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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

WARMEST SEASON'S GREETINGS AND HAPPY NEW YEAR

Dear ISH members:

I am writing this letter on Thanksgiving Day in the USA (a holiday in the USA to spend a day with one's family and often used to take time to expressed gratitude to others), having just returned from facilitating a workshop at the 2022 Annual Congress of the German Society of Hypnosis and Hypnotherapy in Bad Lipp-springe, and getting ready to travel to Bangalore, India, to facilitate another workshop, this one for the newly formed Indian Society of Clinical and Experimental Hypnosis (ISCEH). One of the most rewarding aspects of being a part of

ISH is the friends I get to make with hypnosis experts all over the world, and the good feelings I get from contributing to the clinical skills of others.

In October of this year the entire ISH Board of Directors met in person for a full day board meeting in Viterbo, Italy, connected to the Italian Society of Hypnosis International Congress. The BOD has a goal to conduct an in-person meeting at least once every year in order to maintain our close connections, friendships, and positive working energy. We had been able to achieve this goal for over 10 years until the start of the COVID pandemic. It was a great relief to be able to start meeting again. We find that we can be incredibly productive when we meet in person. This last meeting was no exception.

Among the issues we discussed were those related to ISH's relationship with individuals who are not health providers but who wish to be trained in the use of hypnosis and hypnotic (aka suggestive) communication. This includes individuals who are teachers, sports coaches, and life coaches. Such individuals have been making requests to become ISH members and to participate in ISH trainings. Given their strong interest, the fact that many are already receiving some training from lay hypnosis societies, it seemed reasonable to consider what ISH's ethical and practical relationship with these individuals should be. After significant discussions, the BOD was able to come to a consensus decision on these issues. A summary of our discussion and consensus decisions is included in this newsletter.



In the meantime, it is appropriate that I am writing this note on Thanksgiving Day, as I feel a great deal of gratitude to be an active part of the worldwide hypnosis community. Please let me take this opportunity to thank you for being a part of ISH (including renewing your ISH membership for the next year, if you have not already done so!). We are working together to bring more effective connections and communication throughout the international community. Helping each other, teaching and learning from each other, so we can be more effective as we bring more comfort into the world.

In heartfelt gratitude,
Mark Jensen



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EIN BRIEF DES PRÄSIDENTEN

ÜBERSETZT VON SHADY TONN

HERZLICHE WEIHNACHTSGRÜßE UND EIN GUTES NEUES JAHR

Liebe ISH-Mitglieder:

Ich schreibe diesen Brief am Thanksgiving Day in den USA (ein Feiertag in den USA, an dem man einen Tag mit der Familie verbringt und der oft genutzt wird, um anderen seine Dankbarkeit auszudrücken), bin gerade von der Leitung eines Workshops auf dem Jahreskongress 2022 der Deutschen Gesellschaft für Hypnose und Hypnotherapie in Bad Lippspringe zurückgekehrt und bereite mich auf eine Reise nach Bangalore, Indien, vor, um einen weiteren Workshop zu leiten, diesmal für die neu gegründete Indian Society of Clinical and Experimental Hypnosis (ISCEH). Einer der lohnendsten Aspekte der ISH sind die Freundschaften, die ich mit Hypnoseexperten auf der ganzen Welt schließe, und die guten Gefühle, die ich bekomme, wenn ich zur Verbesserung der klinischen Fähigkeiten anderer beitrage.

Im Oktober dieses Jahres traf sich der gesamte ISH-Vorstand persönlich zu einer ganztägigen Vorstandssitzung in Viterbo, Italien, im Zusammenhang mit dem Internationalen Kongress der Italienischen Gesellschaft für Hypnose. Der Vorstand hat sich zum Ziel gesetzt, mindestens einmal im Jahr ein persönliches Treffen abzuhalten, um unsere engen Verbindungen, Freundschaften und positive Arbeitsenergie aufrechtzuerhalten. Bis zum Ausbruch der COVID-Pandemie konnten wir dieses Ziel über 10 Jahre lang erreichen. Es war eine große Erleichterung, dass wir uns wieder treffen konnten. Wir stellen fest, dass wir unglaublich produktiv sein können, wenn wir uns persönlich treffen. Dieses letzte Treffen war keine Ausnahme.

Zu den Themen, die wir besprachen, gehörten die Beziehungen der ISH zu Personen, die keine Gesundheitsdienstleister sind, aber in der Anwendung von Hypnose und hypnotischer (auch suggestiver) Kommunikation ausgebildet werden möchten. Dazu gehören Personen, die Lehrer, Sporttrainer und Lebensberater sind. Diese Personen haben den Wunsch geäußert, Mitglied der ISH zu werden und an ISH-Ausbildungen teilzunehmen. In Anbetracht des großen Interesses und der Tatsache, dass viele von ihnen bereits eine Ausbildung bei einer Laienhypnosegesellschaft absolviert haben, erschien es sinnvoll, darüber nachzudenken, wie die ethische und praktische Beziehung der ISH zu diesen Personen aussehen sollte. Nach ausführlichen Diskussionen war der Vorstand in der Lage, eine Konsensentscheidung zu diesen Fragen zu treffen. Eine Zusammenfassung unserer Diskussionen und Konsensentscheidungen ist in diesem Rundbrief enthalten.

In der Zwischenzeit ist es angemessen, dass ich diesen Brief am Erntedankfest schreibe, denn ich empfinde große Dankbarkeit, ein aktiver Teil der weltweiten Hypnosegemeinschaft zu sein. Bitte lassen Sie mich diese Gelegenheit nutzen, um Ihnen dafür zu danken, dass Sie Teil der ISH sind (einschließlich der Erneuerung Ihrer ISH-Mitgliedschaft für das nächste Jahr, falls Sie dies bereits getan haben!) Wir arbeiten zusammen, um die Verbindungen und die Kommunikation innerhalb der internationalen Gemeinschaft effektiver zu gestalten. Wir helfen uns gegenseitig, lehren und lernen voneinander, damit wir effektiver sein können, wenn wir mehr Trost in die Welt bringen.

In aufrichtiger Dankbarkeit,
Mark Jensen



LA LETTRE DU PRÉSIDENT (FR)

TRADUCTION NICOLE RUYSSCHAERT

JOYEUSES FÊTES DE FIN D'ANNÉE ET BONNE ANNÉE.

Chers membres de l'ISH :

J'écris cette lettre le jour de Thanksgiving aux Etats-Unis (un jour férié aux Etats-Unis pour passer une journée avec sa famille et souvent utilisé pour prendre le temps d'exprimer sa gratitude envers les autres), je viens de rentrer de l'animation d'un atelier au Congrès annuel 2022 de la Société allemande d'hypnose et d'hypnothérapie à Bad Lippspringe, et je m'apprête à me rendre à Bangalore, en Inde, pour animer un autre atelier, celui-ci pour la toute nouvelle Société indienne d'hypnose clinique et expérimentale (ISCEH). L'un des aspects les plus gratifiants de mon appartenance à l'ISH est l'amitié que je peux nouer avec des spécialistes de l'hypnose du monde entier, et le sentiment de bien-être que j'éprouve en contribuant à l'amélioration des compétences cliniques des autres.

En octobre de cette année, l'ensemble du conseil d'administration de l'ISH s'est réuni en personne pendant toute une journée à Viterbo, en Italie, dans le cadre du congrès international de la société italienne d'hypnose. Le conseil d'administration s'est fixé pour objectif de se réunir en personne au moins une fois par an afin de maintenir nos liens étroits, nos amitiés et notre énergie de travail positive. Nous avons réussi à atteindre cet objectif pendant plus de 10 ans, jusqu'au début de la pandémie de COVID. Ce fut un grand soulagement de pouvoir recommencer à nous réunir. Nous constatons que nous pouvons être incroyablement productifs lorsque nous nous rencontrons en personne. Cette dernière réunion n'a pas fait exception.

Parmi les questions que nous avons abordées, il y a celles liées à la relation de l'ISH avec les personnes qui ne sont pas des prestataires de santé mais qui souhaitent être formées à l'utilisation de l'hypnose et de la communication hypnotique (alias suggestive). Il s'agit notamment d'enseignants, de coachs sportifs et de coachs de vie. Ces personnes ont demandé à devenir membres de l'ISH et à participer aux formations de l'ISH. Compte tenu de leur vif intérêt et du fait que beaucoup d'entre elles reçoivent déjà une formation de la part de sociétés d'hypnose non professionnelles, il a semblé raisonnable de réfléchir à ce que devrait être la relation éthique et pratique de l'ISH avec ces personnes. Après d'importantes discussions, le CA a pu parvenir à une décision consensuelle sur ces questions. Un résumé de nos discussions et de nos décisions consensuelles est inclus dans cette newsletter.

En attendant, il est approprié que j'écrive cette note le jour de Thanksgiving, car j'éprouve une grande gratitude à faire partie active de la communauté mondiale de l'hypnose. Permettez-moi de profiter de cette occasion pour vous remercier de faire partie de l'ISH (y compris de renouveler votre adhésion à l'ISH pour l'année prochaine, si vous l'avez déjà fait !) Nous travaillons ensemble pour apporter des connexions et une communication plus efficaces au sein de la communauté internationale. Nous nous aidons les uns les autres, nous nous enseignons et apprenons les uns des autres, afin d'être plus efficaces lorsque nous apportons plus de confort dans le monde.

Avec toute ma gratitude,
Mark Jensen



LETTERA DEL PRESIDENTE (IT)

TRADUZIONE IN ITALIANO DI CONSUELO CASULA

AUGURI DI BUON NATALE E FELICE ANNO NUOVO

Cari membri di ISH:

Sto scrivendo questa lettera nel giorno del Ringraziamento negli Stati Uniti (una festività in cui si trascorre una giornata con la propria famiglia e che spesso viene utilizzata per esprimere gratitudine agli altri), dopo essere appena tornato dalla facilitazione di un workshop al 2022 Congresso Annuale della Società Tedesca di Ipnosi e Ipnoterapia a Bad Lippspringe, e mi sto preparando a viaggiare a Bangalore, in India, per facilitare un altro workshop, questo per la neonata Società Indiana di Ipnosi Clinica e Sperimentale (ISCEH). Uno degli aspetti più gratificanti dell'essere parte dell'ISH sono le amicizie che riesco a stringere con esperti di ipnosi di tutto il mondo e le buone sensazioni che provo nel contribuire alle capacità cliniche degli altri.

