

# ESH The Newsletter

Connecting ESH Constituent Societies

June 2019



Editor Consuelo Casula  
Co-Editor Fabio Carnevale

**GERARD FITOUSSI**

President's LETTER

**CONSUELO CASULA**

Editor's LETTER

## Interviews

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**Mark Jensen**







## Research and Congresses

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**"Can You Be Like Erickson?"**



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# 15th ESH Congress of Hypnosis Building Bridges and Travelling Cross Roads

26th – 29th August 2020 – Basel, Switzerland



During the hypnotic state mind and body are linked and interact. Advances in the neurosciences explore the relationship between brain and body and answer our questions: What happens during therapy? What new options can be developed from these discoveries?

During the ESH Congress in Basel, the presenters will share with you during conferences and workshops their methods and their know-how, which we hope will contribute to develop your own creativity. Whether by the consolidation of your own methods or the acquisition of new approaches, your patients will benefit from your participation.

Contribute to the Congress! We invite you to send us an abstract of a presentation, a workshop or a poster in one of the three Congress languages: English, German or French.

A reminder: the keynotes and the sessions in the main amphitheater will be translated into the three Congress languages simultaneously by professional translators.

The deadline for abstract registration ends on October 31, 2019. You will find all the necessary information on the congress website: [www.esh2020.ch](http://www.esh2020.ch)

You can also register now and profit from the low early-bird rate.

We are convinced that you will feel at home in multilingual and multicultural Switzerland. Its geographic position, linking east and west, north and south allow easy access by road, rail and air.

The well developed public transport system with a free pass provided by your hotel will assure mobility. The modern Congress Center in the heart of the city will favor communication in a convivial setting.

We are happy to receive you in the name of the European Society of Hypnosis in Basel Switzerland.

Please consult the Congress website for further information [www.esh2020.ch](http://www.esh2020.ch)



# President's Letter

## G rard Fitoussi



During the Montpellier forum of the CFHTB, I delivered a short presentation about the future of hypnosis in Europe.

I drew on the responses many of you were kind enough to send to me.

What appeared in these commentaries was a common concern for the recognition of hypnosis by various administrati-

ve, political, and academic institutions in each European country so that hypnosis can be accepted as a mainstream medical tool, and that will depend upon the different social security systems to obtain, for instance, reimbursement.

This is not a light matter because this recognition and reimbursement will allow



more patients to access hypnosis and alleviate their suffering.

The second concern is the importance of grounding this recognition on basic and clinical research.

The studies published by academics in the field of hypnosis are an important support for clinicians and we need to continue developing and encouraging these efforts.

I would also like to raise the question of how to make ESH grow. At the moment 23 countries are represented in ESH, but 29 countries are still not represented, including Poland or Romania, to name a few.

So there is a lot of work ahead of us and all the ESH board is enthusiastic about working together to make our European association grow and to maintain its legitimacy on the European scene.

As for the Board, it's now complete with the arrival of Shaul Navon who will bring his clinical expertise and organizational competency.

I would also like to end this letter to give thanks to and acknowledge the kind hospitality of the Tieteellinen Hypnoosi ry – Vetenskaplig Hypnos rf / Society for Scientific Hypnosis (TH-VH). They hosted the board to have our onsite meeting and to give workshops to their associates in Helsinki, last March.

The Finnish Society for Scientific Hypnosis gave us the honor and the pleasure to celebrate with us its 60th anniversary.

To my knowledge, TH-VH is one of the oldest, ongoing hypnosis societies in Europe. It is an example for all of us.

I wish you all a good and rich summer full of discoveries, friendship and rest.



# Translated into French by Gérard Fitoussi

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Lors du Forum de la CFHTB à Montpellier au mois de mai, j'ai fait une brève présentation à propos de l'avenir de l'hypnose en Europe.

Je me suis appuyé sur les réponses que certains d'entre vous ont eu la gentillesse de m'adresser suite à un questionnaire que je leur avais adressé, il y a quelques temps.

Ce qui ressortait de ces commentaires était un souci partagé de reconnaissance de l'hypnose par les diverses institutions qu'elles soient administratives, politiques ou universitaires dans chaque pays européen, de façon à ce que l'hypnose soit acceptée comme un outil médical légitime et reconnu, pouvant de ce fait, faire l'objet de remboursement par les différents systèmes d'assurance-maladie.

