venipuncture to patients prior to the placement of a pain catheter (Zech, Schrodinger, and Hansen,

2022). This brought to mind the pioneering work of Christel Bejenke and the research programs of both Allan Cyna and Katalin Varga. It is clear from this research that the words we say to patients outside of the context of formal hypnosis are filled with suggestions which can help or harm.

In the study published by Zech et al. (2022), 45 patients who were scheduled to undergo more than one venipuncture for a pain catheter prior to surgery were randomly assigned to hear two versions of the risk information in different orders. The two versions were: (1) standard risk information ("If you wish, we can place a pain catheter, with the risk of infection, allergic reaction, and damage to blood vessels or nerves.") or (2) that same information with some additional positive suggestions added ("We have the option of a local pain therapy. Even though there is a risk of infection, allergic reaction, or damage to blood vessels or nerves, you will have to take fewer pills, are more mobile, feel and recover better, and perhaps can go home sooner"). They measured arm strength after each suggestion, and found a large and significant reduction in arm strength after the standard risk information, relative to baseline, and no significant reduction in arm strength when that same information was presented with mention of the benefits for the puncture. In short – simply adding information about the benefits of the procedures took away any damage done by the risk information.

These findings are entirely consistent with the observations and pioneering work of Christel Bejenke, an anesthesiologist who has used her knowledge of hypnotic language to prepare patients for surgery, and to recover successfully and rapidly from that surgery (e.g., Bejenke, 1996,



2000, 2006, 2011). I spent a very pleasant couple of hours with Dr. Bejenke over 10 years ago, speaking with her about her work and the strategies she uses to facilitate successful surgical outcomes (Bejenke and Jensen 2012). During that conversation, she related a story in which a 90-year-old had been informed pre-surgery (not by her) that the risks of the hernia repair he was about to have included the possibility that he would die during the surgery. As a result he became very fearful of not surviving the operation. In fact, he did very well during the surgery. He was stable throughout, appeared comfortable, and dozed. In an effort to cheer the patient up at the end of the operation, the anesthesiologist said to the patient, “It’s all over – you’re finished!” At that moment the patient appeared to panic and developed cardiac dysrhythmias (which can be an indicator of a pending heart attack), and required aggressive treatment and ICU admission. Instead, Dr. Bejenke noted, the anesthesiologist could have said, “Hello (cheerfully)! Good morning. Did you have a good rest? I have good news for you: Dr. Smith just completed your operation and he is very pleased. You have done very well and you are safe. Everything is taken care of. You are probably hungry, and are already thinking of something delicious to eat. Let me see what the cooks have prepared for you, so you can enjoy something delicious– just as soon as your surgeon says it is OK.”

Allan Cyna is also an anesthesiologist. In one of his published studies, he and his colleagues randomly assigned 101 patients about to receive an I.V. cannulation to be given the standard description (“I am going to apply the tourniquet and insert the needle in a few moments. It’s a sharp scratch and it may sting a little”) or a new description that included positive information (“I am going to apply the tourniquet on the arm. As I do this many people find the arm becomes heavy, numb and tingly. This allows the drip to be placed more comfortably”; Dutt-Gupta, Brown, & Cyna, 2007). The patients who received the standard instructions reported more pain with the cannulation than those who received the positive information. Moreover, 6 patients vocalized pain and 3 spontaneously withdrew their arm during the cannulation in the standard communication condition, and none of the patients who heard the new description either vocalized pain or withdrew their arm (see also Arrow et al., 2022).

Katalin Varga and her colleagues have also been studying the impact of positive suggestions in the health care setting for many years (e.g., Karnatovskaia et al., 2021a, 2021b; Kececs and Varga, 2013; Szilágyi et al., 2013; Varga, 2013). She and her colleagues have shown, for example, that patients ventilated in ICU who were randomly assigned to hear pre-recorded positive suggestions via headphones (i.e., a message about safety, self-control, and recovery) had a shorter length of stay and much less time spent on the ventilator than patients randomly assigned to the control conditions (Szilágyi et al., 2013). She and her colleagues have also shown that it is possible to teach volunteers to meet with patients in the ICU and provide patients with positive suggestions during simple conversation. In one study of this intervention, they found that, compared to patients who had not received access to the volunteers, patients who received the intervention reported less overall depression and anxiety (Karnatovskaia, et al., 2021b). Other studies proved that bleeding can be reduced during orthopedic surgery with appropriate suggestive information (Szeverényi et al., 2013).

With the ongoing research conducted by Drs. Hansen, Cyna, and Varga, I am very happy to see the research in this area continue to grow and develop. We – the ISH Board of Directors – also see this as a significant growth opportunity for ISH’s training activities. As the evidence for the efficacy of positive communication in medical settings grows, including evidence that this not only results in significant personal benefits for patients, but also significant cost savings for payers, demand for training in such positive communication will likely increase. ISH plans to be there to help address this need, both by providing this training directly as well as supporting



our members in their work to provide training for health care providers.

Among the many things that makes us special as a worldwide community is our expertise in the use of language for producing positive change. And of course this is also one of the reasons it is also such a pleasure to spend time with each other, at meetings and conferences such as the one I am currently attending in Wigry, Poland; or the upcoming 2023 ESH conference in Istanbul, the 2024 ISH World Hypnosis Congress in Krakow, the monthly ISH virtual webinars and coffee with the president events. I am looking forward to seeing you and sharing our ideas about positive communication with each other at all of these events.

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EIN BRIEF DES PRÄSIDENTEN

ÜBERSETZT VON SHADY TONN

WORTE SIND WICHTIG

Liebe ISH-Mitglieder:

Ich schreibe den Präsidentenbrief dieser Ausgabe aus dem schönen Pokamodulski Klasztor in Wigry, Polen, wo die 31. (!) jährliche „Wigry-Utilization“ Konferenz, organisiert von Bernhard Trenkle und Kris Klajs, stattfindet. In den Workshops, bei den Mahlzeiten und anderen unterhaltenden Veranstaltungen werde ich von den positiven Anregungen der Lehrer und Teilnehmer der Konferenz überschwemmt. Zur gleichen Zeit und auf dem Weg zu dieser Konferenz schickte mir Ernil Hansen ein Exemplar einer kürzlich erschienenen Veröffentlichung von ihm und seinen Kollegen über die Rolle der Wortwahl bei der Aufklärung von Patienten über die Risiken einer Venenpunktion vor dem Legen eines Schmerzkatheters (Zech, Schrodinger und Hansen, 2022). Dies erinnerte an die Pionierarbeit von Christel Bejenke und an die Forschungsprogramme von Allan Cyna und Katalin Varga. Aus diesen Forschungen geht klar hervor, dass die Worte, die wir außerhalb der formellen Hypnose zu unseren Patienten sprechen, voller Suggestionen sind, die helfen oder schaden können.

In der von Zech et al. (2022) veröffentlichten Studie wurden 45 Patienten, bei denen vor einer Operation mehr als eine Venenpunktion für einen Schmerzkatheter vorgesehen war, nach dem Zufallsprinzip zwei Versionen der Risikoauflärung in unterschiedlicher Reihenfolge zu hören bekommen. Die beiden Versionen waren: (1) die Standard-Risikoauflärung ("Wenn Sie es wünschen, können wir einen Schmerzkatheter legen, wobei das Risiko einer Infektion, einer allergischen Reaktion und einer Schädigung von Blutgefäßen oder Nerven besteht.") oder (2) dieselbe Aufklärung mit einigen zusätzlichen positiven Vorschlägen ("Wir haben die Möglichkeit einer lokalen Schmerztherapie. Auch wenn das Risiko einer Infektion, einer allergischen Reaktion oder einer Schädigung von Blutgefäßen oder Nerven besteht, müssen Sie weniger Tabletten einnehmen, sind mobiler, fühlen sich besser und erholen sich schneller und können vielleicht früher nach Hause gehen"). Sie maßen die Kraft in den Armen nach jedem Vorschlag und stellten fest, dass die Kraft in den Armen nach der Standard-Risikoauflärung im Vergleich zum Ausgangswert stark und signifikant abnahm, während die Kraft in den Armen nicht signifikant abnahm, wenn dieselben Informationen mit dem Hinweis auf die Vorteile der Punktion präsentiert wurden. Kurz gesagt: Durch die Hinzufügung von Informationen über die Vorteile der Verfahren wurde der Schaden, der durch die Risikoinformationen verursacht wurde, aufgehoben.

Diese Ergebnisse stehen in völliger Übereinstimmung mit den Beobachtungen und der Pionierarbeit von Christel Bejenke, einer Anästhesistin, die ihr Wissen über hypnotische Sprache genutzt hat, um Patienten auf eine Operation vorzubereiten und sie erfolgreich und schnell von dieser Operation zu erholen (z. B. Bejenke, 1996, 2000, 2006, 2011). Vor über 10 Jahren verbrachte ich ein paar sehr angenehme Stunden mit Dr. Bejenke und sprach mit ihr über ihre Arbeit und die Strategien, die sie einsetzt, um erfolgreiche chirurgische Ergebnisse zu ermöglichen (Bejenke und Jensen 2012). Während dieses Gesprächs erzählte sie eine Geschichte, in der ein 90-Jähriger vor der Operation (nicht von ihr) darüber aufgeklärt wurde, dass die Risiken der Hernienreparatur, die ihm bevorstand, die Möglichkeit beinhalteten, dass er während des Eingriffs sterben würde. Infolgedessen hatte er große Angst, die Operation nicht zu überleben. Tatsächlich ging es ihm während des Eingriffs sehr gut. Er war die ganze Zeit über stabil, schien sich wohl zu fühlen und döste. In dem Bemühen, den Patienten am Ende der Operation aufzumuntern, sagte der Anästhesist zu ihm: "Es ist alles vorbei - Sie sind fertig!" In diesem Moment schien



der Patient in Panik zu geraten und entwickelte Herzrhythmusstörungen (die auf einen bevorstehenden Herzinfarkt hindeuten können), die eine aggressive Behandlung und die Einweisung auf die Intensivstation erforderlich machten. Stattdessen, so Dr. Bejenke, hätte der Anästhesist sagen können: "Hallo (fröhlich)! Guten Morgen! Haben Sie sich gut erholt? Ich habe gute Nachrichten für Sie: Dr. Smith hat gerade Ihre Operation abgeschlossen und ist sehr zufrieden. Sie haben das sehr gut gemacht, und Sie sind in Sicherheit. Es ist für alles gesorgt. Wahrscheinlich sind Sie hungrig und denken schon an etwas Leckeres zu essen. Lassen Sie mich sehen, was die Köche für Sie zubereitet haben, damit Sie etwas Leckeres genießen können - sobald Ihr Chirurg sein Okay gibt."

Allan Cyna ist ebenfalls Anästhesiologe. In einer von ihm veröffentlichten Studie wiesen er und seine Kollegen 101 Patienten, die eine intravenöse Kanüle erhalten sollten, nach dem Zufallsprinzip die Standardbeschreibung zu ("Ich werde jetzt den Druckverband anlegen und in wenigen Augenblicken die Nadel einführen. Es ist ein scharfes Kratzen und brennt vielleicht ein wenig") oder eine neue Beschreibung, die positive Informationen enthielt ("Ich werde jetzt die Aderpresse am Arm anlegen. Viele Menschen stellen dabei fest, dass der Arm schwer, taub und prickelnd wird. Dadurch kann der Tropf bequemer angelegt werden"; Dutt-Gupta, Brown, & Cyna, 2007). Die Patienten, die die Standardanweisungen erhielten, berichteten über mehr Schmerzen bei der Kanülierung als die Patienten, die die positiven Informationen erhielten. Darüber hinaus äußerten 6 Patienten Schmerzen und 3 zogen spontan ihren Arm während der Kanülierung in der Standardkommunikationsbedingung zurück, während keiner der Patienten, die die neue Beschreibung hörten, Schmerzen äußerte oder den Arm zurückzog (siehe auch Arrow et al., 2022).

Katalin Varga und ihre Kollegen untersuchen ebenfalls seit vielen Jahren die Auswirkungen positiver Suggestionen in der Gesundheitsversorgung (z. B. Karnatovskaia et al., 2021a, 2021b; Kekecs und Varga, 2013; Szilágyi et al., 2013; Varga, 2013). Sie und ihre Kollegen haben beispielsweise gezeigt, dass Patienten, die auf der Intensivstation beatmet wurden und nach dem Zufallsprinzip über Kopfhörer aufgezeichnete positive Suggestionen hörten (d. h. eine Botschaft über Sicherheit, Selbstkontrolle und Genesung), eine kürzere Verweildauer und eine wesentlich kürzere Verweildauer am Beatmungsgerät hatten als Patienten, die nach dem Zufallsprinzip den Kontrollbedingungen zugewiesen wurden (Szilágyi et al., 2013). Sie und ihre Kollegen haben auch gezeigt, dass es möglich ist, Freiwilligen beizubringen, sich mit Patienten auf der Intensivstation zu treffen und ihnen in einfachen Gesprächen positive Anregungen zu geben. In einer Studie zu dieser Intervention fanden sie heraus, dass Patienten, die die Intervention erhielten, im Vergleich zu Patienten, die keinen Zugang zu den Freiwilligen hatten, insgesamt weniger Depressionen und Ängste berichteten (Karnatovskaia, et al., 2021b). Andere Studien bewiesen, dass Blutungen während orthopädischer Operationen durch geeignete suggestive Informationen reduziert werden können (Szeverényi et al., 2013).