Nell'ottobre di quest'anno l'intero Consiglio Direttivo dell'ISH si è riunito di persona per un'intera giornata a Viterbo, in Italia, in occasione del Congresso Internazionale della Società Italiana di Ipnosi. Il Consiglio Direttivo ha l'obiettivo di tenere una riunione di persona almeno una volta all'anno, per mantenere i nostri legami, le nostre amicizie e la nostra energia di lavoro positiva. Siamo riusciti a raggiungere questo obiettivo per oltre 10 anni, fino all'inizio della pandemia di COVID. È stato un grande sollievo poter ricominciare a riunirci. Ci accorgiamo di essere incredibilmente produttivi quando ci incontriamo di persona. Quest'ultimo incontro non ha fatto eccezione.

Tra le questioni discusse c'erano quelle relative al rapporto dell'ISH con persone che non sono operatori sanitari ma che desiderano essere addestrate all'uso dell'ipnosi e della comunicazione ipnotica (alias suggestiva). Si tratta di persone che sono insegnanti, allenatori sportivi e life coach. Queste persone hanno fatto richiesta di diventare membri dell'ISH e di partecipare ai corsi di formazione ISH. Dato il loro forte interesse e il fatto che molti ricevono già una formazione da parte di società laiche di ipnosi, è sembrato ragionevole considerare quale dovrebbe essere il rapporto etico e pratico dell'ISH con queste persone. Dopo una discussione approfondita, il Consiglio direttivo è riuscito a raggiungere una decisione consensuale su questi temi. Un riassunto delle nostre discussioni e delle decisioni di consenso è incluso in questa newsletter.

Nel frattempo, è appropriato che io scriva questa nota nel giorno del Ringraziamento, poiché sento una grande gratitudine per essere parte attiva della comunità mondiale dell'ipnosi. Permettetemi di cogliere l'occasione per ringraziarvi di far parte dell'ISH (e di rinnovare la vostra iscrizione all'ISH per il prossimo anno, se l'avete già fatto). Stiamo lavorando insieme per creare connessioni e comunicazioni più efficaci in tutta la comunità internazionale. Aiutandoci l'un l'altro, insegnando e imparando l'uno dall'altro, possiamo essere più efficaci nel portare più conforto nel mondo.

Con sincera gratitudine,
Mark Jensen



CARTA DEL PRESIDENTE(ES)

TRADUCIDO POR TERESA ROBLES

SALUDOS CORDIALES Y FELIZ AÑO NUEVO

Estimados miembros de la ISH:

Estoy escribiendo esta carta en el Día de Acción de Gracias en los Estados Unidos (un día festivo en los Estados Unidos para pasar un día con la familia y a menudo se utiliza para tomar tiempo para expresar gratitud a los demás), después de haber regresado de facilitar un taller en el Congreso Anual 2022 de la Sociedad Alemana de Hipnosis e Hipnoterapia en Bad Lippspringe, y preparándose para viajar a Bangalore, India, para facilitar otro taller, este para la recién formada Sociedad India de Hipnosis Clínica y Experimental (ISCEH). Uno de los aspectos más gratificantes de formar parte de la ISH es la amistad que hago con expertos en hipnosis de todo el mundo, y las buenas sensaciones que me produce contribuir a las habilidades clínicas de los demás.

En octubre de este año, toda la Junta Directiva de la ISH se reunió en persona durante un día entero en Viterbo, Italia, en relación con el Congreso Internacional de la Sociedad Italiana de Hipnosis. La Junta Directiva tiene como objetivo llevar a cabo una reunión en persona al menos una vez al año para mantener nuestras estrechas conexiones, amistades y energía de trabajo positiva. Habíamos sido capaces de lograr este objetivo durante más de 10 años hasta el comienzo de la pandemia de COVID. Fue un gran alivio poder volver a reunirnos. Descubrimos que podemos ser increíblemente productivos cuando nos reunimos en persona. Esta última reunión no fue una excepción.

Entre los temas que discutimos estaban los relacionados con la relación de ISH con individuos que no son proveedores de salud pero que desean ser entrenados en el uso de la hipnosis y la comunicación hipnótica (aka sugestiva). Esto incluye a individuos que son profesores, entrenadores deportivos y entrenadores de vida. Estas personas han solicitado ser miembros de la ISH y participar en los cursos de formación de la ISH. Dado su gran interés, el hecho de que muchos ya están recibiendo algún tipo de formación por parte de sociedades de hipnosis no profesionales, parecía razonable considerar cuál debería ser la relación ética y práctica de la ISH con estos individuos. Tras importantes debates, la Junta Directiva pudo llegar a una decisión consensuada sobre estas cuestiones. En este boletín se incluye un resumen de nuestras discusiones y decisiones consensuadas.

Mientras tanto, es apropiado que esté escribiendo esta nota en el Día de Acción de Gracias, ya que siento una gran gratitud por ser parte activa de la comunidad mundial de la hipnosis. Por favor, déjame aprovechar esta oportunidad para agradecerle que formes parte de la ISH (incluyendo la renovación de tu membresía en la ISH para el próximo año, si ya lo has hecho). Estamos trabajando juntos para lograr conexiones y comunicación más efectivas en toda la comunidad internacional. Ayudándonos los unos a los otros, enseñándonos y aprendiendo los unos de los otros, para que podamos ser más eficaces a la hora de llevar más consuelo al mundo.

Con sincera gratitud,
Mark Jensen



PETER BROWER BLOOM, MD

1936-2022

In Memoriam ISH

FROM JULIE LINDEN

Another grand Oak tree in the ISH garden has succumbed to nature's design--departing to leave room for young growth. Peter Bloom passed away September 10, 2022 in his life-long resident state of Pennsylvania. Self-described as a Bloomian, he noted the paradox of being a Freudian or an Ericksonian when therapists are promoting individuating. His legacy is the many lives he touched and that grew from their contact with Peter. Kind, loving, compassionate, are the words that repeatedly came with the outpouring of memories in the global hypnosis world.

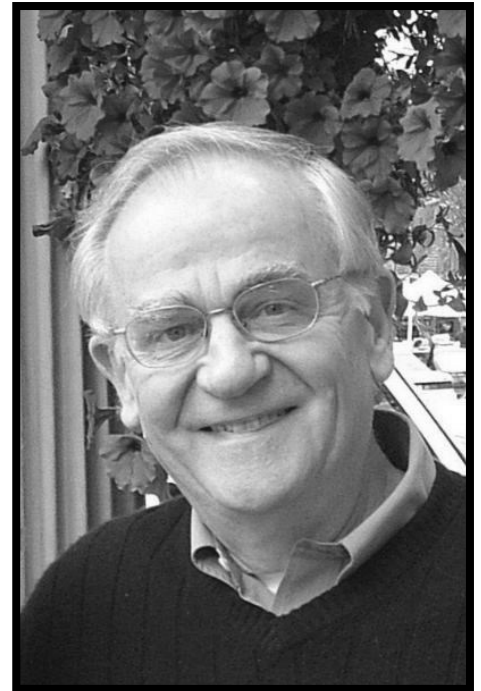
Peter earned his BA in Chemistry at Cornell University ('58) and went on to study medicine at the University of Pennsylvania (U of P) Medical School ('62).

In 1963, interrupting his medical residency, Peter served in U.S. Navy Medical Corps. 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 the heavy psychological component of medical illnesses and decided to become a psychiatrist. Peter completed his psychiatric residency at the Institute of the Pennsylvania Hospital in 1971. 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". The future oaks he seeded were many.

He maintained a relationship with both of his alma maters and credited his educational experiences with shaping who he had become, as a physician, educator, and diplomat. He shared that his college fraternity dinners required him to speak extemporaneously and allowed him to develop both courage and ease in expressing himself. He loved music and 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. Knowing this, makes his end-of-life diagnosis of expressional dysphasia bittersweet.

Peter's first brush with hypnosis was a course at the graduate school of medicine at U. of P. at which Martin Orne, Herbert Spiegel, and Kay Thompson were faculty. This was a piece of his training that influenced his move from internal medicine to psychiatry. He loved the talented people he met, and organized workshops to train others in hypnosis. And of course, he applied his enormous leadership skills to the hypnosis community.





Peter's political contributions to the hypnosis community are many. He loved to tell the story of how the International Society of Clinical and Experimental Hypnosis dissolved itself one moment and he sweated the tension until the ISH was reborn in a vote seconds later. This was 1970. ISH's history seems filled with reinventions, and Peter played a role in each. He served as the ISH Secretary-Treasurer and US administrator from 1979-1991. I had first come to know Peter at the ISH congress in Israel (1992) where he recruited me into a board meeting to stand as proxy (if my memory serves me right) for a missing board member. He then was ISH president elect, president, and immediate past president from 1992-2000, while ISH headquartered in Australia.

Peter again recruited me in Singapore to attend another board meeting. It was here I met David Spiegel, Karen Olness, and Teresa Robles in their political roles, and later realized I was being "interviewed" for another role in ISH as it moved its headquarters to Holland. The end of Karen's presidency was the start of my role as US administrator for ISH. Peter had me to his home (we lived in the same city), I met his lovely wife Marcia, and we poured over documents that Peter treated as treasures. He opened my palm and placed the small acorns for me to foster and safeguard. He shared story after story of the colorful, creative, charismatic characters he worked with round the world. Always the gentleman, he detailed the best aspects of each interaction with humor and warmth. And he provided wisdom and advice over the many years that followed.