Ce n'est pas une mince affaire, car cette reconnaissance et ce remboursement permettraient l'accès à l'hypnose d'un nombre beaucoup plus important de patients et de pouvoir les aider à soulager leur souffrance.

Le second souci qui est apparu est l'importance d'appuyer cette reconnaissance sur la recherche fondamentale, et clinique.

Les études publiées par les chercheurs dans le champ de l'hypnose sont un support majeur pour les cliniciens et nous devons continuer à développer et encourager ces efforts.

J'aimerais aussi soulever la question de la poursuite du développement de l'ESH. Il y a à ce jour 23 pays membres de l'ESH, ce qui laisse encore 29 pays non représentés dont la Pologne ou la Roumanie par exemple pour ne citer que ceux-là.

Nous avons encore beaucoup de travail devant nous et le bureau est enthousiaste pour travailler ensemble au développement de notre association européenne et d'en asseoir encore davantage la légitimité.

A propos du Bureau, celui-ci est maintenant au complet avec l'arrivée de Shaul Navon qui nous apportera son expérience clinique et ses compétences organisationnelles.

Je voudrais aussi remercier la société d'hypnose finlandaise Tieteellinen Hypnoosi ry – Vetenskaplig Hypnos rf / Society for Scientific Hypnosis (TH-VH) pour sa généreuse hospitalité. Elle nous a reçus pour la réunion de bureau de l'ESH et nous a donné l'opportunité de présenter des ateliers et conférences à Helsinki au mois de mars dernier.

La Société Finlandaise d'Hypnose Scientifique nous a fait l'honneur et le plaisir de célébrer avec elle son 60<sup>e</sup> anniversaire. C'est à ma connaissance l'une des plus anciennes sociétés en Europe. Un exemple pour nous tous.

Je vous souhaite un très riche été, plein de découvertes, d'amitié et de repos.



# Translated into German by Silvia Zanotta

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Während dem CFHTB-Forum in Montpellier hielt ich eine kurze Präsentation über die Zukunft der Hypnose in Europa. Dabei bezog ich mich auf die Reaktionen, welche viele von Ihnen mir freundlicherweise zugeschickt haben. Gemeinsam an diesen Kommentaren war die Sorge um die Anerkennung von Hypnose als offizielle Heilmethode durch verschiedene administrative, politische und akademische Institutionen in allen europäischen Ländern.

Dies wird auch von den unterschiedlichen Sozialversicherungssystemen abhängen, wenn man z.B. erreichen will, dass Hypnosesitzungen vergütet werden. Ein sehr wichtiges Thema, weil durch Anerkennung und Vergütung mehr Patienten die Hypnose nutzen könnten und dadurch ihr Leiden gemildert würde.

Die zweite Sorge betrifft die Tatsache, dass die Anerkennung auf klinischen Studien basieren muss. Denn akademische Studien über Hypnose sind eine wichtige Unterstützung für klinische Hypnosetherapeuten und müssen weiter gefördert und unterstützt werden. Ausserdem möchte ich die Frage aufwerfen, wie die ESH weiter wachsen könnte. Im Moment sind 23 Länder in der ESH vertreten, 29 jedoch noch nicht, darunter Polen oder Rumänien.

Es gibt also noch einiges zu tun, und der ESH-Vorstand strengt sich mit vereinten Kräften an, die ESH weiter wachsen zu lassen und ihre Legitimität in Europa zu erhalten. Der Vorstand ist nun übrigens wieder vollzählig dank dem Hinzukommen von Shaul Navon, der seine klinische Expertise und organisatorischen Kompetenzen einfließen lassen wird.

Zum Schluss dieses Schreibens möchte ich den Mitgliedern der finnischen Hypnosegesellschaft (Tieteellinen Hypnoosi ry – Vetenskaplig Hypnos rf / Society for Scientific Hypnosis, TH-VH) meinen Dank und meine Anerkennung ausdrücken. Sie luden im März den ESH-Vorstand nach Helsinki ein, einerseits zur Vorstandssitzung, andererseits aber auch, um dort Workshops zu halten.

Ausserdem hatten wir die Ehre, mit der finnischen Hypnosegesellschaft ihr 60-jähriges Jubiläum zu feiern. Meines Wissens ist die TH-VH eine der ältesten, noch bestehenden Hypnosegesellschaften in Europa. Für uns alle ein leuchtendes Beispiel.