Ich freue mich sehr, dass die Forschung in diesem Bereich dank der laufenden Forschungsarbeiten von Dr. Hansen, Cyna und Varga weiter wächst und sich entwickelt. Wir - der ISH-Vorstand - sehen darin auch eine bedeutende Wachstumschance für die Ausbildungsaktivitäten der ISH. In dem Maße, in dem die Beweise für die Wirksamkeit positiver Kommunikation im medizinischen Umfeld zunehmen, einschließlich der Beweise, dass dies nicht nur zu erheblichen persönlichen Vorteilen für die Patienten, sondern auch zu erheblichen Kosteneinsparungen für die Kostenträger führt, wird die Nachfrage nach Schulungen in dieser positiven Kommunikation wahrscheinlich steigen. Die ISH will dazu beitragen, diesen Bedarf zu decken, indem sie diese Schulungen direkt anbietet und unsere Mitglieder bei ihrer Arbeit unterstützt, Schulungen für Gesundheitsdienstleister anzubieten.

Zu den vielen Dingen, die uns als weltweite Gemeinschaft auszeichnen, gehört unser Fachwissen über den Einsatz von Sprache zur Herbeifüh-



rung positiver Veränderungen. Und natürlich ist dies auch einer der Gründe, warum es so viel Freude macht, Zeit miteinander zu verbringen, auf Tagungen und Konferenzen wie die, an der ich gerade in Wigry, Polen, teilnehme, oder der bevorstehenden ESH-Konferenz 2023 in Istanbul, dem ISH-Weltkongress 2024 in Krakau, den monatlichen virtuellen ISH-Webinaren und den Veranstaltungen "Coffee with the President". Ich freue mich darauf, Sie auf all diesen Veranstaltungen zu sehen und unsere Ideen über positive Kommunikation miteinander zu teilen.

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LA LETTRE DU PRÉSIDENT (FR)

TRADUCTION NICOLE RUYSSCHAERT

LES MOTS COMPTENT

Chers membres de l'ISH :

J'écris la lettre du président de ce numéro depuis le magnifique Pokamiedulski Klasztor à Wigry, en Pologne, où se déroule la 31^e (!) conférence annuelle sur l'utilisation de Wigry organisée par Bernhard Trenkle et Kris Klajs. Dans les ateliers et pendant les repas et autres événements amusants, je suis baigné dans les suggestions positives des enseignants et des participants de la conférence. Parallèlement, et alors que je me rendais à cette conférence, Ernil Hansen m'a envoyé une copie d'une publication récente de lui et de ses collègues sur le rôle du choix des mots lors de la description des risques de la ponction veineuse aux patients avant la pose d'un cathéter anti-douleur (Zech, Schrodinger et Hansen, 2022). Cela m'a rappelé le travail de pionnier de Christel Bejenke et les programmes de recherche d'Allan Cyna et de Katalin Varga. Il ressort clairement de ces recherches que les mots que nous disons aux patients en dehors du contexte de l'hypnose formelle sont remplis de suggestions qui peuvent aider ou nuire.

Dans l'étude publiée par Zech et al. (2022), 45 patients qui devaient subir plus d'une ponction veineuse pour un cathéter anti-douleur avant une intervention chirurgicale ont été répartis au hasard pour entendre deux versions des informations sur les risques dans des ordres différents. Les deux versions étaient : (1) l'information standard sur les risques ("Si vous le souhaitez, nous pouvons placer un cathéter antidouleur, avec le risque d'infection, de réaction allergique et de dommages aux vaisseaux sanguins ou aux nerfs") ou (2) la même information à laquelle on a ajouté quelques suggestions positives ("Nous avons l'option d'un traitement local de la douleur. Même s'il existe un risque d'infection, de réaction allergique ou de lésion des vaisseaux sanguins ou des nerfs, vous devrez prendre moins de comprimés, vous serez plus mobile, vous vous sentirez mieux et récupérerez mieux, et vous pourrez peut-être rentrer chez vous plus tôt"). Ils ont mesuré la force du bras après chaque suggestion et ont constaté une réduction importante et significative de la force du bras après l'information standard sur les risques, par rapport au niveau de base, et aucune réduction significative de la force du bras lorsque cette même information était présentée avec la mention des avantages de la ponction. En bref, le simple fait d'ajouter des informations sur les avantages des procédures a éliminé tout dommage causé par les informations sur les risques.

Ces résultats sont tout à fait cohérents avec les observations et le travail de pionnier de Christel Bejenke, une anesthésiste qui a utilisé sa connaissance du langage hypnotique pour préparer les patients à la chirurgie, et pour qu'ils se rétablissent rapidement et avec succès de cette chirurgie (par exemple, Bejenke, 1996, 2000, 2006, 2011). Il y a plus de 10 ans, j'ai passé deux heures très agréables avec le Dr Bejenke, où je lui ai parlé de son travail et des stratégies qu'elle utilise pour faciliter la réussite des interventions chirurgicales (Bejenke et Jensen 2012). Au cours de cette conversation, elle a raconté l'histoire d'un homme de 90 ans qui avait été informé avant l'opération (pas par elle) que les risques de la réparation d'une hernie qu'il allait subir incluaient la possibilité qu'il meure pendant l'opération. En conséquence, il a eu très peur de ne pas survivre à l'opération. En fait, il s'est très bien comporté pendant l'opération. Il était stable tout au long de l'opération, semblait confortable et s'est assoupi. Dans un effort pour remonter le moral du patient à la fin de l'opération, l'anesthésiste lui a dit : "C'est fini, vous êtes fini !". À ce moment-là, le patient a semblé paniquer et a développé des dysrythmies cardiaques (qui peuvent être le signe d'une crise cardiaque imminente), et a nécessité un traite-



ment agressif et une admission en soins intensifs. Au lieu de cela, a noté le Dr Bejenke, l'anesthésiste aurait pu dire : "Bonjour (joyeusement) ! Bonjour. Vous vous êtes bien reposé ? J'ai de bonnes nouvelles pour vous : Le Dr Smith vient de terminer votre opération et il est très satisfait. Vous avez très bien fait et vous êtes en sécurité. Tout est en ordre. Vous avez probablement faim, et vous pensez déjà à quelque chose de délicieux à manger. Laissez-moi voir ce que les cuisiniers ont préparé pour vous, afin que vous puissiez savourer quelque chose de délicieux - dès que votre chirurgien vous le dira."

Allan Cyna est également anesthésiste. Dans l'une des études qu'il a publiées, lui et ses collègues ont assigné au hasard 101 patients sur le point de recevoir une canulation i.v. pour qu'ils reçoivent la description standard ("Je vais appliquer le garrot et insérer l'aiguille dans quelques instants. C'est une égratignure vive qui peut piquer un peu") ou une nouvelle description incluant des informations positives ("Je vais appliquer le garrot sur le bras. Lorsque je fais cela, de nombreuses personnes trouvent que le bras devient lourd, engourdi et picote. Cela permet de placer la perfusion plus confortablement" ; Dutt-Gupta, Brown, & Cyna, 2007). Les patients qui ont reçu les instructions standard ont signalé une plus grande douleur lors de la canulation que ceux qui ont reçu des informations positives. De plus, 6 patients ont exprimé leur douleur et 3 ont retiré spontanément leur bras pendant la canulation dans la condition de communication standard, alors qu'aucun des patients ayant entendu la nouvelle description n'a exprimé de douleur ou n'a retiré son bras (voir également Arrow et al., 2022).

Katalin Varga et ses collègues étudient également depuis de nombreuses années l'impact des suggestions positives dans le cadre des soins de santé (par exemple, Karnatovskaia et al., 2021a, 2021b ; Kekecs et Varga, 2013 ; Szilágyi et al., 2013 ; Varga, 2013). Elle et ses collègues ont montré, par exemple, que les patients ventilés en unité de soins intensifs qui ont été assignés de manière aléatoire à l'écoute de suggestions positives préenregistrées via un casque (c'est-à-dire un message sur la sécurité, la maîtrise de soi et le rétablissement) ont eu une durée de séjour plus courte et ont passé beaucoup moins de temps sur le ventilateur que les patients assignés de manière aléatoire aux conditions de contrôle (Szilágyi et al., 2013). Elle et ses collègues ont également montré qu'il est possible d'apprendre à des volontaires à rencontrer des patients aux soins intensifs et à leur faire des suggestions positives au cours d'une simple conversation. Dans une étude sur cette intervention, ils ont constaté que, par rapport aux patients qui n'avaient pas eu accès aux volontaires, les patients ayant bénéficié de l'intervention ont signalé une dépression et une anxiété générales moindres (Karnatovskaia, et al., 2021b). D'autres études ont prouvé que les saignements peuvent être réduits lors d'une chirurgie orthopédique avec des informations suggestives appropriées (Szeverényi et al., 2013).

Avec les recherches en cours menées par les docteurs Hanson, Cyna et Varga, je suis très heureux de voir la recherche dans ce domaine continuer à croître et à se développer. Nous - le conseil d'administration de l'ISH - y voyons également une opportunité de croissance significative pour les activités de formation de l'ISH. Au fur et à mesure que les preuves de l'efficacité de la communication positive dans les milieux médicaux s'accumulent, y compris les preuves que cela entraîne non seulement des avantages personnels importants pour les patients, mais aussi des économies significatives pour les payeurs, la demande de formation à cette communication positive va probablement augmenter. L'ISH prévoit d'être là pour aider à répondre à ce besoin, à la fois en fournissant directement cette formation et en soutenant nos membres dans leur travail de formation des prestataires de soins de santé.

Parmi les nombreuses choses qui nous rendent spéciaux en tant que communauté mondiale, il y a notre expertise dans l'utilisation du langage pour produire des changements positifs. Et bien sûr, c'est aussi l'une des



raisons pour lesquelles il est si agréable de passer du temps les uns avec les autres, lors de réunions et de conférences telles que celle à laquelle je participe actuellement à Wigry, en Pologne, ou la prochaine conférence ESH 2023 à Istanbul, le Congrès mondial d'hypnose ISH 2024 à Cracovie, les webinaires virtuels mensuels de l'ISH et les événements de café avec le président. Je me réjouis de vous voir et de partager nos idées sur la communication positive à l'occasion de tous ces événements.

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LETTERA DEL PRESIDENTE (IT)

TRADUZIONE IN ITALIANO DI CONSUELO CASULA

LE PAROLE CONTANO

Cari soci ISH:

Scrivo la Lettera del Presidente di questo numero dalla bellissima Pokamedulski Klasztor di Wigry, in Polonia, dove si sta svolgendo il 31° (!) convegno annuale di Wigry sull'utilizzazione, organizzato da Bernhard Trenkle e Kris Klajs. Durante i workshop, i pasti e gli altri eventi divertenti, mi sono immerso nei suggerimenti positivi degli insegnanti e dei partecipanti al convegno. Allo stesso tempo, mentre mi recavo a questa conferenza, Ernil Hansen mi ha inviato una copia di una recente pubblicazione sua e dei suoi colleghi sul ruolo della scelta delle parole quando si descrivono i rischi della puntura venosa ai pazienti prima del posizionamento del catetere per il dolore (Zech, Schrodinger e Hansen, 2022). Ciò mi ha riportato alla mente il lavoro pionieristico di Christel Bejenke e i programmi di ricerca di Allan Cyna e Katalin Varga. Da queste ricerche emerge chiaramente che le parole che diciamo ai pazienti al di fuori del contesto dell'ipnosi formale sono piene di suggestioni che possono aiutare o danneggiare.

Nello studio pubblicato da Zech et al. (2022), 45 pazienti che dovevano sottoporsi a più di una puntura venosa per un catetere per il dolore prima di un intervento chirurgico sono stati assegnati in modo casuale ad ascoltare due versioni delle informazioni sul rischio in ordine diverso. Le due versioni erano: (1) informazioni standard sui rischi ("Se lo desidera, possiamo posizionare un catetere per il dolore, con il rischio di infezioni, reazioni allergiche e danni ai vasi sanguigni o ai nervi") o (2) le stesse informazioni con l'aggiunta di alcuni suggestioni positive ("Abbiamo l'opzione di una terapia locale del dolore. Anche se c'è il rischio di infezioni, reazioni allergiche o danni ai vasi sanguigni o ai nervi, dovrà prendere meno pillole, sarà più mobile, si sentirà e si riprenderà meglio e forse potrà tornare a casa prima"). Hanno misurato la forza del braccio dopo ogni suggestione e hanno riscontrato un'ampia e significativa riduzione della forza del braccio dopo le informazioni standard sul rischio, rispetto al valore di base, e nessuna riduzione significativa della forza del braccio quando le stesse informazioni sono state presentate con la menzione dei benefici della puntura. In breve, la semplice aggiunta di informazioni sui benefici delle procedure ha eliminato i danni causati dalle informazioni sul rischio.