In Australia after the Melbourne congress, we agreed to meet at Uluru/ Ayers Rock, for the very early morning climb to the top. I looked everywhere for Peter and thought he surely was ahead of me, and I would see him at the top. Dutifully, I started upwards to fulfill our meeting. It is one of the more challenging climbs I have ever done- straight up on a smooth rock surface. Undoubtedly, I was in a zen/trance state at the end of the long climb- but no Peter. I later learned he got to chicken rock (guess why it was named that) and he and his wife instead flew over this sacred site. He was able to laugh at himself and use those stories to support others. Peter loved humor. We exchanged cards at the winter solstice, mine filled with the fun stories my husband would create of the family's past year adventures. This always elicited a phone call from Peter and Marcia telling which sentences got the most belly laughs and requesting they be kept on the list of recipients.



Peter Bloom



Some of the best memories involved meals together and lively conversations. It was easy to soak up Peter's lessons on leadership in these casual gatherings. There were the drives to New York City with our spouses for dinner at Jane Parsons-Fein's home, with key figures such as Jeff Zeig and Albert Ellis. Lively, intellectual conversation was had while hosting Consuelo Casula, her husband, and the Blooms for dinner at my home, and especially during the gourmet meals with Fred Evans (ISH pres. 1988-1991) and Dabney Ewin at Philadelphia's once famous French restaurant, Le Bec Fin.

Beyond the ISH, Peter was fellow of both the American Society of Clinical Hypnosis and Society of Clinical and Experimental Hypnosis, a foreign member of the Swedish Hypnosis Society and an honorary member of many others including the European Society of Hypnosis. He believed in supporting hypnosis societies at home, nationally and internationally. He was on the editorial board of several clinical journals and has himself published many chapters and articles.

Consistent with his sowing seeds, Peter encouraged others to publish. Much to my surprise, I was invited by him to contribute to the 2001 International Handbook of Clinical Hypnosis, which built my confidence in writing. I have spent the last decades learning from Peter, and modeling how to sow more acorns. As the current Editor-in-Chief for the upcoming International Handbook of Clinical Hypnosis, our editorial team has invited many newcomers to contribute knowing that many will grow into mighty oaks, like Peter.



Peter Bloom with John and Helen Watkins

FROM BURKHARD PETER

Alida and I remember well Peter's almost childlike astonished curiosity when we visited with him and Marcia first the tiny little house of Friedrich Schiller and then the bombastic living quarters of Johann Wolfgang von Goethe at the Frauenplan in Weimar and then saw these two German poet princes standing equal in size next to each other on their double statue on the Theaterplatz. We were outraged that he supposedly told his friends back home in America, "The Germans eat Bamby!" when we had merely



invited him and Marcia to a fresh venison dinner at a cozy Bavarian inn. We were amused that he also proudly announced to these friends that he had driven his car almost 200 kilometers per hour (124 mph) in Germany. And we were happy when one day he announced to us that our cat Ringo had cured not only his cat phobia, but also his stomach ache, because the cat had lain on his belly and purred for hours while we were out with Marcia somewhere in the city - so again he made us happy. It was a long, beautiful friendship and we mourn with Marcia and both of her three children. Peter lives on for us in these and many other memories.

Professional exchanges were always casual but intense. We were connected from 1991 to 2000 through the Board of Directors of the International Society of Hypnosis (ISH), he as President (elect, immediate, past), I entrusted with various tasks, e.g. as editor of the ISH Newsletter. The peaceful settlement of the fierce disputes between the so-called traditionalists and the neo-Ericksonians in the 1980s up to the Joint-Conference 1992 in Jerusalem is mainly due to Peter Bloom. He made "Building Bridges of Understanding" the guiding principle of ISH. This was part of his personality. In his opinion, we hypnotherapists should not only be benevolent and professionally competent, but also congruent and above all creative and willing to try something new or unexpected in the treatment process, instead of relying only on one or two theories.





NOTES FROM THE EDITOR



Katalin Varga

Dear Colleagues,

As we complete this newsletter with my editorial colleagues, I am reviewing the papers on the course that just ended in suggestive communication.

It is heartwarming to read the very tangible examples of how a few simple techniques can radically change the atmosphere, the mood, and the effectiveness of a medical situation.

The following example is from a paper by an ophthalmologist working in microsurgery:

"This kind of communication has a staggering effect on patients, children and adults alike, my well-being, and even my colleagues. I have found that my colleagues, sticklers for good examples and assistants, are interested and open to my new "tricks," which make the children and their parents smile when they leave us at the end of the examination. Moreover, it does not take any more time at all, and with the patients involved, we move along smoothly.

Several cataract patients have already thanked us for their pain-free surgery's safe and relaxed atmosphere. My surgical colleagues also "feel" the calm, which is an excellent help during microsurgical operations. I am happy because the training has allowed me to become a better doctor and continue my career on these wings!" (Andrea Piros, MD)

Descriptions like these make it clear that we know trance states and suggestive effects that impose responsibility on us. The situation I have just described can be seen in reverse: What a pity that for decades even the same practitioner was forced to deal with anxious and fearful patients, which had a negative effect on herself and colleagues. Why is it that she is still considered a special case and has to learn this communication on her own time and with her own financial resources, which can be perfectly mastered in a 4-month (70-hour) course?

In this issue, we commemorate Peter Brower Bloom, MD 1936-2022, "**In Memorium ISH**".

It is followed by the summary of the **BOD's opinions on who might be trained in suggestive communication and hypnosis**, who might become members of our society, and what professions might be considered when learning hypnosis techniques. It was very interesting to address this problem. The attentive and inclusive atmosphere that characterizes the work of the Board of Directors is very reassuring.

Our '**Meeting of Mentors**' column features an interview conducted by Nicole with Karen Olness' work and her relationship with hypnosis.

Additionally, the summary by **Ida Bornemisza** regarding hypnosis in police research fits well with the outlined issues.

Paola Brugnoli's lecture and a presentation of her study are available in addition to the written material. A video recording of the original university class is available for anyone interested.



In addition to the short article in the last issue of **IJCEH**, we introduce the new book by Gary Elkins.

I wish all our readers a peaceful and loving holiday season and a Happy New Year.

Katalin Varga
PhD, DsC





Board Meeting, Viterbo, Italy



Present and Past Presidents at the Board Meeting: Mark Jensen, Bernhard Trenkle and Camillo Lorio



Cecilia Fabre and Enayatollah Shahidi working during breakfast



Camillo Lorio, as the chairman of the award committee presents the Benjamin Franklin award to Bernhard Trenkle



Kris (Krzysztof) Klajs and Mark Jensen



LETTER FROM THE ISH BOARD OF DIRECTORS

WHO SHOULD ISH TRAIN, AND WHO SHOULD BE ALLOWED TO BE AN ISH MEMBER?

by International Society of Hypnosis's Board of Directors

Over the years, the ISH Board of Director members have been asked by ISH Constituent Societies for clarification regarding who is eligible to be a member of ISH. In the past, the response to this question has been easy because the rule was simple: If an individual were a Constituent Society member, they would automatically be eligible for ISH membership. For anyone who is not a member of a Constituent Society, then they only need to be someone who has training and credentials in a clinical discipline. For these latter individuals, the determination regarding whether or not they met membership eligibility criteria was determined by a review of their educational history (including the clinical area of training and their final degree) and credentials by the ISH membership committee.

However, over the years, it has become clearer that the standards required in each country for someone to provide clinical services can vary greatly; what is viewed as appropriate in one country can be considered either too strict or too lenient by those in another country. Moreover, as ISH expands its offerings for training in clinical hypnosis, a question was recently raised about whether we should offer training in hypnotic language or even hypnosis skills (e.g., “developmental” or “lifestyle” hypnosis) to individuals who do not have a clinical degree or license to practice as a health care provider. This group of people includes teachers, sports coaches, and life coaches.

At our most recent BOD meeting in October of this year, the BOD met to discuss these issues at length, to help us plan for future training offerings, as well as to provide our members with as clear guidance as possible on who is and is not eligible to be an ISH member. We had struggled with similar issues when we developed the training guidelines under Woltemade Hartman’s leadership – guidelines that outline ISH’s recommendations regarding who should and who should not be trained in the use of clinical hypnosis. These guidelines can be viewed on ISH’s website (see: <https://www.ishhypnosis.org/about-ish/ish-training-policy>).

In developing these guidelines last year, the BOD achieved consensus on the training guidelines’ key principles. For example, we agreed that no one should be taught clinical hypnosis skills and techniques who do not have the training or credentials for providing mental or physical health care, as required or expected in their country of residence. Note that we did not specify what amount of training is necessary, as we decided that this should be determined in the context of each person’s own country. Also, we have plans to expand these guidelines to be more specific for matching clinical skills taught as a function of a person’s clinical discipline. For example, it would be essential to teach licensed midwives skills in acute pain control and control of bleeding, speech therapists’ skills for addressing stuttering and voice disorders, and physical therapists’ skills for addressing motivation to participate in home therapy programs.

Of particular importance, however, was the decision to avoid training professionals *other* than those trained in health-related fields in clinical hypnosis. This includes individuals who are teachers (unless they are expected to provide clinical counselling or therapy in their country of residence as a part of their teaching responsibilities) or who label themselves



as “hypnotherapists,” “certified hypnotherapists,” or “life coaches.” These latter individuals might only have a high school diploma (or less) and no formal clinical knowledge or skills training from an accredited institution. Such individuals also have no governing body that oversees their clinical work. For example, anyone in the USA can call themselves a “hypnotherapist” and “practice hypnosis” without such oversight. Nobody can sanction or stop them from practicing hypnotherapy if their work harms a client. The BOD believes that teaching such individuals clinical hypnosis would be unethical.

However, decisions regarding who should be taught clinical hypnosis and whom we believe can ethically provide hypnosis care can be more challenging in countries where some healthcare providers may not be required or expected to have an advanced degree. Indeed, in remote areas of some countries, there may not be anyone with an advanced degree available to provide mental or physical health care. It is also possible that some countries still need licensing boards that provide oversight to some healthcare providers. In such situations, because the need for mental and/or physical health care in the population still exists, the community may rely on healers and clinicians who may not meet the more strict training criteria in less remote areas or have stricter laws. In this situation, based on the key principle that health care providers appropriate for a country or setting should be taught and allowed to use hypnosis as a part of their clinical services, ISH guidelines allow such individuals to be taught clinical hypnosis skills. Such individuals would also be eligible to become ISH members.