Ich wünsche Ihnen einen wunderbaren, erfüllenden Sommer mit vielen neuen Entdeckungen, freundschaftlichen Begegnungen und allem, was dazu gehört.



# Translated into Spanish by José Cava

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Durante el foro de la CFHTB en Montpellier, hice una breve presentación sobre el futuro de la hipnosis en Europa.

Aproveché las respuestas que muchos de ustedes tuvieron la amabilidad de enviarme.

Lo que apareció en estos comentarios fue una preocupación común por el reconocimiento de la hipnosis por parte de varias instituciones administrativas, políticas y académicas en cada país europeo para que la hipnosis pueda ser aceptada como una herramienta médica convencional, y eso dependerá de los diferentes sistemas de seguridad social para obtener, por ejemplo, un reembolso. Esto no es un asunto banal porque este reconocimiento y reembolso permitiría a más pacientes acceder a la hipnosis y aliviar su sufrimiento.

La segunda preocupación es la importancia de fundamentar este reconocimiento en la investigación básica y clínica.

Los estudios publicados por académicos en el campo de la hipnosis son un apoyo importante para los clínicos y necesitamos continuar desarrollando y fomentando estos esfuerzos.

También me gustaría plantear la cuestión de cómo hacer crecer la ESH. En este momento, 23 países están representados en ESH, pero 29 países aún no están represen-

tados, entre ellos Polonia o Rumania, por nombrar algunos.

Así que tenemos mucho trabajo por delante y toda la junta directiva de ESH está muy animada por trabajar juntos para hacer crecer a nuestra asociación europea y mantener su legitimidad en la escena europea.

En cuanto a la Junta, ahora está completa con la llegada de Shaul Navon, que podrá aportar su experiencia clínica y su competencia organizativa.

También me gustaría finalizar esta carta para agradecer y destacar la amable hospitalidad de Tieteellinen Hypnoosi ry - Vetenskaplig Hypnos rf / Society for Scientific Hypnosis (TH-VH). Lo organizaron todo para que pudiéramos celebrar la reunión de la junta y hacer talleres para sus miembros en Helsinki, el pasado mes de marzo.

La Sociedad Finlandesa de Hipnosis Científica nos concedió el honor y el placer de celebrar con nosotros su 60 aniversario. Según mis datos, TH-VH es una de las sociedades de hipnosis en activo más antiguas de Europa. Es un ejemplo para todos nosotros.

Les deseo a todos un buen y productivo verano lleno de descubrimientos, amistad y descanso.



# Translated into Italian by Fabio Carnevale

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Durante il forum di Montpellier del CFHTB, ho presentato una breve relazione sul futuro dell'ipnosi in Europa. Ho attinto ai suggerimenti che molti di voi sono stati così gentili da sottoporli.

Ciò che ne ho tratto è il comune interesse a fare in modo che l'ipnosi sia riconosciuta dalle istituzioni amministrative, politiche e accademiche in ogni paese europeo come strumento medico tradizionale, favorendo così il rimborso da parte dei sistemi sanitari nazionali.

Non si tratta di una questione secondaria perché questo tipo di riconoscimento ed il relativo rimborso permetterebbe a più pazienti di accedere all'ipnosi e di alleviare la loro sofferenza.

In secondo luogo ho sottolineato l'importanza di fondare questo riconoscimento sulla ricerca scientifica e clinica. Gli studi pubblicati dagli accademici nel campo dell'ipnosi sono un supporto importante per i clinici e dobbiamo continuare a sviluppare e incoraggiare questi sforzi.

Vorrei anche sollevare la questione su come far crescere la ESH. Al momento 23 paesi sono rappresentati nella ESH, a fronte di 29 paesi che non sono ancora rappresentati, tra i quali la Polonia e la Romania, solo per citarne alcuni.

Quindi c'è molto lavoro davanti a noi e tutto il Consiglio Direttivo della ESH è entusiasta di lavorare insieme per far crescere la nostra associazione e mantenere la sua legittimità sulla scena europea.

Per quanto riguarda il Consiglio, è ora completo con l'arrivo di Shaul Navon che porterà la sua esperienza clinica e competenza organizzativa.

Desidero concludere questa lettera ringraziando la gentile ospitalità del Tieteellinen Hypnoosi ry - Vetenskaplig Hypnos rf / Society for Scientific Hypnosis (TH-VH). Hanno ospitato l'assemblea dei membri del Consiglio Direttivo, i quali hanno offerto vari workshop ai loro associati a Helsinki, lo scorso marzo.