Questi risultati sono del tutto coerenti con le osservazioni e il lavoro pionieristico di Christel Bejenke, un'anestesista che ha usato la sua conoscenza del linguaggio ipnotico per preparare i pazienti a un intervento chirurgico e a riprendersi con successo e rapidamente da quell'intervento (Bejenke, 1996, 2000, 2006, 2011). Ho trascorso un paio d'ore molto piacevoli con la dottoressa Bejenke più di 10 anni fa, parlando con lei del suo lavoro e delle strategie che utilizza per facilitare il successo degli interventi chirurgici (Bejenke e Jensen 2012). Durante quella conversazione, raccontò una storia di un novantenne che era stato informato prima dell'intervento (non da lei) che i rischi della riparazione dell'ernia che stava per subire includevano la possibilità che morisse durante l'intervento. Di conseguenza, aveva temuto di non sopravvivere all'operazione. In realtà, durante l'intervento si è comportato molto bene. È rimasto stabile per tutto il tempo, è sembrato a suo agio e ha dormito. Nel tentativo di rincuorare il paziente alla fine dell'operazione, l'anestesista gli disse: "È tutto finito, sei finito!". In quel momento il paziente sembrò farsi prendere dal panico e sviluppò disritmie cardiache (che possono indicare un attacco cardiaco imminente), richiedendo un trattamento aggressivo e il ricovero in terapia intensiva. Invece, ha osservato il Dr.



Bejenke, l'anestesista avrebbe potuto dire: "Salve (allegrementemente)! Buongiorno. Ha riposato bene? Ho buone notizie per lei: Il dottor Smith ha appena terminato la sua operazione ed è molto soddisfatto. Lei è stato molto bravo ed è al sicuro. È tutto a posto. Probabilmente ha fame e sta già pensando a qualcosa di gustoso da mangiare. Mi faccia vedere cosa hanno preparato i cuochi per lei, così potrà gustare qualcosa di buono, non appena il suo chirurgo dirà che va bene".

Allan Cyna è anche anestesista. In uno dei suoi studi pubblicati, lui e i suoi colleghi hanno assegnato a caso 101 pazienti in procinto di ricevere una incannulazione a cui è stata fornita la descrizione standard ("Applicherò il laccio emostatico e inserirò l'ago tra qualche istante. Si tratta di un graffio acuto e potrebbe bruciare un po'"); oppure una nuova descrizione che includeva informazioni positive ("Applicherò il laccio emostatico sul braccio. Molte persone trovano che il braccio diventi pesante, insensibile e formicolante. Questo permette di posizionare l'incannulazione in modo più confortevole"; Dutt-Gupta, Brown, & Cyna, 2007). I pazienti che hanno ricevuto le istruzioni standard hanno riferito più dolore durante la flebo rispetto a quelli che hanno ricevuto le informazioni positive. Inoltre, sei pazienti hanno espresso dolore e tre hanno ritirato spontaneamente il braccio durante l'incannulamento nella condizione di comunicazione standard, mentre nessuno dei pazienti che ha ascoltato la nuova descrizione ha espresso dolore o ritirato il braccio (si veda anche Arrow et al., 2022).

Katalin Varga e i suoi colleghi studiano da anni l'impatto delle suggestioni positive in ambito sanitario (ad esempio, Karnatovskaia et al., 2021a, 2021b; Kekecs e Varga, 2013; Szilágyi et al., 2013; Varga, 2013). Lei e i suoi colleghi hanno dimostrato, ad esempio, che i pazienti ventilati in terapia intensiva, assegnati casualmente all'ascolto di suggestioni positive preregistrati in cuffia (ad esempio, un messaggio sulla sicurezza, l'autocontrollo e il recupero), hanno avuto una durata di degenza inferiore e un tempo di permanenza con il ventilatore molto più basso rispetto ai pazienti assegnati casualmente alle condizioni di controllo (Szilágyi et al., 2013). Szilágyi e i suoi colleghi hanno anche dimostrato che è possibile insegnare a volontari a incontrare i pazienti in terapia intensiva e a fornire loro suggestioni positive durante una semplice conversazione. In uno studio su questo intervento, hanno riscontrato che, rispetto ai pazienti che non avevano avuto accesso ai volontari, i pazienti che hanno ricevuto l'intervento hanno riportato minore depressione e ansia generale (Karnatovskaia, et al., 2021b). Altri studi hanno dimostrato che il sanguinamento può essere ridotto durante gli interventi di chirurgia ortopedica con informazioni suggestive adeguate (Szeverényi et al., 2013).

Con le ricerche in corso condotte dai dottori Hansen, Cyna e Varga, sono molto felici di vedere che la ricerca in quest'area continua a crescere e a svilupparsi. Anche noi - il consiglio di amministrazione dell'ISH - consideriamo questa un'opportunità di crescita significativa per le attività di formazione dell'ISH. Man mano che aumentano le evidenze dell'efficacia della comunicazione positiva in ambito medico, comprese quelle che dimostrano che non solo si ottengono notevoli benefici personali per i pazienti, ma anche significativi risparmi sui costi per gli enti pagatori, è probabile che aumenti la richiesta di formazione su tale comunicazione positiva. L'ISH intende contribuire a soddisfare questa esigenza, sia fornendo direttamente questa formazione, sia sostenendo i nostri membri nel loro lavoro di formazione degli operatori sanitari.

Tra le molte cose che ci rendono speciali come comunità mondiale c'è la nostra esperienza nell'uso del linguaggio per produrre cambiamenti positivi. E naturalmente questo è anche uno dei motivi per cui è così piacevole trascorrere del tempo insieme, in occasione di incontri e conferenze come quella a cui sto partecipando attualmente a Wigry, in Polonia, o l'imminente conferenza ESH del 2023 a Istanbul, il congresso mondiale sull'ipnosi ISH del 2024 a Cracovia, i webinar virtuali mensili



ISH e gli eventi del caffè con il presidente. Non vedo l'ora di incontrarvi e di condividere le nostre idee sulla comunicazione positiva in tutti questi eventi.

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CARTA DEL PRESIDENTE(ES)

TRADUCIDO POR TERESA ROBLES

LAS PALABRAS IMPORTAN

Estimados miembros de la ISH:

Escribo la Carta del Presidente de este número desde el hermoso Pokamiedulski Klasztor de Wigry, Polonia, donde se está celebrando la 31ª (!) conferencia anual de Utilización de Wigry, organizada por Bernhard Trenkle y Kris Klajs. En los talleres y durante las comidas y otros actos lúdicos, me lleno de todas las sugerencias positivas de los profesores y participantes en la conferencia. Al mismo tiempo, y de camino a esta conferencia, Ernil Hansen me envió una copia de una reciente publicación suya y de sus colegas sobre el papel de la elección de palabras al describir los riesgos de la venopunción a los pacientes antes de la colocación de un catéter para el dolor (Zech, Schrodinger y Hansen, 2022). Esto me hizo recordar el trabajo pionero de Christel Bejenke y los programas de investigación de Allan Cyna y Katalin Varga. De esta investigación se desprende que las palabras que decimos a los pacientes fuera del contexto de la hipnosis formal están llenas de sugerencias que pueden ayudar o perjudicar.

En el estudio publicado por Zech et al. (2022), 45 pacientes a los que se les había programado más de una venopunción para un catéter para el dolor antes de la cirugía fueron asignados al azar para escuchar dos versiones de la información sobre los riesgos en diferentes órdenes. Las dos versiones eran: (1) información de riesgo estándar ("Si lo desea, podemos colocar un catéter para el dolor, con el riesgo de infección, reacción alérgica y daño a los vasos sanguíneos o los nervios") o (2) esa misma información con algunas sugerencias positivas adicionales añadidas ("Tenemos la opción de una terapia local para el dolor. Aunque existe el riesgo de infección, reacción alérgica o daño a los vasos sanguíneos o los nervios, tendrá que tomar menos pastillas, tendrá más movilidad, se sentirá y recuperará mejor y quizá pueda irse a casa antes"). Midieron la fuerza del brazo después de cada sugerencia, y encontraron una gran y significativa reducción de la fuerza del brazo después de la información estándar sobre el riesgo, en relación con la línea de base, y ninguna reducción significativa de la fuerza del brazo cuando esa misma información se presentó con la mención de los beneficios para la punción. En resumen, el simple hecho de añadir información sobre los beneficios de los procedimientos eliminó cualquier daño causado por la información de riesgo.

Estos hallazgos son totalmente coherentes con las observaciones y el trabajo pionero de Christel Bejenke, una anestesista que ha utilizado sus conocimientos sobre el lenguaje hipnótico para preparar a los pacientes para la cirugía, y para que se recuperen con éxito y rapidez de esa cirugía (por ejemplo, Bejenke, 1996, 2000, 2006, 2011). Pasé un par de horas muy agradables con la Dra. Bejenke hace más de 10 años, hablando con ella sobre su trabajo y las estrategias que utiliza para facilitar resultados quirúrgicos exitosos (Bejenke y Jensen 2012). Durante esa conversación, relató una historia en la que un anciano de 90 años había sido informado antes de la cirugía (no por ella) de que los riesgos de la reparación de la hernia a la que iba a someterse incluían la posibilidad de que muriera durante la operación. En consecuencia, tuvo mucho miedo de no sobrevivir a la operación. De hecho, le fue muy bien durante la operación. Se mantuvo estable durante toda la operación, parecía estar cómodo y se durmió. En un esfuerzo por animar al paciente al final de la operación, el anestesista le dijo: "Se acabó, ¡has acabado!". En ese momento el paciente pareció entrar en pánico y desarrolló disritmias cardíacas (que pueden ser un indicio de un ataque cardíaco pendiente), y requirió un tratamiento agresivo e ingreso en la UCI. En su lugar, señaló el Dr. Bejenke, el anestesista podría haber dicho: "¡Hola (alegremente)! Buenos días. ¿Ha descansado bien?"



Tengo buenas noticias para usted: El Dr. Smith acaba de terminar su operación y está muy satisfecho. Lo has hecho muy bien y estás a salvo. Todo está solucionado. Seguramente tiene hambre y ya está pensando en algo delicioso para comer. Déjeme ver lo que le han preparado los cocineros, para que pueda disfrutar de algo delicioso, tan pronto como su cirujano le diga que está bien".

Allan Cyna también es anestesista. En uno de sus estudios publicados, él y sus colegas asignaron aleatoriamente a 101 pacientes que iban a recibir una canulación intravenosa para que recibieran la descripción estándar ("Voy a aplicar el torniquete e insertar la aguja en unos momentos. Es un rasguño fuerte y puede picar un poco") o una nueva descripción que incluía información positiva ("Voy a aplicar el torniquete en el brazo. Cuando lo hago, muchas personas se dan cuenta de que el brazo se vuelve pesado, se adormece y siente un cosquilleo. Esto permite colocar el gotero más cómodamente"; Dutt-Gupta, Brown y Cyna, 2007). Los pacientes que recibieron las instrucciones estándar manifestaron más dolor con la canulación que los que recibieron la información positiva. Además, 6 pacientes vocalizaron dolor y 3 retiraron espontáneamente el brazo durante la canulación en la condición de comunicación estándar, y ninguno de los pacientes que escucharon la nueva descripción vocalizó dolor ni retiró el brazo (véase también Arrow et al., 2022).

Katalin Varga y sus colegas también han estudiado el impacto de las sugerencias positivas en el entorno sanitario durante muchos años (por ejemplo, Karnatovskaia et al., 2021a, 2021b; Kekecs y Varga, 2013; Szilágyi et al., 2013; Varga, 2013). Ella y sus colegas han demostrado, por ejemplo, que los pacientes ventilados en la UCI que fueron asignados al azar a escuchar sugerencias positivas pregrabadas a través de auriculares (es decir, un mensaje sobre la seguridad, el autocontrol y la recuperación) tuvieron una menor duración de la estancia y mucho menos tiempo de permanencia en el ventilador que los pacientes asignados al azar a las condiciones de control (Szilágyi et al., 2013). Ella y sus colegas también han demostrado que es posible enseñar a los voluntarios a reunirse con los pacientes en la UCI y proporcionarles sugerencias positivas durante una simple conversación. En un estudio sobre esta intervención, descubrieron que, en comparación con los pacientes que no habían tenido acceso a los voluntarios, los pacientes que recibieron la intervención informaron de menos depresión y ansiedad en general (Karnatovskaia, et al., 2021b). Otros estudios demostraron que las hemorragias pueden reducirse durante la cirugía ortopédica con una información sugestiva adecuada (Szeverényi et al., 2013).

Con la investigación en curso llevada a cabo por los doctores Hansen, Cyna y Varga, estoy muy contento de ver que la investigación en esta área sigue creciendo y desarrollándose. Nosotros -la Junta Directiva de la ISH- también vemos esto como una importante oportunidad de crecimiento para las actividades de formación de la ISH. A medida que aumentan las pruebas de la eficacia de la comunicación positiva en los entornos médicos, incluidas las pruebas de que esto no sólo produce importantes beneficios personales para los pacientes, sino también importantes ahorros de costos para los pagadores, es probable que aumente la demanda de formación en dicha comunicación positiva. La ISH planea estar ahí para ayudar a cubrir esta necesidad, tanto proporcionando esta formación directamente como apoyando a nuestros miembros en su trabajo para proporcionar formación a los proveedores de atención sanitaria.