Based on these principles, we could have two different individuals with the same (limited) education from two different countries, with one being allowed to receive training in hypnosis and be an ISH member and the other not. The BOD ultimately decided that this level of flexibility was required, given situational differences from one country to another. Any less flexible approach (e.g., “Must have at least a Masters in a clinical discipline from an accredited educational institution and be licensed to provide health care from the governing bodies in their country”) meant that people who are appropriate and expected to provide health care in their country could not receive hypnosis training or become ISH members. In unclear cases, the ISH membership committee reviews each applicant’s training background and credentials and usually speaks with ISH members from the applicant’s country to ensure that the decision about membership eligibility is based on the standards and practices of the applicant’s country of residence.

During the BOD’s discussions, we also considered another question: Should ISH teach individuals who are not health care providers, such as teachers, life coaches, or sports coaches, skills in the use of hypnosis and hypnotic language for enhancing learning (for teachers to improve learning in students), enhancing the quality of life (for life coaches to improve quality of life in individuals who do not have a health condition), or athletic performance (for sports coaches who plan to use hypnosis for enhancing sports performance in athletes)? One might argue that in these instances, the teachers, life coaches, and sports coaches could be using hypnosis “in the scope of their practice,” enhancing learning, quality of life, and performance, respectively. Such use might be viewed as ethical as long as the teachers and coaches do not provide health care.

After significant discussion, the ISH BOD ultimately decided that ISH should not provide training in the use of hypnotic language or hypnotic approaches for such individuals. While many BOD members recognized that there could potentially be a place for teachers, for example, to learn more about hypnotic language (e.g., avoid words such as “try,” “should,” or “must”) to enhance their students’ learning, we determined that the temptation would be too great for some of these individuals to go beyond the scope of what would be appropriate given their roles and training. In-



deed, teachers have been known to attempt to provide hypnosis treatment, which has resulted in disaster:

<https://slate.com/news-and-politics/2015/10/florida-high-school-suicides-followed-hypnosis-by-principal-lawsuit-settled-for-600000.html>.

We also determined that it would be difficult to rationalize training teachers, sports coaches, and life coaches in the use of hypnosis while at the same time not allowing such individuals to become ISH members. We concluded that if ISH membership would become open to non-clinicians, even if such a change would allow the society to enhance the number of its members significantly, there was a significant risk that the focus of ISH could change. With an influx of such individuals as members, ISH could lose its unique and important place as an international society for healthcare providers.

This question, however, leads us to a dilemma: there are several professionals such as firefighters, paramedics, policemen, anaesthesiology assistants, and midwives, among many others, who are working with people as a part of their work; people who are very likely in an altered state and receptive to suggestions. So it seems reasonable for such individuals to be taught how to recognize these states and to teach them those communication skills that can utilize the openness to suggestions for the benefit of the patients they are working with. There are excellent results of this approach worldwide, of which are presented in the president's letter in the last issue:

<https://www.ishhypnosis.org/wp-content/uploads/2022/10/ISH-202209.pdf>.

So, we have a critical question: Where to draw the line between the “not to teach” and “to teach” professionals? This remains a tough question to answer, especially when considered in an international context. Ultimately, we decided -- for now -- for ISH not to train such individuals. But we remain open to the possibility that it may be appropriate and ethical for ISH members to train such individuals, depending on the context of the country of residence, as long as training focuses on suggestive communication only. We believe, however, that hypnosis clinical skills (e.g., inductions and developing hypnotic suggestions to treat psychological and clinical conditions) should not be taught to such individuals.

Overall, the BOD decided for ISH to remain a *professional* society whose clinician members provide mental and physical health care to patients and clients within their country of residence's ethical and clinical standards. Of course, we also have hypnosis *researchers* as members who have advanced degrees and conduct research into the nature, effects, and mechanisms underlying hypnosis. These researchers do not provide clinical care but learn about hypnosis to better design and conduct rigorous hypnosis research.

Again, we understand that because of differences in the laws and regulations in different countries, this means that someone with a certain level of training from one country might be allowed to participate in ISH training and be an ISH member, while someone with that same level of training from another country might not. That is a result of us being an international society.

We expect that the BOD's decisions on these issues may not be the final word. Questions about who should and should not be trained in the use of clinical hypnosis and who should or should not be allowed to be an ISH member have been asked and debated for as long as any of the BOD members have been ISH members. But for now, the BOD has come to a clear consensus on these issues.



MEETING OUR MENTORS

KAREN OLNESS MD

Interview by Nicole Ruysschaert

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



Karen Olness

received the ASCH Outstanding Manuscript Award, the SCEH Human Treasure Award, the ASCH William Wester Award, the ASCH Thomas Wall Award, the ISH Benjamin Franklin Gold Medal, the SCEH Raginsky Award, the ASCH Milton Erickson Award, the SCEH Shirley Schenck Award, and the SCEH Outstanding Book Award. She has received an honorary doctorate degree from Khon Kaen University in Thailand.

Karen Olness is board certified in Developmental and Behavioral Pediatrics and Professor Emerita of Pediatrics, Global Health and Diseases at Case Western Reserve University in Ohio. Inaugural President of the NPHTI Board of Directors (2016-2020), NPHTI Co-director of Education (2010-2021), and past president of the American Society of Clinical Hypnosis, the Society for Clinical and Experimental Hypnosis, the American Board of Hypnosis, the International Society of Hypnosis and the Society for Developmental Behavioral Pediatrics. She has been a volunteer to help children in disasters for many years and developed the first training program on “Management of Disasters: Focus on Children” in 1996. She is co-founder (with husband, Hakon) and Medical Director of Health Frontiers, an all-volunteer NGO that developed and is supporting three post graduate training programs in Laos, training in hypnosis in resource poor countries and training in disaster management. She has re-

HOW DID YOU FIRST ENCOUNTER HYPNOSIS?

During medical school, I worked in the laboratory of a famous immunologist, Dr. Robert A. Good. I studied the transport of labeled protein through the glomeruli of rats, and the electron microscope was my main tool. There were other faculty researchers and many fellows in immunology who also worked in Dr. Good’s laboratory. At that time, I was the only female researcher in that lab. My research colleagues were all senior to me and treated me very kindly. One day I heard that Dr. Good was doing a new study and that most of the fellows were subjects in the study. He was studying whether or not delayed cutaneous hypersensitivity might be impacted by hypnosis. At that time, what little knowledge of hypnosis I had was negative. I was troubled by the idea of what I thought was a silly research study being pursued by someone whom I admired so much.

Dr. Good’s hypnosis study demonstrated that delayed cutaneous hypersensitivity could be changed via hypnosis. However, Dr. Good did not describe this work in any publication until 1981, when he wrote the forward to the first edition of Psychoneuroimmunology by Robert Ader. I remained in communication with Dr. Good throughout the rest of his life, and we laughed together about my early skepticism regarding his hypnosis research.



About a decade later, I worked in Laos, where my husband was a diplomat. We were being transferred to Kenya, so my job was being taken by a new person. He was Walter Majewski, a 50-year-old American family physician who had just retired because he wanted to help in resource-poor areas of the world. One day he said, "I want to give you a gift before you leave. I want to teach you self-hypnosis". Once again, I was dubious, but I respected him, and he told me how helpful hypnosis had been in his medical practice. I had a conditioned epigastric pain response to stress. I told him I would be willing to learn for myself. If I found that self-hypnosis helped me overcome this pain, I would take the workshops he suggested. He taught me an arm levitation technique. I practiced diligently, and after two months, the psychophysiological stress response disappeared and has never recurred. I began reading about hypnosis. When we returned to the US a few years later, I began attending workshops.

MENTORS – As I began attending hypnosis workshops, I met wonderful mentors. They were true pioneers because most medical establishments regarded hypnosis with much suspicion. I remember with gratitude Franz Baumann, MD, Erik Wright, MD, Ph.D., Esther Bartlett, MD, Bertha Rodger, MD, Kay Thompson, DDS, Philip Ament, DDS, Ph.D., Larry Staples, DDS, Selig Finkelstein DDS, Robert Pearson MD, William Kroger MD, Josephine Hilgard MD, Ph.D., and Ericka Fromm Ph.D. All were courageous, kind, and generous people. In biofeedback, my mentors were Elmer and Alyce Green, who were so willing to share their creativity with students.

PLEASE GIVE US A BRIEF OVERVIEW OF YOUR CAREER, WORK AND HYPNOSIS IN YOUR WORK.

I am board certified in general pediatrics and also in developmental-behavioral pediatrics. My medical career began in Laos, where I used to live for four years. I volunteered in a pediatric ward and later in a USAID-directed public health program. There, I committed to staying involved with children who still suffer so much in resource-poor areas. In Kenya, I worked primarily with malnourished children who came to clinics in slum areas of Nairobi. When we returned to the US, I began integrating hypnosis into my daily clinical work. Eventually, I worked in Pediatrics departments and Children's Hospitals at three universities. They were George Washington University in Washington, DC, the University of Minnesota in Minneapolis, Minnesota, and Case Western Reserve University in Cleveland, Ohio.

I was always interested in research and initially did clinical hypnosis research, simply documenting information about outcomes in children who learned to use hypnosis. My first formal study was a randomized study of 90 obese adolescents who wanted to lose weight. One group received no specific intervention. One group met weekly with a nutritionist and psychologist for three months and every two weeks after that. The third group also met with the nutritionist and psychologist but also learned hypnosis. There was no weight loss in the control group. There was equivalent modest weight loss in both of the intervention groups. All of the girls were followed for two years. The only girls who achieved their weight goals and maintained them were six who had learned self-hypnosis. Most girls in the hypnosis group who did not maintain their weight loss had high depression scores. After that, I carefully assessed depression in patients who sought hypnosis for weight loss.