La Società finlandese per l'ipnosi scientifica ci ha dato l'onore e il piacere di celebrare insieme 60° anniversario della sua fondazione. Per quanto ne so, TH-VH è una delle più antiche Società di ipnosi in Europa. Si tratta di un esempio per tutti noi.

Vi auguro una buona estate ricca di scoperte, amicizia e riposo.



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## Editor's Letter

Consuelo Casula

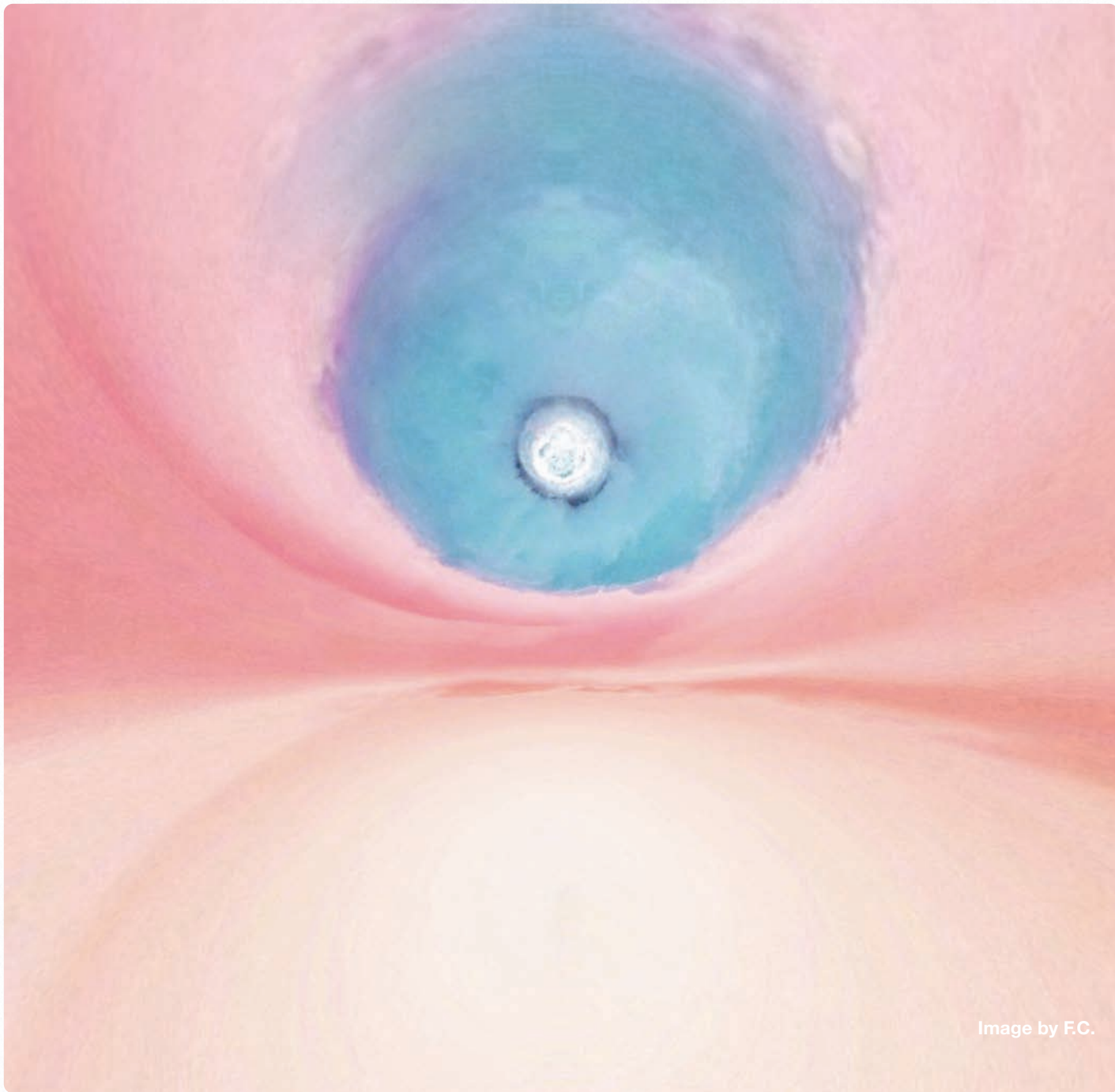


Image by F.C.