Entre las muchas cosas que nos hacen especiales como comunidad mundial está nuestra experiencia en el uso del lenguaje para producir un cambio positivo. Y, por supuesto, esta es también una de las razones por las que es un placer pasar tiempo con los demás, en reuniones y conferencias como la que estoy asistiendo actualmente en Wigry, Polonia; o la próxima conferencia de la ESH 2023 en Estambul, el Congreso Mundial de Hipnosis de la ISH 2024 en Cracovia, los seminarios virtuales mensuales de la ISH y los eventos de café con el presidente. Estoy deseando verlos y com-



partir nuestras ideas sobre la comunicación positiva con los demás en todos estos eventos.

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NOTES FROM THE EDITOR

Katalin Varga , Dipl. Psych. Ph.D.



Katalin Varga is an associate professor at the Eötvös Loránd University (ELTE), the head of the Department of Affective Psychology, President of the Hungarian Association of Hypnosis, and BoD member of the International Society of Hypnosis. Her research topic was the investigation of the subjective experiences connected to hypnosis and the role of suggestions in critical states. She received her degree of "Doctor of University" (ELTE) in 1991, and her PhD degree in 1997 on comparing the subjective and behavioral effects of hypnosis.

As a member of the 'Budapest hypnosis research laboratory', she is investigating hypnosis in an interactional framework and focuses on the phenomenological data in a multilevel approach. She is also working in the medical field, using and teaching psychological support based on positive suggestions in various areas of medicine. Co-chair of the 1st international Conference on Hypnosis in Medicine, held in Budapest, 2013.

Dear Colleagues,

We were just finishing this issue when we received the devastating news that Peter Bloom had died. I liked him very much, his professionalism, humanity and interpersonal skills were in balance.

As organizer of the 1996 EuroHypnosis Conference, we were invited by him to the ISH meeting in San Diego. The Conference itself, back here in Budapest, was an unforgettable experience:

We had the idea to open the gala dinner with a "Presidential Dance", with Éva Banyai as ESH President and Peter Bloom as ISH President. At that

time - there was no email (!) - this was discussed in paper correspondence and Peter took the idea and asked us ensure that there would be adequate floor space at the venue during the gala dinner.

... and there was. The glittering evening began with a seated dinner with guests being escorted to their tables. one by one. It occurred to us to follow it with a presidential dance but to what music? I went to Peter and asked him: "What kind of music would you like to dance to?"

He said:

"Oh, yes... well, the music..."

He thought about it for a second, and then, conducting in the air



**Peter Bloom, MD and Prof. Eva Banyai
Presidential Dance
1996 Budapest, EuroHypnosis Conference**



with his hand, he showed me "Not like tadadadada, but taaa-daa-daa." I understood, went to the bandleader, whom I didn't know, who listened to my question while playing the saxophone: "Not like tadadadada, but taa-daa-daa-daa" music for the opening dance.

"I know hundreds of them, which one should it be?" - he answers while playing the saxophone.

"Tell me two", as I narrow down the options.

"Blue Danube Waltz and What a wonderful world."

With those choices, I went back to Peter, who had chosen 'What a wonderful world....

Another interesting aspect of the story marks that very moment when I approached the musician with the requests for the music that my colleague, Anna Greguss, arrived who, in the meantime had independently of me consulted with Eva regarding the music... She chose the 'Blue Danube' waltz and we shared the two different options with the bandleader at the same time.

My "song" won, Peter being the guest...

It is astonishing how many people are now writing a few lines of remembrance of Peter's warm-heartedness, kindness, and humanity. So many of us experienced so much that. What a Wonderful World...

In this issue, **Susanna Carolusson** bids farewell to Peter Bloom - who, among his many other roles, served as President of ISH.

We present **Zoltan Kekecs**, one of the ISH's award winners, in an interview with **Nicole Ruyschaert**

In the "Building Bridges of understanding" **Lu Fengjiao** summarizes hypnotic suggestibility

and dissociative psychopathology. Additionally, we can enjoy the article and video lecture of **Devine Terhune** as well.

In the column of Latest News from IJCEH, we not only have a list of abstracts of the last issue, but we learn, that the Editor-in-chief, **Gary R. Elkins**, received an award for his Distinguished Contributions to Scientific Hypnosis from the American Psychological Association Division 30. Congratulations!

Julie Linden summarized the activities of the **Crisis intervention Committee which is** one of the joint efforts of the ISH and ESH: Care for the Caregivers, to train and support a team of therapists working with people in crisis or trauma. We also feature a book review by **Carlos Ramos** and a short description of a study by **Ernil Hansen**.

I invite all of you to contact me with your ideas, suggestions for topics, questions, or new columns.

Katalin Varga
Dipl. Psych. Ph.D.



Peter Bloom, MD and Prof. Éva Bányai,
Presidential Dance
1996 Budapest,
EuroHypnosis Conference



MAIN INTERVIEW

WITH ZOLTÁN KEKECS BY NICOLE RUYSSCHAERT

NICOLE RUYSSCHAERT INTERVIEWS ZOLTÁN KEKECS

June 2022, Zoltan Kekecs received the Jay Haley Early Career Award for Innovative Contributions to Hypnosis. An excellent opportunity to interview him and introduce him to our ISH community and to the ISH NL readers.



Zoltán Kekecs

How did you first come in contact with hypnosis –perhaps long before you started hypnosis in the professional field?

I think my very first encounter might have been a book I found on the bookshelf in my grandparents' house as a little kid: *Hypnosis of Man and Animals* by Ferenc Volgyesi. My grandparents were farmers, but they were open minded and curious, reading all sorts of books. I even tried to "hypnotize" a hen with a stick according to the instructions in the book, but it did not work, so I did not make much of it then.

My first encounter with proper hypnosis was at my University, ELTE, where Professors Éva Bányai and Katalin Varga were teaching about hypnosis. As a psychology student it was pretty much inevitable not to learn about hypnosis at ELTE.

Can you give a brief overview of your career, and your work and the place hypnosis has in it?

I got my PhD at ELTE in Behavioral Psychology, with the supervision of Professor Katalin Varga. Right after that, I went to work at Baylor University in the US as a postdoc in Professor Gary Elkins's Mind-Body Medicine Research Lab. This was an excellent opportunity for me to learn about the ins and outs of clinical hypnosis research.

A couple of years later I transitioned briefly to Imperial College in the UK as a research associate. I worked in the Department of Surgery there on projects related to patient safety under the supervision of Dr. Sonal Arora. However, shortly after I moved to London, I learned about a prestigious postdoctoral research fellowship at Lund University. That was very tempting since it was an individual research fellowship where I could pursue my own research projects, and also, because I always wanted to learn from Professor Etzel Cardeña, who is a faculty there. I applied and got the fellowship and spent two wonderful years there. Even though I did not get to interact too much with Dr. Cardeña, I still learned a tremendous amount during these two years. At the end of the fellowship in 2019 I got a faculty position at ELTE, Institute of Psychology, and I work there since.

What is your main area of practice with hypnosis?

I am mainly doing research on the physiological underpinnings of hypnosis. On the different hormonal, immunological, and neurophysiological changes associated with hypnosis, and how do somatic effects of hypnosis manifest. The research I do also assesses the effectiveness of hypnosis when used in medical contexts, for example in preparation for surgical procedures.



What stimulated you to do research on hypnosis?

I was always interested in psychological effects on the body. In the mind-body connection. For example, I was fascinated with stories about yogis controlling their physiology, about people recovering from seemingly terminal conditions, about profound somatic effects of placebos. During my studies I have heard a lot of anecdotes about hypnosis being able to evoke profound physical effects with “only the use of words”, such as controlling bleeding, speeding up recovery, or outright curing some somatic illnesses. So, I thought that this tool could lead me closer to getting a deeper understanding of the mind-body connection.

Which research do you see as the most important?

Theory-driven research that is transparent and reusable. That is the most important type of research, but there is very few of this currently in the field of hypnosis. Most of the research out there is questionable in its credibility and cannot be replicated. This is not specific to hypnosis research, but it is true for psychological science in general. Large scale replication projects show that only about half of the effects replicate, and even those are on average half as large as they were reported to be in the original articles. We need to change the way we do scientific research to re-establish the trust of the end-users of the scientific products in our work. Fortunately, we do have some methodologies that allow us to do this. We can preregister our studies, we can openly share the materials, protocols, and scripts used in our research, and we can share our data and analysis code. The wider application of such methodological best practices is paramount if we want to make progress in our understanding of hypnosis, and in improvement of our hypnotic interventions.

Who are / were your mentor(s)? people who influence your way of thinking and working?

My mentors are Dr. Katalin Varga and Dr. Gary Elkins, both of whom have shaped and continue to shape who I am today. I also consider the work and leadership of Dr. Donald Moss, Dr. Elvira Lang, Dr. Irving Kirsch, and Dr. Mark Jensen very inspiring.

During your career what kind of changes have you observed in the application of hypnosis (in general and/or in your own practice)? What do you like or dislike in the field / world of hypnosis?

In the past when I first encountered professional hypnosis there was an air of secrecy around hypnosis. Hypnosis was often considered as a potentially dangerous tool that needs to be protected from getting into unworthy hands. I see a shift in the culture related to this, as there is much more openness about sharing and teaching hypnosis, and also about using clinical hypnosis remotely or asynchronously via tele-health, recording and apps. I think this is a good change that should continue.

How can research contribute to the spread and acknowledgment of hypnosis in the medical/psychotherapeutic practice?

Research is one of the fundamental pillars that is needed for the acceptance of hypnosis





as a first-line treatment, but as I mentioned earlier, the research needs to be done according to the highest standards. I have been involved in the Task Force for Establishing Efficacy Standards for Clinical Hypnosis, which includes Giuseppe De Benedittis, Gary Elkins, Donald Moss, Olafur S. Palsson, Philip D. Shenefelt, Devin B. Terhune, Katalin Varga, and Peter Whorwell. The Task Force aims to establish clear guidelines for doing high quality efficacy research in the field of clinical hypnosis, and we are in the process of publishing these guidelines. One of these papers have already been published in the International Journal of Clinical and Experimental Hypnosis, and two more is in the publication pipeline. Researchers and clinicians can be informed from these papers about the latest research best practices in our field.

If you had a dream ... about the future of hypnosis ... what happens in your dream?

In my dream about the future, hypnosis will be more like a common resource. Every child will be taught from preschool how to access their inner abilities (e.g., how to use auto-suggestions and imagery) in their daily lives to achieve the benefits that in the old days people could only get if they visited a hypnotherapist. Just like in some countries all children learn judo to know how to fall smartly, in my dream future every person will be taught how to deal with pain and stress smartly via techniques that we call today “hypnotic techniques”.

Thank you very much!

Dr. Nicole Ruysschaert MD Psychiatrist.
On behalf of ISH and our ISH Newsletter committee



As Europe's energy crisis threatens that some people will cut down trees to heat their homes, one morning these embracing arms on the edge of our village signalled that trees are precious living things that need protecting.

**Photo by Katalin Varga,
Szódliget, Hungary**



CIC REPORT

CRISIS INTERVENTION COMMITTEE — BY JULIE LINDEN

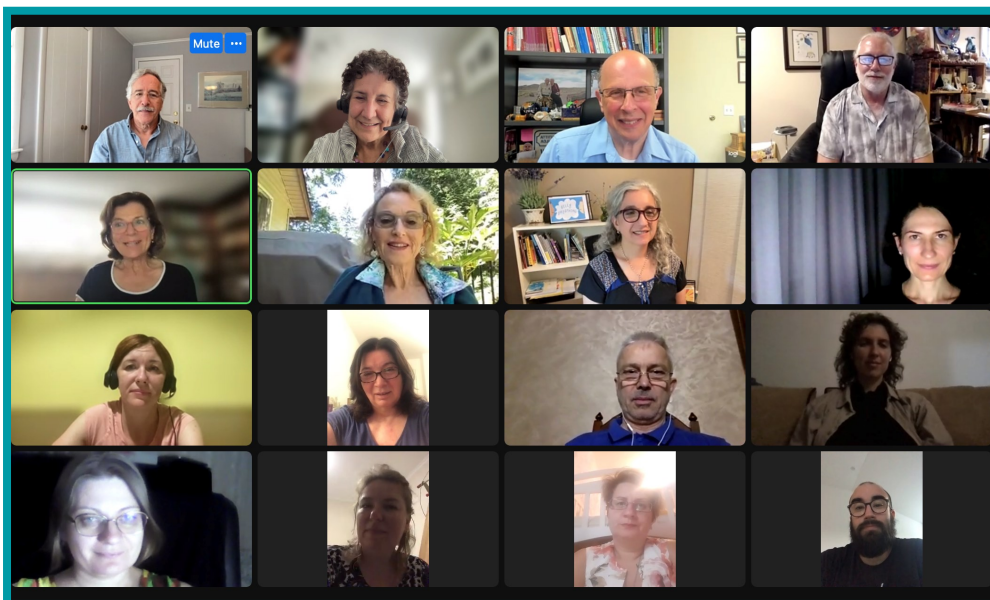
This summer was busy for the Crisis Intervention Committee (CIC) which is coordinating efforts of the ISH and ESH. Together these two clinical hypnosis societies cosponsored a series of webinars called Care for the Caregivers, to train and support a team of therapists in the Ukraine. Organized by Julie Linden, former ISH president, and Borys Ivynev, president of the Ukrainian Hypnosis Society, the webinars fulfilled the dream and groundwork of Bob Deutsch (National Pediatric Hypnosis Training Institute) to provide expertise and extend a hand to our war traumatized colleagues who are helping others traumatized by war.