As is typical for most academic physicians, I always did clinical work in general and developmental-behavioral pediatrics. I taught self-hypnosis to many in the course of routine work. As children became successful, we received referrals specifically for hypnosis. Sometimes the referrals were inappropriate, and we would find that the children had medical problems that should be treated differently. For example, I evaluated a girl who had intermittent headaches and received psychotherapy. She was suffering



from intermittent carbon monoxide exposure due to a faulty furnace. I always tell trainees in developmental-behavioral pediatrics that they must be excellent diagnosticians and acquire skills in nonpharmacologic treatments. We integrated biofeedback into our work early because this allowed children to see the immediate results of changes in their thinking. I designed many research studies, including some related to psychoneuro-immunology and others related to migraine and childhood cancer.

I also maintained my interest in global child health. I often made short volunteer trips to work with children displaced by war or natural disasters, which resulted in designing workshops on the unique needs of children in disasters. It led to the development of simple comfort kits (designed by my colleague Tim Culbert for children hospitalized with chronic illnesses) for use by displaced children. Dr. Culbert had written instructions for parents or caretakers of children on how to use the items in comfort kits to benefit these anxious children in disaster settings. These instructions have been modified and translated into numerous languages. Under the leadership of Lisa Lombard, Ph.D., there is now a website, "Comfort Kits for Children."

HOW CAN WE HELP HYPNOSIS TO BE ACCEPTED AND ACKNOWLEDGED?

I recognized early in my experience with clinical hypnosis that there was a great need for documentation of clinical experiences and training, especially about hypnosis with children. Gail Gardner, Ph.D., and I developed the first training workshops focused on teaching hypnosis to children. We also wrote a textbook on Hypnosis and Hypnotherapy with Children that was first published in 1981. I designed and implemented the first study demonstrating that, via self-hypnosis, children could raise and lower peripheral skin temperature. I was excited about the results that were eventually published in Pediatrics. I recall attending a faculty picnic and speaking with a neonatologist colleague about this study. His response was disheartening. He said, "I would not believe that even if I saw it"! Over the years, I had many students who later became colleagues and expanded clinical research and our teaching pool.

Dabney Ewin, MD, who was then President of the American Society of Clinical Hypnosis, and I went to the US National Institutes of Health's newly created Office of Alternative Medicine in 1996. We hoped to make a case for the need for research on hypnosis. To our surprise, we were told that hypnosis was no longer regarded as an "alternative.". The Office of Alternative Medicine was followed by the NIH Council on Complementary and Alternative Health, now known as the NIH Council for Complementary and Integrative Health. I served as a member of the first NIH Council on Complementary and Alternative Health, where there was much more focus on acupuncture and massage than hypnosis. The NCCIH website currently has a brief summary of hypnosis with statements such as "very low quality of evidence" for IBS, "overall evidence for anxiety is not conclusive," and "conflicting results" for treatment of smoking.

While working in resource-poor areas, I met WHO officials and observed what they did. Although I think this is no longer true, my observation of WHO officials in the field 50-60 years ago is that they were sticklers for protocol, rigid about "rules," and spent much time partying. I visited WHO headquarters (with colleagues who were also knowledgeable about hypnosis) in Geneva in the 90s. WHO officials listened to us politely but expressed no interest. However, I did notice in their guidelines for relief workers that they recommended "relaxation exercises" that were basically self-hypnosis exercises. In 2010 Arreed Barabasz, Robert Boland, Stephen Kahn, and I edited a Medical Hypnosis Primer: Clinical and Research Evidence that we hoped would be persuasive to WHO. David Patterson and Mark Jensen wrote chapters on pain, David Spiegel on Hypnosis Testing, Michael Yapko on Sleep and Stephen Kahn on Stress, Eric Vermetten and Ciara Christensen on PTSD, and Elvira Lang on Procedural Hypnosis. We



included a thorough reference list, an appendix for additional study, and a listing of all hypnosis societies worldwide. The book received excellent reviews, but WHO did not budge from its position. I always thought this was strange because the WHO did recognize EMDR as a valid treatment.

WHAT DO YOU PERSONALLY SEE AS YOUR MOST IMPORTANT CONTRIBUTIONS TO THE FIELD?

I think that my efforts to begin research in the area of pediatric psychoneuroimmunology are the most important. I am happy that some have been replicated, but the work needs expansion. I want to see more work on the relationship between hypnosis practice, immunoglobulins, and mast cells. Indeed, it is ironic that the work I am most excited about relates to the research I observed in Dr. Good's lab so long ago.

I hope my volunteer work as president of the ISH, ASCH, and SCEH have contributed to the field. Thirty-two years ago, my husband and I founded a small all-volunteer NGO, Health Frontiers. Its purpose is to be a catalyst organization prepared to seize small opportunities at the frontiers of health and help nurture them into viable realities. Our primary program has been a large postgraduate training program in the Lao PDR. When I became president, the ISH finances were in disastrous shape. Our small NGO, Health Frontiers, bailed out the ISH. I am proud of this.

WHAT MOTIVATED/STIMULATED YOU TO WRITE BOOKS AND PUBLISH?

I have always enjoyed writing and recognized that the only way to share one's efforts is to write about it (and hope it gets published). The most significant writing effort was with Gail Gardner, Ph.D., when we wrote the first edition of "Hypnosis and Hypnotherapy with Children" in 1981. Dr. Dan Kohen and I completed the fifth edition this year.

I have also contributed to two of the first books focusing on how to help children in disasters. The first book, "How to Help the Children in Disasters," was published 25 years ago and is in its fourth edition. A new book, "Child Refugee and Migrant Health" was published in 2021. The editors of this book are Harkensee, Esmaili, and Olness. I edited the first book on Integrative Pediatrics with Tim Culbert, MD, in 2010.

WHAT IS YOUR FAVORITE PROFESSIONAL HYPNOSIS BOOK?

It actually is "Uncommon Therapy" by Jay Haley. I first read this book a long time ago. It described Milton Erickson's flexibility, sense of humor, and creativity. I hoped to demonstrate those qualities in my clinical work.

WHAT CHANGES HAVE YOU OBSERVED IN THE APPLICATION OF HYPNOSIS DURING YOUR CAREER?

I have seen hypnosis evolve from a controversial topic to widely used applications with different names, such as guided imagery.

Concerning applications in pediatrics, I think that most child health professionals who are successful in teaching hypnosis learn early on that they must "go with the child," avoid being prescriptive and be able to change course quickly. While I admire the work of Milton Erickson, I have been offended by those who mimic him, even trying to sound like him. I think that child health professionals realize that they can be themselves and are more effective than if they are changing their voice to mimic another practitioner they have seen on a video.

I am happy that persons in more health professional areas are now eligible for membership in professional hypnosis societies. However, I am sad that overall membership in societies such as the ASCH and the SCEH is less than 50 years ago. I recognize that this does not necessarily mean that fewer health professionals are teaching hypnosis in their work. It may



only mean that current generations do not join professional societies to the extent they once did.

I am concerned about many health professionals who have not had training in hypnosis but who are essentially using hypnosis with such names as “guided imagery,” “mindfulness meditation,” “relaxation response,” “progressive relaxation,” and “Koru Mindfulness Training”. Might the casual use of these approaches harm people? We do not know. On the other hand, some health professionals trained in hypnosis do not use the “H” word in practice. What is the most reasonable descriptive word for hypnosis? Again, we do not know.

DO YOU SEE SOME IMPORTANT CONTRIBUTIONS OF HYPNOSIS IN DEALING WITH THE COVID 19 PANDEMIC?

I think regular self-hypnosis can mitigate anxiety associated with the pandemic, symptoms associated with “long COVID,” and perhaps some of the undesirable immune responses. Here is another area that would benefit from more research.

HOW CAN HYPNOSIS BE HELPFUL IN THE FIELD OF TRAUMA AND PTSD THAT IMPACTS WAR VICTIMS SUCH AS THOSE IN UKRAINE?

This is a huge topic. After my experience as a volunteer relief worker in Goma in 1994, I designed the first workshops on “How to help Children in Humanitarian Emergencies,” We conducted these workshops in the US and many other countries until the COVID-19 pandemic. My colleagues and I covered many topics in these problem-based workshops. We always included the important issues of both short and long-term mental trauma. Children, adolescents, and adults displaced by war feel out of control, anxious, and uncertain about the future. In teaching hypnosis to children, we emphasize their control and ability to select preferred images and practice when they wish. This enhances a sense of coping with the stress of displacement. We know that programs related to hypnosis, such as The Center for Mind-Body Medicine (led by James Gordon MD), have implemented Trauma Relief Programs in many countries, including Ukraine. We know that the Comfort Kits, including instructions to facilitate a sense of control, are very helpful to children displaced by disasters. Moreover, we know that relief workers can benefit from learning and practicing self-hypnosis.

WHAT IS YOUR DREAM?

I dream of a world that includes opportunities for all children to recognize their self-regulation abilities, including autonomic and voluntary controls, and to have coping abilities that mitigate the problems in life. I believe that most children can quickly learn such self-regulation by learning self-hypnosis. I am old enough to have patients in their 40s who tell me they still use the self-regulation skills they learned as young children and apply them in their daily lives. Achievement of this dream requires that all hypnosis societies increase their training efforts throughout the world.

NICOLE:

IT WAS A GREAT HONOUR TO INTERVIEW DR. KAREN OLNESS.



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...



Ida Bornemisza is an undergraduate Psychology student at the Eötvös Loránd University in Budapest, Hungary. She has been interested in better understanding people and behaviour since an early age and decided to pursue her tertiary studies in this field. Her main interest is studying about the effects different interventions have on cognition, behaviour and mental health generally. In her spare time, Ida works as a barista, sings in a choir, writes songs and poems. She is hoping to continue her studies at the master's level following the completion of her Bachelor degree.

HYPNOSIS IN POLICE INVESTIGATIONS

Summary by Ida Bornemisza

Institute of Psychology, ELTE Eötvös Loránd University

The Use of Hypnosis in Police Investigation: A Preliminary Communication

Journal of the Forensic Science Society published a study in 1977 about the use of hypnosis in police investigations. The article tries to find out if hypnosis would be useful in an investigation. They found that hypnosis can recall more meaningful information and the level of anxiety will be as high as it was when the event happened (Kleinhauz, Horowitz, & Tobin, 1977). Interesting fact that "Mitchell (1932), and Barber and Calverley (1966), found no improvement with hypnosis in the recall of nonsense material" (Kleinhauz et al., 1977).