Each ESHNL issue is like starting a new journey with a group of friends. Each of them brings a new colleague to share the spirit of adventure. Each journey starts with *festina lente* (hurry slowly) selecting places and people to visit and ends with a sense of satisfaction for what we have learned from each other.

At first I never know what the result will be. In the end I am surprised by the product and grateful to each contributor. Each of them is an inspiring travel companion and a story teller who helps us to explore more deeply the exciting world of hypnosis with care. Care as a mixture of Commitment, Attachment, Resonance, and Engagement.

Care for the future of hypnosis is shown by Gerard Fitoussi in his President's Letter; resonance with elderly is shown by Martine Hoffmann, gerontologist, who promotes hypnosis in the geriatric field.

The commitment is demonstrated by Burkhard Peter when he presents his research on attachment, hypnotizability and gender.

The attachment towards Lea Polso is evident from the members of the Tieteellinen Hypnoosi ry – Vetenskaplig Hypnos rf (TH-VH) (Finland Society for Scientific Hypnosis) who elected her as their president since 2015. Mark Jensen also shows his engagement with his international

colleagues publishing with them several books on pain and "experience voices".

Stephen Porges emphasizes the transformative benefits of the patients when they create a secure attachment with the hypnotist who resonates with them.

Even among ESH board members, care is a common attitude: Peter Nash demonstrates his engagement by continuing his journey exploring the connection between Post Traumatic Stress Disorder and hypnotizability; Randi Abrahamsen resonates with the young generation of hypnotists overviewing the congress Hypnosis-New Generation held in Budapest. Ali Ozden Ozturk shows resemblance between his AUCH© and MAYA© Method with the Oodi Library in Helsinki.

Shaul Navon shows his attachment to the international community in United States. For the Connection with the M. Erickson Foundation, Marilia Baker selected an article of Dan Short that highlights Dan's attachment to his teacher Milton Erickson.

With this feeling of care, a combination of commitment, attachment, resonance, and engagement, I wish you a warm and enlightening summer.



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# Connection With Finland Society