The webinars provided a mix of didactic and experiential training covering a broad range of quick, useful techniques for all ages, to enhance self-regulation to support functioning and efficacy during traumatizing events. Sessions included describing and defining traumas, the activation of the nervous system, a review of Poly-vagal theory and its application to treatment of trauma. Establishing relationships and trust, bearing witness, and restoring hope are ingredients to produce resilient outcomes so each technique that was introduced was person-centered. Creating a sense of safety during ongoing trauma is challenging. Self-hypnotic techniques can foster calm, a sense of agency, and a way forward in stressful conditions. Techniques specifically for children, a very vulnerable population during war, were taught along with ideas of how to teach these to parents to use with their children. Managing chronic pain, a predictable problem during war, was also included.

The faculty came with a range of expertise. They were composed of Julie Linden, Robert Staffin, Leora Kuttner, Carla Frankenhuys, Lisa Lombard, Callie Hattingh, Ran Anbar and Mark Jensen.

After the 5 sessions were completed, our Ukrainian colleagues received the complete PowerPoint presentations to use in training others. All the sessions were recorded and shared, so that they could be listened to again, and translated as needed. In addition, a group of consultants are available, along with faculty for any of our colleagues who requested help with cases or use of the techniques.

The C4C participants wanted to share its photo and thanks with ISH.





HYPNOTIC SUGGESTIONS GIVEN UNDER GENERAL ANESTHESIA

BY ERNIL HANSEN



ERNIL HANSEN

These days the second part of study has been published where hypnotic suggestions were given to patients undergoing surgery while under general anesthesia (1). The results of this multicentre randomized controlled trial (RCT) on 385 patients showed significant reduction in the most common side effects of surgery and anesthesia. A [20min-text*](#) based on hypnotherapeutic principles and addressing 10 topics derived from the basic human psychological needs and directed against traumatic stressors was repeatedly played via earphones exclusively during deep general anesthesia. Anesthetic depth and pain medication was strictly controlled. In the recent paper effective decrease in incidence and severity of postoperative nausea and vomiting (PONV) by half in high-risk patients is reported.

In the preceding paper significant reduction in postoperative pain score and need for analgesics was described (2). During the first 24 postoperative hours pain level was decreased by 25% and use of opioids by 34%. The text played to 6 patients resulted in one patient without need for any analgesic after painful surgery. That publication in the British Medical Journal, one of the highest rated medical

journals with an impact factor of 30 (compare: AJ IF=1), has brought hypnosis to the attention of a wide medical and public audience.

Former studies on intraoperative suggestions had shown no effect on pain and only little effect on medication, and suffered from uncontrolled depth of anesthesia, low quality and small size (3). Compared to pre- and postoperative hypnosis in surgical patients, effect sizes of intraoperative suggestions are similar or even higher (4,5). Therefore, the described study provides further evidence for effective use of hypnosis for medical interventions and calls for the combination of hypnotic techniques for therapeutic communication.

However, this study has much wider consequences. The results cannot be explained by perception in a few patients as known for the so-called "intraoperative awareness" with explicit or implicit memory. The demonstration of the reaction of a large portion of the patients confirms David Cheek's call in 1963: "BE CAREFUL, THE PATIENT IS LISTENING should be engraved over the door of every operating room, every recovery room, every intensive care unit in every hospital." (6). In medical care, we have to change our behaviour and control disturbing noises and careless conversations in the presence of "unconscious" patients. On the other side, the results of this study encourage application of hypnotic communication with other unconscious people as well, such as patients sedated or comatose at the ICU, or during resuscitation, or dying. For the understanding of hypnosis it adds evidence that bypassing the critical conscious mind may be the prerequisite to touch the unconscious, and stimulates further research on the role of the words, the voice, and the nature of the suggestions.

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* Full article:

<https://www.frontiersin.org/articles/10.3389/fpsyg.2022.898326/full>



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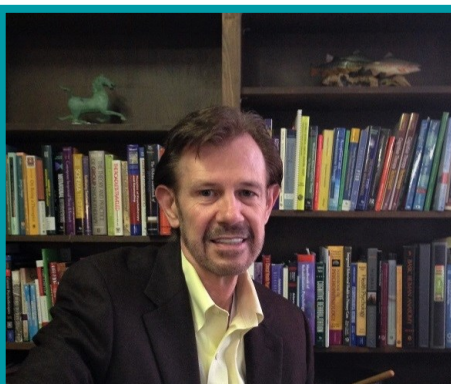
INTERNATIONAL JOURNAL
OF CLINICAL AND EXPERIMENTAL HYPNOSIS

RECENT ISSUE: VOLUME 70, ISSUE 3

The upcoming issue of the IJCEH begins with two commentaries on the recent publication entitled “Guidelines for the Assessment of Efficacy of Clinical Hypnosis Applications.” These commentaries examine the role of moderation and mediation in efficacy trails and highlight the challenge of such approaches in hypnosis research. The issue also features six articles covering a variety of topics including hypnosis for ailments such as chronic pain, hyperemesis gravidarum, and irritable bowel syndrome. Additionally topics include altered states of consciousness during exercise and personality styles of dentists who practice hypnosis. This is the third issue of 2022 and we look forward to publishing another round of outstanding articles later in the year!



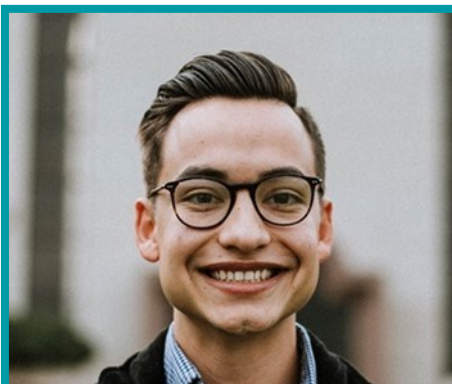
We are proud to announce that recently on August 4, 2022, Dr. Gary Elkins received the American Psychological Association Division 30 Award for Distinguished Contributions to Scientific Hypnosis. This is the most important award for scientific merit that the division can bestow. Recipients are luminaries in our field who have a sustained record of significant and impactful scientific contributions to scientific hypnosis. Dr. Elkins’ invited address was: *Advancing Evidence-Based Practice of Clinical Hypnosis: Three Keystones to Success*.



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.

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



Joshua Rhodes, MA
Managing Editor

M.A. in Psychology at Baylor University
Department of Psychology and Neuroscience

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

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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).

Call for Papers: Systematic Reviews & Meta-Analyses

The IJCEH has issued a call for systematic reviews and meta-analyses of hypnosis interventions for psychological and health-related conditions. Meta-analyses and systematic review papers can help enrich our understanding of key topics and can help to advance clinical research. They can provide an accessible resource for clinicians and researchers on existing research and evidence. Review articles serve to provide an up-to-date overview of the current state of knowledge of hypnosis interventions for a particular disorder or domain. Submit your systematic review or meta-analysis to the IJCEH using the submission instructions below!

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.

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THE INTERNATIONAL JOURNAL OF
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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 2022 ISSUE

THE PROPOSED TASK FORCE HYPNOSIS EFFICACY GUIDELINES: THE ROLE OF MODERATION AND MEDIATION IN EFFICACY TRIALS

GUY MONTGOMERY & IRVING KIRSCH

Hypnosis interventions have too often failed to disseminate, in part because of the relatively few high-quality, randomized clinical trials. The Task Force proposes efficacy guidelines, which are intended to improve the quality of clinical hypnosis research and thereby increase dissemination of beneficial hypnosis interventions. However, the Task Force, in muddying the focus on efficacy with opinions about moderation and mediation, proposes guidelines that are likely to: (1) weaken efficacy findings; (2) increase participant mistrust; (3) make efficacy trials more cumbersome; and (4) treat hypnosis as though it were something other than a time-honored form of talk therapy. While applauding the Task Force's intentions, the current recommendations could be changed to better accomplish their goal of increasing hypnosis dissemination and implementation.

THE "WHACK-A-MOLE" CHALLENGE OF HYPNOSIS RESEARCH: A COMMENTARY REGARDING "GUIDELINES FOR THE ASSESSMENT OF EFFICACY OF CLINICAL HYPNOSIS APPLICATIONS"

MICHAEL YAPKO

In this short commentary, the author acknowledges the merits of trying to establish treatment guidelines for the use of hypnosis in treatment and applauds the efforts and intentions of the *Task Force for Establishing Efficacy Standards for Clinical Hypnosis*. He identifies a few of the complex issues in trying to promote guidelines for conducting research and clinical practice in the domain of hypnosis; these include the difficulties in defining hypnosis and hypnotically-based interventions, the divergent ways hypnosis is applied in actual practice by clinicians who rely on their own understandings and biases in designing and delivering hypnosis, and the inevitable variations in skill level across practitioners. To their credit, the *Task Force* has considered these and other practical issues in their approach to formulating guidelines.

DELIVERY OF A GROUP HYPNOSIS PROTOCOL FOR MANAGING CHRONIC PAIN IN OUTPATIENT INTEGRATIVE MEDICINE

LINDSEY C. MCKERNAN, MICHAEL T. M. FINN, LESLIE J. CROFFORD, A. GRACIE KELLY, DAVID R. PATTERSON, & MARK P. JENSEN

Although strong evidence exists for using individual hypnosis to treat pain, evidence regarding group applications is limited. This project evaluated changes in multiple outcome measures in persons with chronic pain treated with 8 weeks of group hypnosis. Eighty-five adults with diverse chronic pain etiologies completed an 8-session structured group hypnosis treatment. Pain intensity, pain interference, and global health were evaluated at baseline, post-treatment, and 3- and 6- months post-treatment. Linear mixed effects models assessed changes in outcomes over time. In a model testing all three outcome measures simultaneously, participants improved substantially from pre- to post-treatment and maintained improvement across follow-up. Analyses of individual outcomes showed significant pre- to post-treatment reductions in pain intensity and interference, which were maintained for pain intensity and continued to improve for pain interference across follow-up. The findings provide compelling preliminary evidence that a group format is an effective delivery system for teaching individuals skills in using hypnosis for chronic pain management. Larger randomized controlled trials are warranted to demonstrate equivalence of outcomes between treatment modes.



SUGGESTIONS IN HYPNOSIS TO AID PAIN EDUCATION (SHAPE) IN PEOPLE WITH CHRONIC LOW BACK PAIN: A PILOT FEASIBILITY RANDOMIZED CONTROLLED TRIAL

BRIAN W. PULLING, FELICITY A. BRAITHWAITE, G. LORIMER MOSELEY, MARK P. JENSEN, ANNE L. J. BURKE, KATHRYN L. COLLINS, MELISSA J HULL, HANNAH G. JONES, ALLAN M. CYNA, NICKI FERENCZ, & TASHA R. STANTON

Chronic low back pain (CLBP) is a debilitating and burdensome condition, and new treatment strategies are needed. This study aimed to evaluate (1) the feasibility of undertaking a controlled clinical trial investigating a novel intervention for people with CLBP: hypnotically reinforced pain science education, and (2) the acceptability of the intervention as rated by participants. *A priori* feasibility and intervention acceptability criteria were set. Twenty participants with CLBP were recruited and randomized to receive: (1) hypnotically delivered pain science education which utilizes hypnotic suggestions to enhance uptake of pain science concepts; or (2) pain science education with progressive muscle relaxation as an attention control. Twenty participants were recruited, however, not solely from the hospital waitlist as intended; community sampling was required (13 hospital, 7 community). Most criteria were met in the community sample, but not the hospital sample. Protocol modifications are needed before progressing to a full scale randomized controlled trial for hypnotically reinforced pain science education. Improvements in relevant secondary outcomes paired with moderate-high treatment acceptability ratings, are promising.

ADJUVANT HYPNOTHERAPY FOR HYPEREMESIS GRAVIDARUM: RANDOMIZED PILOT STUDY

SEYDA EFSUN OZGUNAY, BURCU DINÇGEZ ÇAKMAK, DERYA KARASU, GÜLTEN ÖZGEN, İBRAHİM TAYMUR, ŞERMIN EMİNOĞLU, & İLKAY CEYLAN

Hyperemesis gravidarum, which requires hospitalization in approximately 1-5% of patients, is characterized by severe nausea and vomiting in pregnancy. This study investigated the effects of hypnosis on nausea, vomiting, use of antiemetic medications, and hospital stay among patients diagnosed with Hyperemesis Gravidarum. Patients were randomized to receive either conventional therapy alone (control condition n=23) or to received adjuvant hypnotherapy plus conventional therapy (treatment group n=18). Sociodemographic data, severity of nausea, frequency of vomiting per day, rescue medications used, and the length of hospital stay were recorded. Participants in the treatment group received two sessions of hypnosis and were instructed in daily self-hypnosis practice. Those in the control group received treatment as usual. Results from this pilot study indicated that adjunctive use of hypnotherapy with patients diagnosed with hyperemesis gravidarum resulted in significantly reduced severity of nausea, frequency of vomiting, in comparison to treatment as usual alone. Additionally, hospital stay was found to be shorter in the treatment group as compared to the control group. These findings are encouraging and suggest it is both feasible and potentially beneficial to include adjunctive hypnotherapy in the treatment of hyperemesis gravidarium.