They divided three different categories where hypnosis can be used. The first category when the event was so emotionally overwhelming that the person is not able to recall details. (For example, when a young girl was raped.) The second case where hypnosis can be used is when details do not seem to be important at first but later they become indispensable. (For example, after a bomb was found hidden on a bus, the driver was questioned and after hypnosis he could recall small details about the passengers.) The third one where the information/evidence did not match with each other and the investigating team had to find the actual information. (For example, when a soldier went missing and there were two witnesses



but one of them did not seem to be the missing person, just somebody else who resembled the soldier).

I found this article interesting and useful. The structure was good, it was easy to see through. Moreover, I liked the examples that they show for each case where hypnosis could be used.

Journal of the Forensic Science Society: The Use of Hypnosis in Police Investigation

In 1981 (so some years later) the Journal of the Forensic Science Society published a new article about the use of hypnosis in police investigations. The author questioned this statement as the previous articles are not systematic and experimentally controlled. He said that hypnosis can not always be a solution in an investigation. A motivated waking state can be as useful as hypnosis when you want to recall a memory. It is not denied that in a recall setting a relaxed, motivated, hypnotic condition results and could lead to better results than in an unmotivated stressful „waking” condition (Graham F. Wagstaff, 1981). He also distinguished two reasons why not using hypnosis could be a better option. First of all, not everybody is susceptible to hypnosis. These people, who are insusceptible for this method, could answer and recall better in a „waking” process. Second of all, the validity can be a problem as the „cases of faked or compliant hypnotic behaviour are numerous in the hypnosis literature” (Wagstaff, 1977 in Wagstaff, 1981). Furthermore, use of hypnosis in a police investigation is not permitted in some countries and will invalidate a criminal case (Schefflin & Shapiro, 1989).

In this article I missed research that the author made in order to find out more information. There were numbers, and facts which were useful in this topic. But I personally would be happy to see more of his research about this. However, I found it very interesting that after a few years in the same journal we can find an opposite statement on the same topic.

International Journal of Clinical and Experimental Hypnosis: Hypnosis and distortions in eyewitness memory

This experiment was made in 1979. The aim of it was to find out if the eyewitnesses answer better and more punctually with hypnosis or not. The participants were 16 undergraduate students who had taken part in hypnosis before. All of them were on the same scale in the Stanford Hypnotic Susceptibility Scale. (I think it was an excellent idea because we could rule out the possibility that somebody was not that susceptible to hypnosis.) They showed a videotape about a car-bicycle accident and then asked 15 questions about the videotape in which 6 of them were leading questions. Half of the students were asked about the details during hypnosis and the other half were asked in a normal waking state. There were two other conditions, one of the groups was questioned after 15 minutes and one of them was asked after 24 hours. In these four conditions they were randomly chosen.

There was one significant result. More errors were made in hypnosis when the students had to answer the leading questions (Putnam, 1979). An interesting fact was that all of the participants were asked whether they were accurate about the answer or not. More people said that they were punctual under hypnosis than in waking state.

That experiment was engrossing. The fact that the leading questions led to worse results in hypnosis raises again the question of whether using hypnosis in a police investigation is worthwhile or not. In my opinion it would be interesting to repeat this experiment again. Then we could see if the results are the same in 2020 as they were in 1979. And maybe it would be ideal to do this with more people, not just 16 (so more people could be in one group).



Journal of the Forensic Science Society: An Experimental Study of Hypnosis, Guided Memory and Witness Memory

This experiment tested the reliability of the forensic hypnosis. The participants, 47 people who volunteered for this experiment, saw a 7-minute violent episode on a videotape (which contained violence and crime). (They were between the ages of 18 and 30.) Neither the participants nor the experimenter were in this kind of experiment before. This was important because with this condition they could avoid the possibility of any influence which would be experienced in the past. There were three groups: hypnosis, mind guided and control. All of them were given a questionnaire 25 minutes after the original (violent) video.

The results showed the same as in previous experiences. Hypnosis did not appear to be more effective than „waking” procedures. Moreover, it appeared to be the least effective (G. F. Wagstaff & Maguire, 1983). (It was surprising information for me because I thought it would be the most effective or more effective than they expected it to be.) It could be explained with the fact that the participants (so the „witnesses”) were not in shock and the situation was not emotionally hard or that the experiment was conducted under laboratory conditions and not in true clinical situations. Claims which say that hypnosis could be useful among witnesses who were not highly emotionally affected could be questioned by these results (G. F. Wagstaff & Maguire, 1983).

Personally, I found this experiment and article very useful. The method was punctual and reliable. The authors paid attention to the little details (thinking, for example, of the conditions about the participant and the experimenter). With this experiment we gain a better perception about the situations where it can be more efficient to use hypnosis in an investigation.

Eyewitness memory enhancement in the police interview: Cognitive retrieval mnemonics versus hypnosis

This experiment was a re-creation of the International Journal of Investigative and Forensic Hypnosis. This article compared three interview techniques: the hypnosis interview, the cognitive interview and the normal interview. The aim of this experiment was to find out which interviewing technique was the most effective among eyewitnesses. Eighty-nine (89) undergraduate students took place in this experiment (more males than females). The question of homogeneity was eliminated with a 40-hour course on forensic hypnosis.

Four (4) films were used which contained approximately 4 minutes of violent crime or a crime situation. All of them were realistic and contained quantifiable information. In this experiment they used two sessions. In the first session the participants watched one of the films in small groups. And they were asked not to discuss what they have just watched. After 42 hours they were interviewed in one of the interview conditions.

Significant results were given by both the hypnosis and the cognitive interview. The participants gave more correct information (Geiselman, Fisher, MacKinnon, & Holland, 1985). According to the authors, their study was the first where an experienced law-enforcement investigator was interviewing. It was also a major finding that „both cognitive-retrieval mnemonics and techniques inherent in the forensic use of hypnosis are effective for the enhancement of eyewitness memory retrieval in the police interview” (Geiselman et al., 1985).

In my opinion this experiment was an excellent replication. All of the questionable parts of the first study were corrected. (Thinking of the number of participants.) Moreover, the thing that the interviewer experienced on the investigations was so good.



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RECENT ISSUE: VOLUME 70, ISSUE 4

Recent Issue: Volume 70, Issue 4

The most recent issue of the IJCEH features six articles covering a variety of topics including hypnosis for well-being, multi-lingual examinations of hypnotizability scales, the influence of suggestions on attentional processes, and hypnotizability's relation to perceived sleep depth. This is the fourth issue of 2022 and we look forward to publishing many more outstanding articles in the new year!

SCEH Awards 2022

SCEH Awards for 2022 included authors of several articles published in the International Journal of Clinical and Experimental Hypnosis, including:

Henry Guze Award for Best Research Paper on Hypnosis:

Gary Elkins, Julie Otte, Janet S. Carpenter, Lynae Roberts, Lea' S. Jackson, Zoltan Kekecs, Vicki Patterson & Timothy Z. Keith (2021) Hypnosis Intervention for Sleep Disturbance: Determination of Optimal Dose and Method of Delivery for Postmenopausal Women, *International Journal of Clinical and Experimental Hypnosis*, 69(3), 323-345, DOI: [10.1080/00207144.2021.1919520](https://doi.org/10.1080/00207144.2021.1919520)

Hilgard Award for Best Theoretical Paper on Hypnosis:

Giuseppe De Benedittis (2021) Neural Mechanisms of Hypnosis and Meditation-Induced Analgesia: A Narrative Review, *International Journal of Clin-*



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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.

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ical and Experimental Hypnosis, 69(3), 363-382, DOI: [10.1080/00207144.2021.1917294](https://doi.org/10.1080/00207144.2021.1917294)

Roy M. Dorcus Award for Best Clinical Paper on Hypnosis:

Zoltan Kekecs, Donald Moss, Gary Elkins, Giuseppe De Benedittis, Olafur S. Palsson, Philip D. Shenefelt, Devin B. Terhune, Katalin Varga & Peter J. Whorwell (2022) Guidelines for the Assessment of Efficacy of Clinical Hypnosis Applications, *International Journal of Clinical and Experimental Hypnosis*, 70(2), 104-122, DOI: [10.1080/00207144.2022.2049446](https://doi.org/10.1080/00207144.2022.2049446)

Reviewer of the Year:

Erik Woody, Ph.D., Distinguished Professor Emeritus, Department of Psychology, University of Waterloo

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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!

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WE ARE PLEASED TO SHARE ABSTRACTS
FROM THE ARTICLES PUBLISHED IN THE
MOST RECENT ISSUE OF THE
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ABSTRACTS FROM THE
OCTOBER 2022 ISSUE – VOLUME 70 (4)

CAN HYPNOTHERAPY INCREASE WELL-BEING? (EDITORIAL)

GARY ELKINS

Emotional well-being is a broad term that refers to happiness, positive social relationships, life balance, and the pursuit of positive goals. Further, emotional well-being has been shown to reduce risk of death by nearly 20% (Cohen, et al., 2016). The lead article (Na et al., 2022) explores this issue and reports on a pilot study of hypnotic relaxation therapy for well-being (HRT-WB). Their findings demonstrate that 71% of participants achieved high levels of well-being or flourishing. In addition to this innovative study, several articles are included that increase access to scales that measure hypnotizability in French (Apelian, 2022), Russian (Kvitchasty 2022), and Spanish (Muñiz et al., 2022). Kasos et al. 2022 explore the role of hypnotizability in regard to skin conductance orienting response (SCR) in response to differing types of suggestions. Finally, Cordi and Rasch (2022) explore the role of hypnotizability in accurate perception of sleep, with findings suggesting sleep depth may be associated with slow wave sleep and interoceptive ability of accurately perceive sleep depth depending on hypnotizability. Together, these studies identify new applications of clinical hypnosis, increase the availability of scales to measure hypnotizability across cultures, and further understanding of hypnotizability.