By  
Consuelo Casula

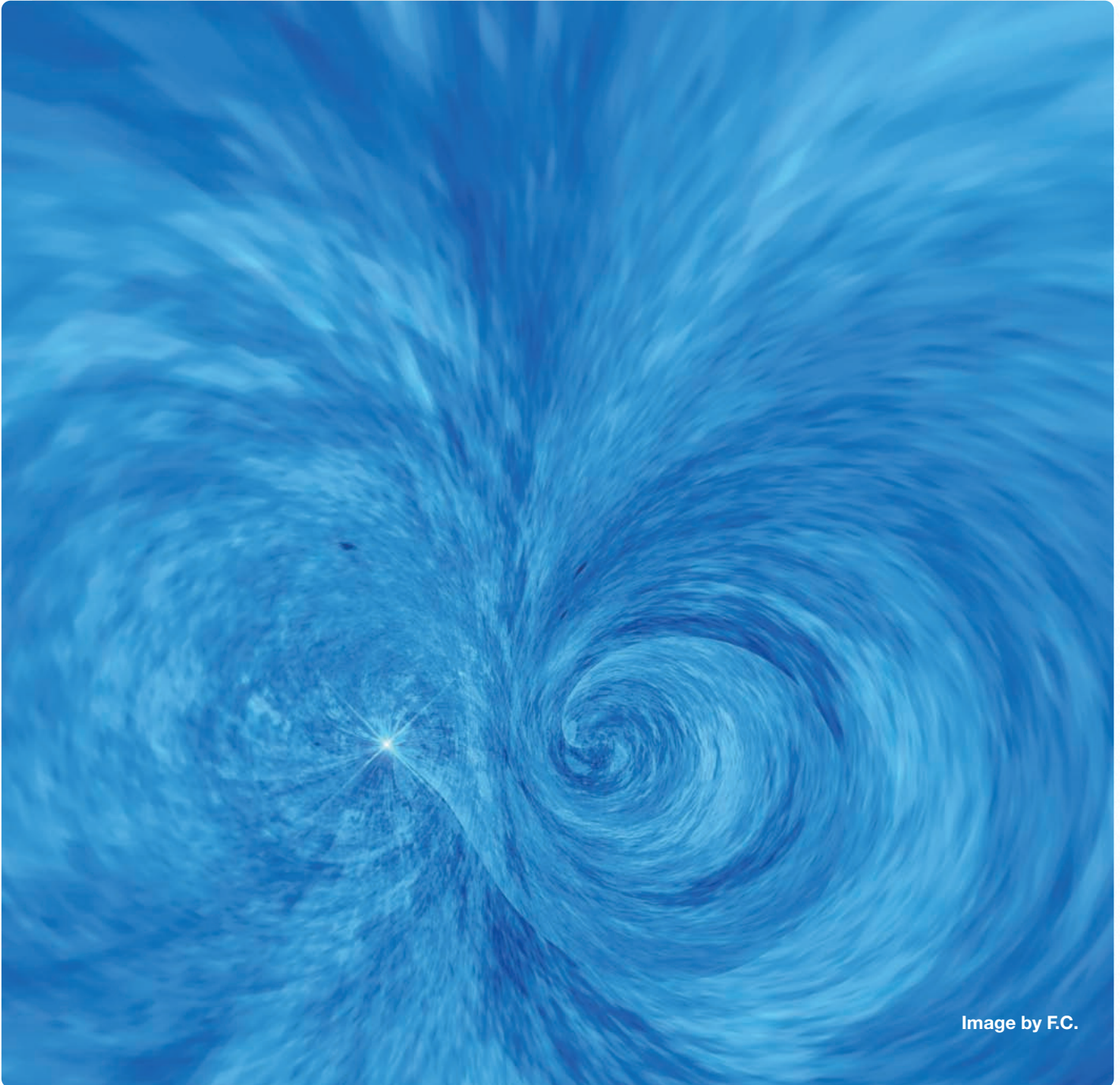


Image by F.C.



# Interview with Lea Polso

President of the Tieteellinen Hypnoosi ry,  
Vetenskaplig Hypnos (THVH)

By

Consuelo Casula



Photo by F.C.

**Dear Lea, first of all thank you for inviting the ESH board to present their work to the members of your society and to celebrate together your 60th birthday. The celebration of the 60th birthday of the Tieteellinen Hypnoosi ry, Vetenskaplig Hypnos (THVH) coincided with the first official congress of the newly established ESH board with the new president Gerard Fitoussi and a new member Ali Özden Öztürk.**

It is my privilege on behalf of our society to thank you, Consuelo and all the ESH board members for coming to Helsinki to celebrate our society's 60 years jubilee with us! Your inspiring and informative lectures have received a lot of positive feedback and will have a long-lasting in-

fluence on the way the participants of our congress will use hypnosis in their work with their patients and clients. Also, our gala dinner gave all of us nice and joyful memories to cherish. You can see pictures from our "60 & Fabulous" -birthday celebration on our website: <https://tieteellinenhypnoosi.fi>.

**In these 60 years there have been many changes in the world of psychotherapy in general and of hypnosis in particular. How has the society of which you are the president utilized and promoted those changes so far.**

Our society was founded in 1959 by a handful of medical doctors with the mission of enhancing the ethical and professional use of hypnosis ba-



sed on scientific research. All through the history of our society there has been a strong emphasis on promoting and providing quality training of hypnosis to health care professionals. Our members have also been actively conducting and enhancing scientific studies in the field of hypnosis.

There has been a shift from a strong medical representation to a more psychological one as more and more psychologists and psychotherapists have participated in hypnosis training and joined our society. In the long run this hopefully will increase the awareness about the possibilities and effectiveness of hypnotherapy as a valuable part of psychotherapy and in other clinical settings. Now we are facing the challenge of meeting the needs and interests of doctors and dentists more efficiently.

In Finland, as in many other countries, we still are facing the problems due to the lack of any kind of legislation regulating the use of hypnosis. Convincing politicians and officials about the importance of this issue has been and still is an ongoing project, almost like a never-ending story, for our society. We constantly try to provide information about the ethical and professional use of hypnosis in the media but mostly we have to trust that the skillful work of our members and the good results will speak for themselves.

**You are the president of the THVH since 2015 for two terms and you are supposed to be elected again for the third time, so that you will be president until 2021. Being a president is a mixture of duty and responsibility, satisfaction and connection, trust and commitment. What you think has been the major contribution you gave to your society and what will be the additional steps you intend to take during your next term. What are your plans for the future of THVH?**

I hope I have been able to carry on the good work of the previous presidents of our society. Of course, nothing is accomplished by one person: running a society like this is and has always been a result of a good teamwork. During my first mandate we concentrated on updating and digitalising our administration and communication with our members. We also started to offer a new kind of additional training for our members with the idea of continuing education. After that planning our 60 years jubilee has been in the forefront. In the near future we wish to have an official CBT-psychotherapist training program with an integrated hypnosis training.