HYPNOBIOME: A NEW, POTENTIAL FRONTIER OF HYPNOTHERAPY IN THE TREATMENT OF IRRITABLE BOWEL SYNDROME. A NARRATIVE REVIEW OF THE LITERATURE

GIUSEPPE DE BENEDITTIS

An increasing evidence suggests that gut-brain-axis may play a key role in health and disease via a bidirectional communication network involving neural and immunoendocrine pathways. This complex interplay deeply influences both gut microbiota and brain behavior. Pathobiome or gut dysbiosis is relevant for the pathogenesis of functional gastrointestinal disorders, such as IBS, chronic pain syndromes, neurological and mental disorders. As a consequence, targeting the gut microbiota is emerging as a novel, effective therapeutic perspective. Among many treatment options, psychological interventions, including hypnosis, have been used to target the so-called Psychobiome and its hypnotic analogue, i.e., Hypnobiome, referring to their potential efficacy to modulate the mind-gut axis in IBS patients. A narrative review of the recent literature is provided, and cir-



cumstantial evidence suggests that hypnobiome may represent a new promising frontier of hypnotherapy.

ALTERED STATES OF CONSCIOUSNESS DURING EXERCISE, ACTIVE-ALERT HYPNOSIS AND EVERYDAY WAKING STATE

ENIKO KASOS, KRISZTIAN KASOS, EMESE JÓZSA, KATALIN VARGA, ÉVA BÁNYAI, ANDRÁS KÖLTŐ, & ATTILA SZABÓ

This retrospective study was a nonrandomized comparison of exercisers' (runners and participants of a spinning class) states of consciousness with subjects of active-alert hypnosis (AAH) and students in a class (control). Three hundred and seventy-five participants completed the Phenomenology of Consciousness Inventory. Runners, spinners, and participants of AAH scored higher on the *altered experience* and *altered state of awareness* dimensions of the PCI than the control group. Runners scored higher than participants of AAH and the control condition on the *rationality* dimension, and spinners scored higher than participants in the AAH condition. The AAH group scored lowest on the *self-awareness* dimension. On the *volitional control* dimension, the spinning- and control groups scored significantly higher than the runner- and AAH groups. The results suggest that exercise may lead to states of consciousness similar to AAH, thus increase responsiveness to a coach's training suggestions.

PERSONALITY STYLES OF HYPNOSIS PRACTICING DENTISTS PRACTICING HYPNOSIS: A BRIEF REPORT

BURKHARD PETER & THOMAS G. WOLF

This cross-sectional study used Personality Style and Disorder Inventory (PSDI) of random hypnosis society sample groups including German Society of Dental Hypnosis (DGZH) (n=418) and Milton Erickson Society of Clinical Hypnosis Germany (MEG) Listserv (n=490) to examine personality styles and to compare the data of dentists practicing hypnosis (HYP-samples) with two control samples of persons not interested in hypnosis (NONHYP-samples). In total, the sample included 1,027 psychotherapists from DACH-countries and 3,392 individuals from the normal population. Results show that HYP-DGZH-dentists were much more intuitive/schizotypal (ST) ($p<.001$), unselfish/self-sacrificing (SL) ($p<.001$), charming/histrionic (HI) ($p<.001$) and optimistic/rhapsodic (RH) ($p<.001$) than the HYP-MEG-sample. All HYP-DGZH-dentists also showed significantly elevated levels in these four personality styles compared with levels of the NONHYP-DACH-psychotherapists ($p<.001$), and elevated levels in ST, SL and RH compared with the NONHYP-norm. The intuitive/schizotypal ST values of the HYP-DGZH-dentists were predominant. Within the limitations of the study, the presence of a specific personality profile in random samples of dentists compared to psychotherapists who use hypnosis and are members of professional hypnosis societies suggest that the existence of a "homo hypnoticus" might also exist among dentist, however, this needs to be investigated in more detail.



BOOK REVIEW

BY CARLOS A. RAMOS

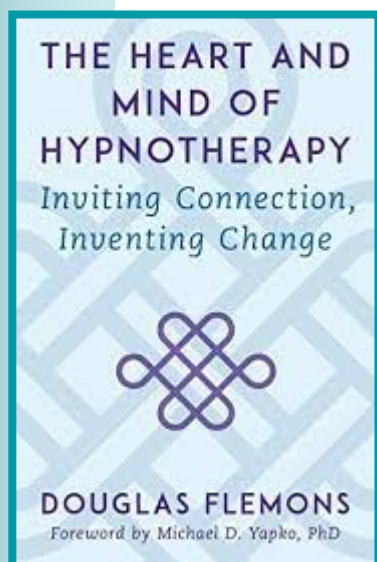
POETRY LIFTS THE VEIL FROM THE HIDDEN BEAUTY OF THE WORLD AND MAKES
FAMILIAR OBJECTS BE AS IF THEY WERE NOT FAMILIAR.

—PERCY BYSSHE SHELLEY

POETRY IS AN ECHO ASKING A SHADOW DANCER TO BE A PARTNER.

—CARL SANDBURG

FLEMONS, D. (2022). *THE HEART AND MIND OF HYPNOTHERAPY: INVITING CONNECTION, INVENTING CHANGE*. NEW YORK, NY: NORTON, 266 PP., \$34.29 (HARD COVER), ISBN: 978-0-393-71439-5



I am reviewing Douglas's book with the advantage of having studied with him in my doctoral program. With that said, however, the reader does not need this experience or insider knowledge to immerse in, and learn from, the book. In our hypnotherapy course, Douglas would start each class with a poem from authors like Billy Collins, Alan Watts, and several others. Initially, it was difficult to consciously make sense of the purpose of these poems, especially since Douglas did not explain his intentions or discuss the explicit meaning behind the authors' words. Like several other students, I was left intrigued and wondering how this related to the class readings and more importantly, hypnotherapy. That is, until Douglas suggested I read a poem to the class by Octavio Paz in Spanish. As I read the poem, I noticed unexpected physiological shifts—my racing heart rate found a gradual pace, which then synchronized with the rhythm of my voice. More surprisingly was the attention and focused concentration devoted by my peers, given that most of the class did not speak Spanish.

Similarly, Douglas opens a metaphorical window in *The Heart and Mind of Hypnotherapy* by captivating the reader with enchanting poems, stories, anecdotes, and analogies. He contextualizes his ideas and theoretical orientation through references intended to underscore the analogical connections between hypnotherapy and metaphorical thinking. The reader can expect to take a parallel journey—one that is grounded in hypnotherapy concepts, such as Erickson's notion of utilization (Erickson, 1959,) and one that embraces therapeutic creativity and aesthetics. Along the journey, the reader *may* realize an interconnection or perhaps, the blurring of the pragmatic and aesthetic—a topic that has foundationally intrigued family and psychotherapists (Keeney & Sprenkle, 1992).

Through a variety of case examples, Douglas illustrates a unique approach to utilization by highlighting the associational nature of mind in the resolution and/or dissolution of problems. For instance, his work with a client, Grace, who had a fear of blood and needles, demonstrates how Douglas explored Grace's identity as a math teacher with the intentions of eliciting or identifying skills Grace could use during medical procedures or other experiences, she found uncomfortable. With a different client, Az, Douglas underscores Az's mind-body expertise as an elite tennis player. Az struggled with interactions with those he considered authority figures, such as teachers, cops, or doctors. These interactions were soon followed



by intense anxiety and panic attacks and profuse sweating due to his whole body heating up. Douglas compliments his utilization of Az's ability to "being in sync with [his] mind-body" (p. 235) as an athlete with a variety of stories related to temperature fluctuations. For instance, Douglas shared a story about a young man who travelled to Nepal to study with a Buddhist monk but first had to master raising his body to temperature through meditation to survive the harsh winter in the mountains.

Douglas's ability to distill these unique strengths and qualities from areas that on the surface would appear to be irrelevant to the problem accentuates the improvisational and inventive nature of relational hypnosis. As Douglas affirms, "you invite hypnosis, but you invent hypnotherapeutic change" (p. 182). While he provides technique descriptions through analyses of case examples, Douglas's emphasis is on "the unveiling of creative uncertainty, of unscripted discovery." (p. 185). *The Heart and Mind of Hypnotherapy* is not written or intended to be a "how-to manual" (p. 186). Douglas distinguishes his understanding of hypnotherapy from other traditional approaches that include the use of pre-determined scripts as segue to trance. Rather, Douglas provides a frame, an orientation that will refine your understanding of the intricacies of hypnotherapy: "You need an attuned eye and ear so you can recognize the craft stitched into the lines" (p. 186). Douglas, however, conveys his ideas with the intention to inspire (not dictate) therapeutic improvisation and creativity—a theoretically guided while unscripted pattern of engagement.

Douglas analogically compares the unfolding of a hypnotherapeutic conversation to an improv theater where there is a "close listening and open, in the moment responsiveness to what each offers the other" (p. 133). The closely attuned listening and responsiveness symbolizes Douglas's emphasis on the collaborative and recursive nature of hypnotherapy.

Your clients rely on the specifics of what you say to determine whether your characterization of their experience is accurate and adequately comprehensive and nuanced. And you, in turn, rely on their responses to what you're saying as you calibrate and recalibrate your empathic depictions. (p. 68)

Douglas underscores the role of empathic sensibility and communication on the therapeutic alliance, which he describes as "a boundary dissolving process ... which makes it possible for [clients] to become indifferent about any of the myriad differences between you and them" (p. 73). This indifference, or as Douglas describes, a dissolution of "the circumscribed self," (p. 18) is an essential experience in avolitional or hypnotherapeutic change. Thus, the reader can expect a nuanced way of curiously encountering with clients and their "problems" that will augment, or otherwise contribute to, their therapeutic orientation and hypnotherapeutic practice.



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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...

Borbála Sára Góczá is a psychology BA student at Eötvös Loránd University (ELTE) in Budapest, Hungary. She has always been interested in psychology to better understand why people behave the way they do and how the human mind works. Social and Developmental Psychology interest her the most, but she stays open to all other fields and areas, including hypnotherapy as well.



HYPNOTHERAPY IN THE MANAGEMENT OF SLEEP DISORDERS: Summary by Borbála Sára Góczá

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The management of sleep disorders has very largely been centered around reasonable advice as to exercise, relaxation, avoidance of caffeine and alcohol, and avoiding sleep during the afternoon (Modlin, 2002). Using prescriptive hypnotics like benzodiazepine sedatives is a frequently used treatment method as well, but many people are prejudiced about even the limited use of hypnotic drugs (Anderson et al., 1979). That is one of the reasons why the clinical use of hypnosis in treating sleep disorders has been demonstrated by numerous hypnotists and has proven to be effective by many studies.

In the following I will demonstrate several studies examining different kinds of sleeping disorders and the most effective treatment methods, including hypnotherapy.

According to Beng-Yeong Ng and Tih-Shih Lee (2008) hypnosis can be defined as a procedure during which changes in sensations, perceptions, thoughts, feelings or behaviour are suggested. Hypnotherapy refers to 'psychotherapy that uses hypnosis as part of its treatment'. It is the therapeutic use of the hypnotic state of consciousness as part of a psychotherapeutic intervention in order to enhance the effectiveness of the patient's utilisation of psychotherapy. The therapies that can be facilitated by hypnosis include supportive work (ego strengthening), direct suggestion, symptom substitution, hypnoanalysis and many more.

Beng-Yeong Ng and Tih-Shih Lee (2008) explain how clients response to suggestions depends on: a) clients' pre-hypnotic attitudes, beliefs, inten-



tions, and expectations about hypnosis; b) their ability to think, fantasize, and absorb themselves in suggestions; c) their ability to form a trusting relationship with the hypnotist; d) their ability to interpret suggestions appropriately and view their responses as successful; e) their ability to discern task demands and cues; f) their ongoing interaction with the hypnotist; and g) the appropriateness of the therapeutic methods and suggestions to treating the presenting problem.

According to Modlin (2002), the general agreement is that sleep disturbance is but a symptom of an underlying problem. Modern techniques of clinical hypnosis provide an ideal method of identifying and eradicating the true cause: the subconscious mechanisms of survival. This mechanism involves hyperarousal that forces the patient to remain alert in order to deal with the perceived threat. One of the best ways to eliminate the symptom and avoid alternative symptoms in the most cost-effective way, as Modlin (2002) states, lies in the use of Analytical Clinical Hypnosis.