PILOT STUDY OF HYPNOTIC RELAXATION THERAPY FOR WELL-BEING (HRT-WB): A NEW INTERVENTION TO ENHANCE WELL-BEING AND POSITIVE AFFECT

HYEJI NA, VINDHYA EKANAYAKE, VICTOR PADILLA, & GARY ELKINS

The purpose of this study was to investigate the feasibility, acceptability, and potential effect of a novel hypnotherapeutic intervention, informed by positive psychology, to enhance well-being in college students. The present study investigated adapting hypnotic relaxation therapy for enhancing well-being (denoted as HRT-WB). Twenty-seven college students were enrolled in a 5-week intervention of HRT-WB and instructed in daily home practice of HRT-WB self-hypnosis using audio recordings. Participants completed baseline and endpoint measures of well-being and symptoms of psychological distress. Results showed participants who received the HRT-WB intervention experienced improvements in subjective well-being as well as reductions in psychological distress. At endpoint, 71% of the participants who completed the HRT-WB intervention were categorized as experiencing high levels of well-being, or flourishing. In addition, HRT-WB is a feasible intervention, with high rates of retention, compliance with home practice, and satisfaction. Based on these promising results, further research into HRT-WB is warranted. HRT-WB could be a well-accepted, easily administered, and effective means of addressing well-being and enhancing flourishing.

FRENCH NORMS FOR THE ONLINE SUSSEX-WATERLOO SCALE OF HYPNOTIZABILITY

CLEMENT APELIAN

This article presents French norms for the online version of the Sussex-Waterloo Scale of Hypnotizability. This scale is an online adaptation of the well-established Waterloo-Stanford Group C Scale of Hypnotic Susceptibil-



ity: with both behavioral and subjective scores. Insofar as hypnotizability (the ability to respond to suggestions in a hypnotic context) varies substantially in the general population and remains generally stable throughout life, it is important to measure it in experiments using hypnotic suggestion. However, these scales are time consuming, as they often require multiple sessions to achieve a suitable sample size for subsequent participant screening. One promising route for overcoming this inconvenience is to perform hypnotizability assessment online. The Sussex-Waterloo Scale of Hypnotizability is the first to have demonstrated the viability of online measurement. The authors demonstrate that their translation of this scale yields similar statistics.

ADAPTATION OF THE RUSSIAN VERSION OF THE ELKINS HYPNOTIZABILITY SCALE

ANTON KVITCHASTY, DARIA VERESHCHAGINA, ANASTASIA KOVALEVA, GARY ELKINS, & VICTOR PADILLA

Until now, there has been an acute shortage of valid and reliable tools in Russia for making an accurate and highly differentiable assessment of hypnotizability. However, numerous studies confirm the high efficiency, reliability, and accuracy of the Elkins Hypnotizability Scale (EHS), allowing it to claim the title of the new gold standard for assessing hypnotizability. In the present study, the original English-language version of the EHS was translated into Russian. One hundred and five volunteers from Moscow (42% male; 58% female), aged 19 to 44, underwent a hypnotizability assessment procedure according to the EHS protocol. The Russian version of the EHS, like the original, requires an average of 28 minutes to administer and score by a trained assessor. The results showed that the Russian version of the EHS has good internal consistency and does not contain unnecessary elements. Alpha Cronbach values (0.76), and the item-total correlations ($r_s = 0.44$ – 0.64) are satisfactory.

FEASIBILITY OF THE ELKINS HYPNOTIZABILITY SCALE–SPANISH TRANSLATION

VANESSA MUÑIZ, MORGAN SNYDER, & GARY ELKINS

The absence of a Spanish translation of the Elkins Hypnotizability Scale (EHS) suggests access to clinical research and hypnotic interventions may be limited for those in predominantly Spanish-speaking populations. The present study aims to mitigate this disparity by providing a translation of the EHS to facilitate participation in experimental research and clinical care in Spanish-speaking communities. The EHS was translated and administered to 9 participants. No major modifications were done to the characteristics or structure of the EHS after translation. To assess feasibility, mean hypnotizability levels and self-reported levels of pleasantness and comprehension were observed and compared to the English EHS. The results provide a Spanish translation of the EHS. This study demonstrates the Spanish translation of the EHS is feasible for further research.

ELECTRODERMAL ORIENTING RESPONSE DURING ACTIVE-ALERT HYPNOSIS: DO VERBAL SUGGESTIONS INFLUENCE AUTOMATIC ATTENTIONAL PROCESSES?

ENIKO KASOS, KRISZTIAN KASOS, ZOLTAN KEKECS, ANNA SZEKELY, & KATALIN VARGA

This study explored the influence of suggestions on differences in electrodermal laterality of the skin conductance orienting response (SCR). Thirty-two participants were randomly assigned to either *permitting* or *excluding* suggestions. During the dream task in the permitting condition the suggestion was: “You are aware of your surroundings and any distractions that might disturb your dream,” while in the excluding condition the wording was: “No outside stimulus will disturb your sleep.” Participants were presented with 12 standards and 2 deviant computer-generated tones during active-alert hypnosis and musical control conditions in a mixed within-between design. High hypnotizables produced higher SCRs after permissive compared to excluding suggestions during hypnosis, while low hypnotizables did the same in the control con-



dition. Study limitations include some loss of data due to equipment failure and relative homogeneity of sample, therefore results cannot be considered definitive.

HYPNOTIZABILITY MAY RELATE TO INTEROCEPTIVE ABILITY TO ACCURATELY PERCEIVE SLEEP DEPTH: AN EXPLORATORY STUDY **MAREN JASMIN CORDI & BJOERN RASCH**

When individuals score high on hypnotizability, they usually report experiencing an altered state of consciousness, physiological changes, and attentional shifts during hypnotic induction procedures as well. We hypothesize that a better interoception of such internal changes is also relevant for accurate sleep perception. We compared subjects scoring high versus low on hypnotizability to the accuracy of their estimations of Sleep Onset Latency (SOL) time awake, and sleep depth and explored their objective sleep. We sampled seven studies performed in our sleep labs across a midday nap or a night resulting in $n = 231$ subjects (aged 30.11 ($SD = 17.02$) years, range 18–82 with 15.2% males). Hypnotizability did not influence the accuracy of the perception of time needed to fall asleep or time spent awake. However, the reported sleep depth correlated significantly with the measured amount of slow-wave sleep in high hypnotizables. This pattern appeared across a nap as well as a whole night's sleep studies. We did not find any significant differences in objective sleep patterns depending on hypnotizability. Probably, high hypnotizables benefit from a better interoceptive ability for their perception of their sleep depth.

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MILTON H. ERICKSON 121ST BIRTHDAY

BY IGOR CZUPALLA AND MARTA ANDRUCHOWYCZ (POLAND)

Milton H. Erickson once said: "A goal without a date is just a dream." Our goal was to celebrate the 121st birthday of Milton H. Erickson, so choosing a date was easy. On the 5th of December, Polish Milton Erickson Institute sponsored a conference called "Anxiety and Clinical Hypnosis." More than 100 psychotherapists from all over Poland gathered in Łódź to share their experiences and stories about their journeys into Ericksonian psychotherapy and hypnosis. The Celebration day was filled with lectures, workshops, and friendly discussions.

As Erickson said, "Life will bring you pain all by itself. Your responsibility is to create joy", so we did just that. Since this was the first time we had an Ericksonian conference after COVID-19, the atmosphere of joy and community was apparent.

The first lecture and workshop covered the topic of children's and adolescents' anxiety in family therapy. Katarzyna Szymańska and Anna Wierzbowska presented the theoretical background, a case study, and a trance technique useful in family psychotherapy, especially in working with families experiencing anxiety. The bridge technique is beneficial in diagnosing how patients relate to their past, future, and other family members.

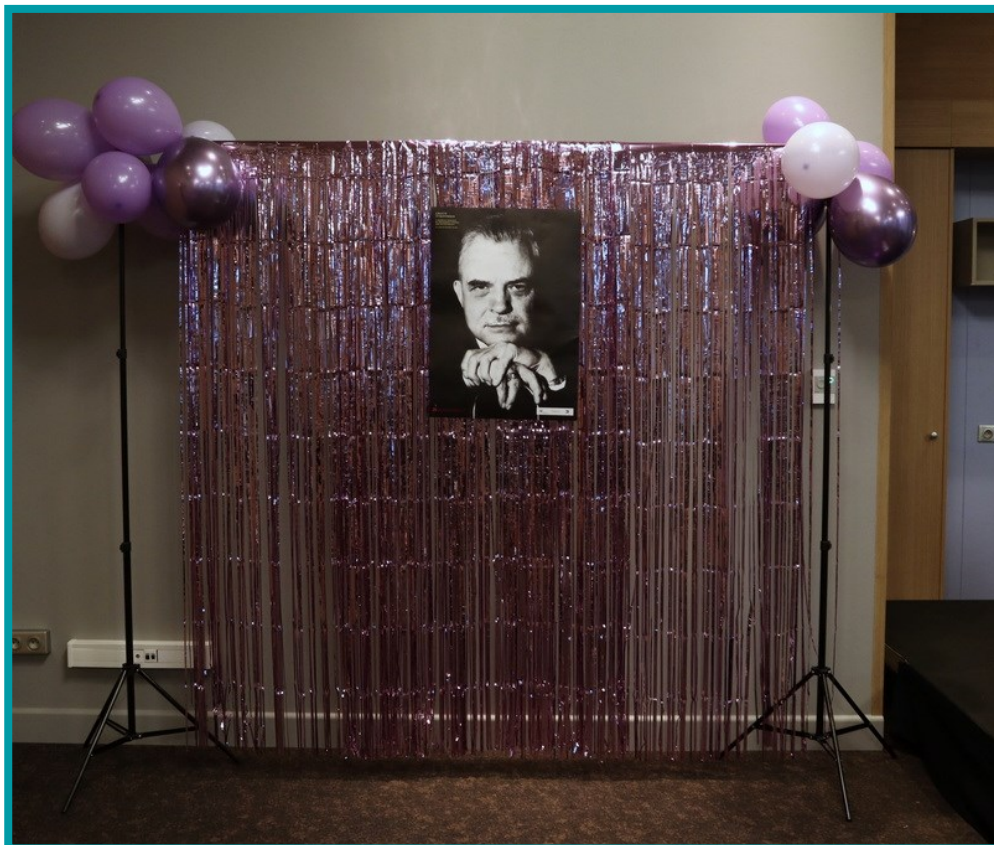
The second part of the conference was focused on personal stories and paths toward Ericksonian therapy. Krzysztof R. Karauda, Ph.D., the host of this segment, invited Ericksonian practitioners to tell us their stories and encourage the audience members to share their journeys. Many stories started in the desert...