Trevor Modlin's study discussed the effectiveness of using hypnotherapy to treat insomnia and includes a case study of a 43-year-old male. The study describes sleep disorders, insomnia, the causes of insomnia, possible negative side effects of managing sleep disorders with hypnotics, and the pros of treating insomnia with hypnotherapy while describing the process of medical hypnoanalysis (the author's main field of expertise). The main thought of the study points to the cause of insomnia being a prior bad, sometimes a near death, experience and insomnia is the unconscious response of the mind to „survive” (Modlin, 2002). In order to cure insomnia, we must find the real problem (for example: fear of death) and treat that, and one of the best methods for that as Modlin (2002) states is hypnoanalysis.

The case study describes a 43-year-old male's struggle with insomnia, and how he made a full recovery not only from his insomnia but also his anxiety and depression with the use of hypnotherapy, demonstrating that hypnosis is an effective way of treating this disorder.

The objectives of a paper written by Gina M. Graci and John C. Hardie (2007) were to provide a review of the most common sleep disorders, with emphasis on insomnia disorders and to discuss the cognitive-behavioral approaches to insomnia; as well as reviewing the existing empirical literature on applications of hypnotherapy in the treatment of sleep disorders.

Although behavioral treatment approaches for sleep disturbance are initially more time-consuming and more expensive than medications, there are long-lasting benefits associated with behavioral treatments as Graci and Hardie (2007) state. According to their study, current research findings support the use of behavioral approaches for treating nonbiologic (i.e., behavioral) sleep disorders such as insomnia because these approaches target and resolve the underlying problem associated with sleep disturbance, meanwhile pharmaceutical agents are only a „band-aid approach” to treatment. In their opinion, emphasis must be placed on combining CBT and hypnotherapy as treatment approaches for sleep disorders.

The effectiveness of autohypnosis, nitrazepam (Mogadon, 5 mg) and a placebo were compared in the treatment of insomnia in a study written by Anderson, Dalton and Basker (1979).

According to the findings of Anderson et al. (1979) there were no significant differences between the placebo, Mogadon and autohypnosis with respect to waking state. Patients slept significantly longer using autohypnosis than receiving a placebo. Significantly, more patients had a normal night's sleep when on autohypnosis alone than when they received the placebo or Mogadon. There was a tendency for autohypnosis to reduce the time taken to go to sleep.



Beng-Yeong Ng and Tih-Shih Lee (2008) examined the research data available on the efficacy of hypnosis in the treatment of sleep disorders and explored the techniques employed by various hypnotherapists.

According to Ng and Lee (2008) H.E. Stanton reported found success rates of 85% treating three cases of insomnia (initial, middle and failure to daytime nap) with hypnotherapy. Self-hypnosis can also be used to banish nightmares, and hypnotherapy has helped with sleep terrors, although the mechanism by which it impacts is unclear (Koe, 1989). For example he successfully used posthypnotic suggestions to eliminate night terrors in a 16-year-old boy with a history of this disorder since the age of seven.

There are several reports of successful use of hypnotherapy for parasomnias as Ng and Lee (2008) state, specifically for head and body rocking, bed-wetting and sleepwalking. Hurwitz et al. (1991) reported the use of hypnosis in the treatment of 27 adult patients with parasomnias where hypnosis was introduced as a method of enhancing self-control.

The use of hypnosis in the management of sleep paralysis is described and discussed in a paper written by Thomas J. Nardi (1981), where 2 cases are presented in which autohypnosis was used to desensitize the patients to the anxiety that accompanied their sleep paralysis. Autohypnosis also provided a means of terminating the attacks.

In the two cases reported by Nardi (1981), the psychophysiological disorder of sleep paralysis became symbolically important because it reflected conflict between passivity and aggression. More specifically, this conflict focused on issues of control. According to Nardi (1981) it might be concluded that relaxation may be instrumental in the management of sleep paralysis. It is a treatment approach based upon relaxation via autohypnosis that is outlined in the case studies.

In a study written by Peter Hawkins and Nikitas Polemikos (2002) a new paradigm qualitative methodology was used in which a small group of children were taught self-hypnosis to manage their sleep difficulties.

According to Hawkins and Polemikos (2002) there is considerable research and clinical evidence that children who experience loss become traumatized. The results of traumatization include sleep problems, for example difficulties in initiating sleep and sleep terrors. In this study, results of psychological intervention programs, including hypnotherapy, have shown success in helping children to overcome their sleep problems. The study concluded that young children can be taught self-hypnosis in order to manage their sleep problems effectively. The research also proved that self-hypnosis is an effective way for children to deal with sleep problems caused by bereavement.

A study written by Daniel P. Kohen M.D., Mark W. Mahowald and Gerald M. Rosen (1992) investigated the role of self-hypnosis in treating children with sleep problems as well, focusing on sleep terror disorder.

Kohen et al. (1992) describe four children, ages 8 to 12 years, with frequent, prolonged, or dangerous disorders of arousal. The treatment strategy was to demystify the symptom complex through education, establish prompt control of the symptoms with the use of imipramine, train the children in self-regulation with self-hypnosis, and discontinue medication while maintaining control of the arousals. Over a 2-3-year follow-up all children remained asymptomatic. This is the first report of successful use of self-hypnosis for the treatment of polysomnogram-proven disorders of arousal in children.

A study by Eitan G. Abramowitz, Yoram Barak, Irit Ben-Avi and Haim Y. Knobler (2008) is the first to report the benefit of hypnotherapy in patients with chronic combat-related PTSD who are concurrently suffering from persistent chronic insomnia and sleep disorders. The purpose of this study



was to subjectively evaluate hypnotic responsiveness of chronic combat-related PTSD patients, to evaluate and compare the efficacy of symptom-oriented hypnotherapy, and to compare it with pharmacotherapy. They found that symptomatic hypnotherapy is an effective adjunct to psycho- and pharmacotherapy for chronic insomnia and sleep disorders in a group of patients suffering from chronic combat-related PTSD.

In conclusion it can be said that hypnosis is a really effective method in the treatment of sleep disorders, and its use is recommended especially among patients who are prejudiced about the use of hypnotic drugs, and in cases where generic advice like avoiding caffeine and sleep during the day did not seem to be effective in treating the sleep disorder.

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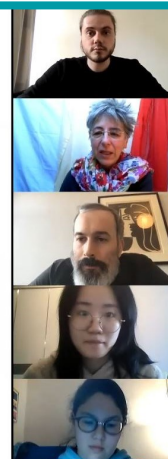
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Hypnotic suggestibility and dissociative psychopathology

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HYPNOTIC SUGGESTIBILITY AND DISSOCIATIVE PSYCHOPATHOLOGY: A SUMMARY

Summary by Lu Fengjiao

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In this article, we introduce relevant experiments and analysis results to talk about the hypnotic suggestibility and dissociative psychopathology.

There are two important Nomenclature Suggestion and suggestibility. Suggestion is the communication experienced in an involuntary way, in other words, you can't control your body completely during the conversation. And suggestibility is the responsiveness to direct verbal suggestion measured by standardized (hypnosis) scales, and it's similar in hypnotic & non-hypnotic contexts. Functional neurological disorder (FND) is characterized by impaired motor, cognitive and/or sensory functioning that resembles neurological pathology but is not adequately explained by, and is clinically distinguishable from it (1, 2). FND encompasses a diverse array of symptom subtypes including non-epileptic seizures (NES) and functional movement disorder (3). The characteristics of FND are: the prevalence of 4–12 per 100 000 (4,5); considerable diagnostic delays and frequent misdiagnosis (6); psychological, social & economic impact (7) closely aligned with dissociative disorders classified as a DD within the ICD.

Responsiveness to direct verbal suggestions (8) (suggestibility) has long been hypothesized to represent a predisposing factor for functional neurological disorder (FND) but previous research has yielded conflicting results. In order to find whether patients with FND display elevated suggestibility relative to controls via meta-analysis, we use the quantitatively evaluate to do the experiment.

The four electronic databases (PubMed, PsycINFO, Web of Science and Academic Search Complete databases) were searched in November 2019 for eligible studies using terms relating to suggestibility and FND and then integrated into a single database, and the search updated in April 2020.



The standardized behavioral scales or suggestive symptom induction protocols were used in patients with FND (including somatization disorder) and controls. By following the Cochrane, Preferred Reporting Items for Systematic Reviews and Meta-Analyses and Meta-analyses Of Observational Studies in Epidemiology (MOOSE) guidelines, do the meta-analysis. Data extraction and study quality coding were performed by two independent raters (LW and a second rater) using a two-stage procedure. First, all titles and abstracts were screened and articles not meeting eligibility criteria were rejected. Second, all remaining papers were reviewed to establish a final list of articles. After exclusion of two studies with overlapping data, data from eligible studies were extracted and coded independently by LW and the second rater using a data extraction form. At last, by using the Standardized suggestibility scores and responsiveness to symptom induction protocols to calculate standardized mean differences (SMDs) between groups.

After finishing the experiments, the results show us: in 26 643 search results, there are 9 articles presenting 11 standardized suggestibility data sets, and in random-effect meta-analyses include 11 symptom suggestibility data sets. According to the meta-analysis, compared with standard behavioral scale controls, FND patients showed greater suggestiveness and higher responsiveness to suggestive symptoms. Moderation analyses presented mixed evidence, which shows how much correlation exists between the effect size and methodological differences in the whole study. No evidence of publication bias was found.

According to the results, the hypothesis that FND is characterized by heightened responsiveness to verbal suggestion can be confirmed. Increased suggestibility has direct implications for the risk factors underlying this condition, the use of suggestion to aid diagnosis, the utility of suggestion-based treatments for functional symptoms and heterogeneity within this population.

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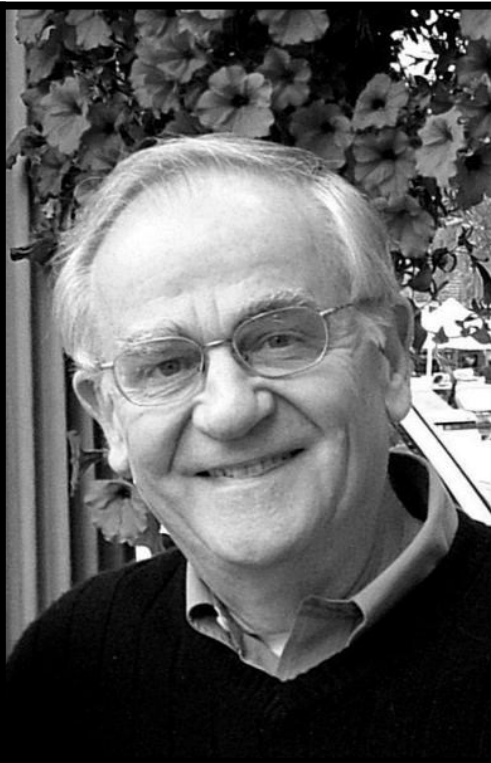
Lu Fengjiao is a master student from the faculty of informatics of Eötvös Loránd Tudományegyetem. Her major is Computer Science and her specialization is Artificial Intelligence. She is very interested in psychology, and want to learn more about the subject.

Because her subject is science, she only has an understanding of psychology courses. During her bachelor's degree, she also took some psychology-related courses, but they are completely different from what **she** is currently studying. Through the courses of this semester, she has a deeper understanding of psychology and hypnotism. It is a very magical, wonderful and mysterious subject.



Peter B. Bloom

- MD
- Professor of psychiatry
- University of Pennsylvania School of Medicine
- Past President of International Society of Hypnosis and American Board of Medical Hypnosis
- Honorary Member of American Psychiatric Association
- Co-author of International Handbook of Clinical Hypnosis with Graham Burrows
- In private practice 1971-2016.



PETER BLOOM

1936-2022

OBITUARY BY KATHY BLOOM STEINMETZ

Peter Brower Bloom, M.D., age 86, passed away on Saturday, September 10, 2022, at Riddle Hospital in Media, PA.

Peter was born in 1936 to parents Herman and Mary Brower Bloom. A lifelong resident of Swarthmore, Peter graduated from Swarthmore HS ('54), earned his BA in Chemistry at Cornell University ('58), and went on to study medicine at the University of Pennsylvania Medical School ('62). During his senior year of medical school and throughout his rotating internship at the Hospital of the University of Pennsylvania (HUP), his interest in the psychological side of medicine began to develop. This interest continued during his internal medicine residency at HUP.

In 1963, his residency was interrupted when he was drafted into the U.S. Navy Medical Corps. He served in Albuquerque, NM on a joint service military base for two years. During his service, Lt. Peter Bloom received the Dept. of Defense's Joint Service Commendation Medal for organizing Sandia Base Hospital's outpatient clinic which served 10,000 patients each month.

After his military service, Peter finished his medical residency and gastroenterology fellowship at HUP. During his GI fellowship, he saw so many patients psychologically presenting as medical illnesses, that he finally decided to become a psychiatrist. Dr. Bloom completed his psychiatric residency at the Institute of the Pennsylvania Hospital in 1971 and immediately started his private practice at the Institute. When the Institute closed in 1997, he moved his office to Bryn Mawr, PA. He was a preceptor and taught at Penn's Dept of Psychiatry, becoming a Clinical Professor of Psychiatry in 1992. He was affiliated with Penn for over 50 years. In 2008, he received the Annual Award for Clinical Faculty, in part for having "served as an outstanding role model for a generation of students and colleagues".

He always believed that the biological side and the psychological side of who we are complement each other. As a result, his practice of psychiatry



was broadly based, with hypnosis as “one arrow in his therapeutic quiver”. He believed that the psychiatrist’s craft is creativity, the willingness of the therapist and patient to try something new or unexpected in the treatment process, rather than being wedded to only one or two theories. “Like all art, it (a patient’s growth) cannot be forced or called upon at will. I don’t worry when it’s not happening. I just have to trust the process.”

Dr. Bloom served as president of both the American Board of Medical Hypnosis and the International Society of (Medical) Hypnosis (ISH), where he was awarded the 2001 ISH Pierre Janet Award for Clinical Excellence and in 2004 the highest award of ISH Benjamin Franklin Gold Medal. He was a Distinguished Life Fellow of the American Psychiatric Association, a Fellow of both the American Society of Clinical Hypnosis and Society of Clinical and Experimental Hypnosis. Dr. Bloom was a foreign member of the Swedish Hypnosis Society and an honorary member of many others including the European Society of Hypnosis. He was on the editorial board of several clinical journals and has himself published many chapters and articles.

Peter loved to travel. His lecture work with ISH provided Marcia, his wife of 64 years, and him many wonderful adventures. They made many dear friends on the continents of North America, Australia, Europe, and Asia.

Personally, Peter loved music. He was one of the original members of The Sherwoods of Cornell, a twelve man acapella group founded in 1956. The members continue to come together a few times each year to perform at special concerts and reunions. He loved camping, canoeing, and sailing, skills developed as a boy, teenager, and adult counselor at Camp Pocono. Peter also valued the friendships he made on the golf course at Rolling Green Golf Club.

Peter enjoyed a true love of learning. He was always home for family dinner and the round table discussions typically involved at least one trip to the encyclopedia. He believed that an unanswered question was a lost opportunity to expand one’s world. He also enjoyed sharing his interests and knowledge with those around him, young and old. He participated in Indian Guides, chaperoned school field trips, taught fifth graders on the bus to Williamsburg the fine art of poker, sang in the Swarthmore Presbyterian Church Choir, performed school sports physicals for numerous athletes in exchange for cookies, coached SRA baseball, portrayed Shepherds and Wisemen in the town Nativity Pageant, at Dick Nenno’s urging became a Swarthmore Swim Club 1000 lapper at age 80, and quietly touched the lives of many town residents. Recently he and Marcia moved to Riddle Village where they quickly made many new and interesting friends. Getting to know people was always a great joy to Peter.

Peter will be greatly missed as he was deeply loved by his wife Marcia (nee Bloser), cherished by his children Kathy (George), Diana (Michael) and David (Jennifer), and adored by his “can do no wrong” grandchildren Alexis, Madeline (Stefano), Melanie, Anna, Jackson, and Logan. Peter is also survived by his sister Barbara, brother Fred (Heike), sister-in-law Karen (Ray), nieces, nephews, and their families.

A service celebrating Peter Brower Bloom’s life will be held on Saturday, October 8, 2022 at the Swarthmore Presbyterian Church, 727 Harvard Avenue, Swarthmore, PA 19081

Interment will be private, followed by the Memorial Service at 2:00pm.

Gifts to honor Peter would be welcomed by
Chester Children’s Chorus

Mailing Address: 500 College Avenue, Swarthmore, PA 19081

www.swarthmore.edu/chester-childrens-chorus

or

Doctors without Borders

40 Rector Street, 16th Floor, New York, NY 10006

www.doctorswithoutborders.org



PETER BLOOM

1936-2022

OBITUARY BY SUSANNA CAROLUSSON

Peter Bloom left us the 10th of September 2022. I was invited by Mark Jensen to write an obituary. My knowledge of Peter has its sources from our meetings and mail contacts. We met in 1996, a fairly close contact that became regular after some time. Each year, we exchanged stories about the events and family happenings of the year. Each summer, we were in contact around the time of his wedding anniversary. June 21st, and Peter's birthday on the 22nd of June.

Below, I will share memories from various of Peters's colleagues and of my own.

For many years, I had admired Peter as a lecturer on ISH and ESH congresses, when we became acquainted through Peo Wikstrom in 1996 In Budapest. I was invited to present in 'what way hypnosis is an *art*' during a panel discussion. Peter was sitting in the audience with Peo. He whispered to Peo: "She is excellent. She must be a psychiatrist," a statement that led us into an enriching and mutually enlightening discussion on the differences between psychologists' and psychiatrists' psychotherapeutical training in various countries across the world.

After having shared the sad news of Peter's death with the hypnosis communities, I received a lot of notices revealing the kindness that Peter had spread with his warmth, generosity, friendship and conversations. Those that reached me before the deadline of this obituary, were:

George Glaser: "I met Peter around 1987 at the time I started attending SCEH annual meetings. I still remember as clear as a bell his kind manner, style, and intelligence."

Sharon Spiegel: "I met Peter many years ago in my early days at SCEH training with Erika Fromm. He was always so warm and such a gentleman. We had many sweet and interesting conversations at SCEH and ASCH over the years, and his book *Creative Mastery in Hypnosis and Hypnoanalysis: A Festschrift for Erika Fromm* held a special place on my bookshelf."

Shirley McLean: "I always perceived Peter as a kind gentleman. He was helpful. At a conference in Italy, I became sick, and he told me about a service I later enrolled in, whereby if you become sick in another country, you can request a plane to take you back to your medical providers in your home country. I was always grateful for his generous assistance and learned much from him."

Elvira Lang: "His kindness and wisdom will live with me forever."

Bob Deutsch: "Peter was one of my first mentors who shared his shoulders for me to stand upon, as he did for so many others. I have always remembered his kindness and availability whenever I met him. At an introductory training Peter shared with us a metaphor he had learned from Erika Fromm: 'The Healing Tree'. Peter was the perfect example of 'The Healing Tree', as his roots offered nurturance, guidance, growth and resilience to so many fortunate students."

Eric Spiegel: "Peter was the kindest soul, he truly gave the shirt off his back to others. Peter loved sharing the benefits of hypnosis with colleagues and was a wonderful ambassador. I have fond memories of shadowing Peter on his hypnosis lecture to Penn psychiatry students and having lunch together. He took a keen interest in mentorship and I'm grateful to him for helping ..."



Shaul Livnay: "The ultimate gentleman who exuded and shared his quiet wisdom with all! He helped us all by encouraging to find our voice, so simple and genuine."

Matthias & Eva Mende: "Peter was known for his gentle heart and a soul full of wisdom and creativity when it came to finding solutions in challenging times. He was a source of inspiration for personal and professional growth by being who was."

Peter was not only kind and generous, he was also visionary, as witnessed by the following colleague.

Laurence Sugarman: "Peter and I served leadership roles together during and after his time as President of the American Board of Medical Hypnosis. I could feel his vision. He was contagious in that way. He pushed for there to be a motto under an ABMH logo of a bridge. He wanted "Building bridges of understanding." Now, I realize that this drive was an aspect of being a visionary. Rarely do people (men!) balance qualities of being both embracing and so far-sighted. There were dinners and wonderful conversations about everything. It is that mix of both intimacy and bigness that is Peter to me."

Those words remind me of Peter's connections to Sweden. When Per-Olof Wikstrom, one of the founding members of the ISH, initiated to create a European Society of Hypnosis, he coined "Building Bridges of Understanding" as the motto to the ESH logotype: a bridge. Who was first, Peter or Peo? It doesn't matter. We share, we give, we spread good visions. That is what makes our hypnosis community and its professional organisations special to me; People like Peter thrive here, we do not greedily claim to take patent on wisdom, experience and competence.

My friendship with Peter expanded to a family contact. In his first visit in our office/city flat, Peter met my eldest son Tobias, recently brain injured and aphasic. Peter was keen on including Tobias, interviewed him about his art, and managed to understand Tobias' sparse vocabulary that not many people did. Much later, my husband and Marcia Bloom both had their hips replaced and the four of us focussed on how to support spouses, post surgery. Marcia was half Swedish and we took a car trip to find Marcia's family members, one hour inland, just by chance – and Marcia found a relative at a home for elderly people! At another visit Peter brought Marcia's sister to stay with us: we cooked, walked and just had fun.

Karen Olness: "Peter contributed much to the ASCH, SCEH, and ISH and he was so kind and thoughtful with his students. He also was a natural diplomat!"

Indeed he was. So much so, that I was surprised to see a different aspect of him, to my surprise and gratitude. You will understand when I tell the story.

Peter was one of three invited guest teachers at the SSCH annual congress in Stockholm 2007. He was scheduled to teach one day and Kathryn and Ernest Rossi to teach the following day. Ernest went ill and had to cancel the journey. Peter generously covered both days!

During the first coffee break, an upset member informed me that she had recognized a stage hypnotist in the audience, seated in the first row. I found the admin officer and checked the attendance list. His name was absent but a psychiatrist and member had paid for two persons, herself and one anonymously. The admin officer, chair of Stockholm component, begged me to learn from this mistake for future congresses but I ignored it. I am not keen on such diplomacy but agreed. It was a stressful situation. When Peter started a demonstration I noticed the hypnotist's



friend using her camera to take a picture of Peter, with the stage hypnotist within scope, and picturing me in the background in proximity to this hypnotist. I felt manipulated and betrayed. At the beginning of lunch I asked him to leave and explained our regulations. The hypnotist himself and the enthralled psychiatrist, who adored his skills (of course), protested against my dismissal with different strategies: The hypnotist used a suggestive, humble, flattering, and pleasing rhetoric while his friend threatened me with lawsuits from lawyers in her family. She proceeded to walk over to our lecturer. Peter the diplomat, who told her that I was the responsible president and that he respected my decisions. Her next move was to say: "But if you, Peter, had the option to follow your own *heart*, what would your heart say?" Peter: "Hearts don't have anything to do with this. Had I allowed a stage hypnotist in my audience in a hypnosis training seminar in the U.S., I would have disrespected the ethical regulations of ISH. I would not do that."

Peter was not only amiable, friendly, inclusive, and diplomatic, he could also make a statement to support boundaries even if he was taking the risk of being accused of excluding someone or being cold-hearted.

In 2016, Peter left his private practice and retired his license but continued to teach. He continued assisting colleagues who asked for advice. As always, Richard Kluft trusted him as a proofreader.

Until 2018, he was active in the ISH Awards committee. During the ISH congress party in Montreal that year, many of us had the chance to see one of his last engagements in ISH while still going strong.

Every year at solstice, I received a friendly letter from Peter and Marcia. In 2021, the main content of Peter's writing had moved from work prospects to Swedish neighbors in their new habitat. He described the benefits of aging: having breakfast as late as ten o'clock. He felt blessed by having wonderful grandchildren, each one of them he described as really special with interesting personalities. He gave his grandchildren praise and encouragement as he once had done with us.

This year's solstice, Marcia wrote that Peter had "expressional dysphasia"; therefore, she assisted him with his writing. Peter was, of course, frustrated because his conversational competence had been such a benefit to his life. However, resilient as always, he found comfort in having the same diagnosis as Bruce Willis.

He died peacefully at 4:30 am on September 10th surrounded by his family: his wife Marcia, his daughters and sons.

We all share George Glaser's simple rich meaningful and brief wish: "May you rest in peace, Peter."

Meeting Our Mentors — Interview
Peter B. Bloom, MD answered the questions of Katalin Varga,
for the ISH Newsletter, January 3, 2015
[2015 March, Volume 39, No. 1, pg 9-12](#)



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: **!!! POSTPONED TO 2024 !!!**

WHERE: Krakow, one of the most beautiful medieval cities in Europe. Auditorium Maximum Conference Center of Jagiellonian 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

Dear Colleagues,

Although we are really willing to make the Congress happen in 2022, the pandemic situation is getting more and more serious. Many countries in Europe are experiencing significant increases in the number of people who are having COVID. Probably the situation will improve by June, but some say that the June 2022 regulations in Poland will allow a maximum of 150-200 people to hold a meeting.

Additionally it was clear that participants from some countries like China or Australia are not able to come because of travel restrictions. It is very important to us that specialists from all over the world could meet in Krakow.

That is why, the ISH BOD decided to postpone the congress once again to 2024. (2023 there will be an European plus an Asian Hypnosis Congress)

XXII WORLD CONGRESS WILL TAKE PLACE IN KRAKOW IN 2024.

Both participation and speaking submissions will be transferred automatically to 2024.

Kind regards,
Kris Klajs

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<https://www.hypnosis2021.com/en>



EVENT CALENDAR

[HTTPS://ISHHYPNOSIS.SILKSTART.COM/EVENTS](https://ishhypnosis.silkstart.com/events)

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PROFESSORS, WORKSHOP TRAINERS, COLLEAGUES:
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SPREAD THE WORD!

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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.



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The ISH is a non-profit organization of members in the health professions. Its membership is comprised of both individual members and society membership from all over the world who meet the qualifications for membership. Individual membership draws from those who are members of ISH constituent societies (CS), those who are non-CS members, and representatives to the ISH Council of Representatives (COR). Constituent Societies of the ISH have similar missions and by-laws to those of ISH. Read about the ISH mission and its By-Laws to learn more about the ISH.



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for office

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