After lunch, Jolanta Berezowska and Lucyna Lipman hosted a segment focused on case studies about patients experiencing anxieties. It allowed conference participants to exchange experiences and led to a discussion about the highs and lows of working with anxiety. This segment was concluded with a pleasant surprise - a big birthday cake. This special moment with its festive atmosphere and celebration fostered community.

During the last segment, we discussed anxiety in the context of families and genograms. Inga Nowak—Dusza invited Kris Klajs to lecture on transgenerational anxiety—it was a brilliant presentation about the difficulties of moving on from one's past. The following presentation on anxiety, self-efficacy, and God led to inspiring conclusions about regression.

The conference ended with a relaxing trance performance by Hanna Nowak – Zając and Piotr Wieczorkowski. As Milton H. Erickson said, "Trance is a natural everyday experience." Everyone was leaving the conference with a smile on their face.

We plan to repeat this event annually.







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The role of clinical hypnosis and self-hypnosis to relief pain and anxiety in severe chronic diseases in palliative care: a 2-year long-term follow-up of treatment in a nonrandomized clinical trial.

Ann Palliat Med. 2018 Jan;7(1):17-31. doi: 10.21037/apm.2017.10.03. Epub 2017 Dec 12.

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Presenter: Dr. Maria Paola Brugnoli, MD, PhD

Specialization Anesthesia, Intensive Care, Pain Therapy and Palliative Care, Hypnotherapy, Neurobioethics
PhD Neuroscience, Psychology and Psychiatry; Past Research Fellow at NIH National Institutes of Health,
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THE ROLE OF CLINICAL HYPNOSIS AND SELF-HYPNOSIS TO RELIEVE PAIN AND ANXIETY IN SEVERE CHRONIC DISEASES IN PALLIATIVE CARE

Summary by Bao Xiaoxuan

Institute of Psychology, ELTE Eötvös Loránd University

INTRODUCTION

Clinical hypnosis should be part of a multidisciplinary approach aimed at reducing anxiety and pain. Clinical hypnosis research combines phenomenology and neuroscience. Mind-body interventions like clinical hypnosis focus on the practice of interactions between the brain, body, mind, spirit, and behavior to use the mind to alter bodily functions and behaviors and promote overall physical (pain) and mental (anxiety) health. Hypnotic analgesia can be said to originate from a variety of factors, including altered expectations relative to the impending painful event, as well as attention, cognitive, and emotion regulation mechanisms.

For decades, a large body of research has provided evidence for the effectiveness of clinical hypnosis and self-hypnosis as psychological intervention and adjunctive treatment for chronic pain and anxiety in severe chronic illnesses. In contrast, hypnosis has been combined with other interventions (e.g., CBT, pharmacotherapy, etc.) in the vast majority of clinical efficacy studies and is more effective when used in combination than when used alone. In palliative care, we can not only treat physical illness, but also improve the psychosocial and spiritual health of patients in the context of a chronic or lifelong illness.

CLINICAL TRIAL

Dr. Brugnoli designed and organized a 2-year non-randomized clinical trial of early incorporation of clinical hypnosis into palliative care with



standard pharmacological care in an effort to assess whether clinical hypnosis and self-hypnosis as an adjunct to treatment of chronic pain and anxiety are more effective than pharmacological treatment alone.

The entire study was conducted at the Center for Anesthesiology, Intensive Care and Pain Management at the University of Verona, Italy. Patients were pre-screened to exclude interference from other non-experimental factors, and finally, 50 patients with severe chronic diseases participated in the study. These patients either had cancer, a severe chronic neurological disease and severe chronic rheumatic disease.

The researchers divided them into a hypnosis group and a control group. The two groups were homogeneous in terms of gender, age, distribution of disease types and subtypes, and baseline opioid use.

Control group (no hypnosis): conventional medication only (opioids, NSAIDs, and corticosteroids); Hypnosis group: a series of weekly 2-hour workshops on chronic pain assessment and anxiety and related symptom management that directly taught hypnosis and self-hypnosis techniques to patients in the hypnosis group.

The hypnosis group was required to attend 50% of the sessions within 1 year for 2 years.

Two assessment methods were used in the study: the VAS for pain assessment and the HAM-A for anxiety assessment. And higher scores mean greater pain intensity and more severe anxiety, respectively. Both the hypnosis and control groups had significantly different scores for VAS after 1 and 2 years. The same can be said of the Hamilton score. The VAS score at baseline was similar for both the hypnosis and control groups (78 ± 16 and 77 ± 14 , respectively).

The VAS average for the hypnosis group decreased from 81.9 ± 14.6 at baseline to 45.9 ± 13.8 at 1-year follow-up, to 38.9 ± 12.4 at 2-year follow-up. The VAS average for the control group decreased from 78.5 ± 14.8 at baseline, to 62.1 ± 15.4 at 1-year follow-up, to 57.1 ± 15.9 at 2-year follow-up. The HAM-A average decreased from 32.6 at baseline to 22.9 and 17.1 respectively at 1- and 2-year follow-up for the hypnosis group but it remained almost the same in the control group (29.8, 26.1, and 28.5 at baseline, 1st and 2nd year respectively). The value-at-risk calculated time was 348 and 462 months in patients for the control group and hypnosis group, respectively. The increase rate in pharmacological therapy was 4.6 subjects/100/months in the control group, while it was 1.1 subjects/100/months in the hypnosis group; the risk of increasing the analgesic therapy (opioids, NSAIDs drugs, and Corticosteroids) was 4-times higher ($P=0.005$) in the control group than in the hypnosis group (IRR: 4.25; 95% CI: 1.55–11.6). In particular, it is noted that during the second year of assessment, some patients became too ill to continue follow-up or unfortunately died, resulting in a total of 13 patients dropping out of the trial (7 patients in the hypnosis group and 6 patients in the control group).

The above data showed that the group of patients who received hypnosis as an adjunctive treatment had statistically significant decreases in pain and anxiety and a significantly lower risk of increased pharmacological pain treatment at long-term follow-up at 1 and 2 years compared to the control group.

The researchers carried out a univariate analysis, multivariate analysis, and repeated measures ANOVA in the study. Finally, it was concluded that this change was significantly associated with hypnotherapy, and hypnosis did not differ in patients with cancer, chronic rheumatic diseases, and chronic neurological diseases. Thus, this study successfully confirmed the beneficial role of clinical hypnosis in pain and anxiety relief in palliative care.



CONCLUSION

During acute and chronic pain in severe chronic diseases, stress and anxiety can exacerbate certain features of the situation or argument and impose a greater psychological burden on the patient's daily experience. Although patients may not cite psychological symptoms of anxiety as their primary concern, these are the most impactful symptoms of severe chronic illness, and palliative care is intended to provide the greatest possible comfort to those with advanced and severe chronic illness. This positive impact will be effective in relieving the patient's suffering. Thus, clinical hypnosis can be considered an effective adjunctive therapy for pain and anxiety control in patients with cancer and severe chronic illness.

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Bao Xiaoxuan is a graduate student of faculty of informatics of Eötvös Loránd University. Her major is artificial intelligence and she takes an interest in psychology.

She thinks that the knowledge of psychology is totally different from that of computer, which is very mysterious and interesting. She hopes to have a new understanding of people's cognition by contacting some psychology related courses.



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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



XXII WORLD CONGRESS OF MEDICAL & CLINICAL HYPNOSIS
COOPERATION IN HYPNOSIS. CHALLENGES & BENEFITS

12-15 JUNE, 2024 - KRAKOW, POLAND

www.hypnosis2021.com
info@p-i-e.pl



EVENT CALENDAR

Event Categories



Default



ISH Monthly Masterclass



ISH Coffee with the President

[CLICK HERE TO SEE THE ISH EVENTS CALENDAR](#)

ATTENTION

PROFESSORS, WORKSHOP TRAINERS, COLLEAGUES:
PLEASE LET YOUR FULL TIME **STUDENTS** KNOW THEY MAY
JOIN ISH FOR FREE.

SPREAD THE WORD!

FREE MEMBERSHIP OFFER FOR STUDENTS

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

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

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

[Please visit THIS link to submit your online application.](#)



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ISH MEMBERSHIP

BECOME AN ISH MEMBER TODAY!

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.



INDIVIDUAL MEMBERS:

- Reduced fees for all ISH International Congresses and other scientific events sponsored by ISH
- A certificate acknowledging your membership
- A reduced-fee subscription to [The International Journal of Clinical and Experimental Hypnosis \(IJCEH\)](#), the most prestigious publication in the field of hypnosis.
- Free subscription to the ISH E-Mail Newsletter
- Automatic access to the Hypnosis Listserv
- Eligibility to vote in elections and to run

for office

- Access to the Members Only Video Library, as well as the ability to participate in and access the Members Directory
- Invitations to participate and to present in the Triennial Congresses, and other scientific events

For a NEW Individual membership application, if you are already a member of a Constituent Society of ISH, [click here](#).

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You can find a current list of ISH Constituent Societies here: <http://ishhypnosis.org/about-ish/constituent-societies/>.

For a RENEWAL Individual membership application, [click here](#).

CONSTITUENT SOCIETY MEMBERS:

Constituent Society members receive all of the above benefits, plus:

- Dedicated space for posting information about your organization
- The right and the privilege to represent your society at the Council of Representatives (COR) meetings.

For a NEW Constituent Society membership application, click [here](#).

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You may apply and renew **online** and upload the necessary documents. A copy of your bylaws and ethics code, in English, are required, as well as the list of officers and contact information. Click [here](#) for **online** application.

Click [here](#) for **online** Renewal.



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