Thinking about the future, I would like to do my best in encouraging even more open and relaxed collegial dialogue in our meetings and trainings. I see our society as a special kind of learning community of health care professionals devoted to enhancing ethical and evermore skillful use of hypnosis. As most of us use hypnosis without the support of a team of hypnotherapist colleagues, it is of utmost importance to have opportunities to openly share experiences, successes, failures and insights with our hypnotherapist colleagues and learn from each other.

**Tell us about your background: when you started working on hypnosis, who were your tea-**



**chers? What made you select hypnosis instead of any other therapeutic intervention?**

I started to be interested in hypnosis in 1999. From my clinical work as a psychologist I realized that in many cases talking is not enough and I also wondered if the desired changes could be achieved more easily. Understanding more and more clearly the importance of experiences, emotional and bodily reactions led me to look for new ways of doing my work. At that time a colleague of mine was very interested in NLP and I started study it too.

Quite soon I became convinced that hypnosis is even more effective for my purposes. So, I took part in the first possible training in the basics of hypnosis and some time after that a 3-year training in hypnotherapy. My most influential teacher in hypnotherapy has been Martti Tenkku, Doctor of Psychology and neuropsychologist. Martti has a vast experience in clinical hypnotherapy and he is a very appreciated trainer in the field hypnosis in Finland. Of course, there are many many others from whom I have learned immensely.

After my formal training I have actively attended ESH and ISH congresses with some close colleagues to keep on learning from the best. I could not imagine doing hypnotherapy without this unsatiated curiosity and the possibility of meeting hypnotherapists from different countries and traditions. Maybe a bit surprisingly I also recognise Maurice Merleau-Ponty's philosophy as one the main contributors for my interest in hypnosis. It would be very nice to find someone who shares

this interest in linking his work with the phenomenology and practice of hypnosis.

**You are psychologist, psychotherapist and one of the trainers of your society. What do you usually teach and which method do you prefer?**

In our trainings we follow the hypnosis training guidelines provided by ESH as well as our resources allow. I would say that in our basic training we try to offer a general overview in modern hypnotherapy and a variety of basic techniques in order to give our students a possibility to compare different approaches and choose what best fits to their style and line of work.

In our 1-year training of clinical hypnotherapy we go through the most common problems and the major ways of applying clinical hypnotherapy in more detail. For me personally Ego State Therapy has become an especially useful and valuable frame of reference. It seems to speak the language of the experiences of my clients as well as mine, while providing deeper understanding, flexibility and new possibilities for action. We teach basics of EST as well as e.g. age regression and affect bridge techniques.

**What core message about hypnosis do you send to your students? And what values are you willing to convey to your students?**

The core message is to follow our code of ethics and understand how effective a tool hypnosis is. Learning to use such a powerful method implies also commitment to use it in a responsible way to the best interest of our patients. Our students





Helsinki - Photo by F.C.

need to understand that hypnosis can also be used in a harmful way. On the other hand they need to learn to trust the resilience and resources of their clients, open themselves to the nuances of rapport and attunement in hypnotherapy sessions in order to be able to tailor their work to meet the individual needs. Quite often they also need to get out of their own way and stop trying too much. Safety, respect, creativity and willingness to practise form a good starting point for becoming a good hypnotherapist.

**Are these values of yours easily shared and accepted by the young generation?**

For most of our students these values are easy to accept since they come to hypnosis training with a sincere wish to help their clients or patients with all best possible means.

**How do you see the future of hypnosis in the future?**

Even though we still have many problems to tackle, I see the future of hypnosis as a very bright one. We are working hard all over the world: more and more quality research is done, new books are written, the techniques we use are getting refined, understanding of the hypnotic phenomena is still developing and deepening, training programs of hypnosis are improving, hypnotherapists are doing good work and getting remarkable results, people are getting help and in some countries hypnosis already has the status that it should have. I am proud, motivated and optimistic to be a part of this endeavour.

**Thank you for this interview!**



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## Connection with French Hypnotic Community

By  
G rard Fitoussi

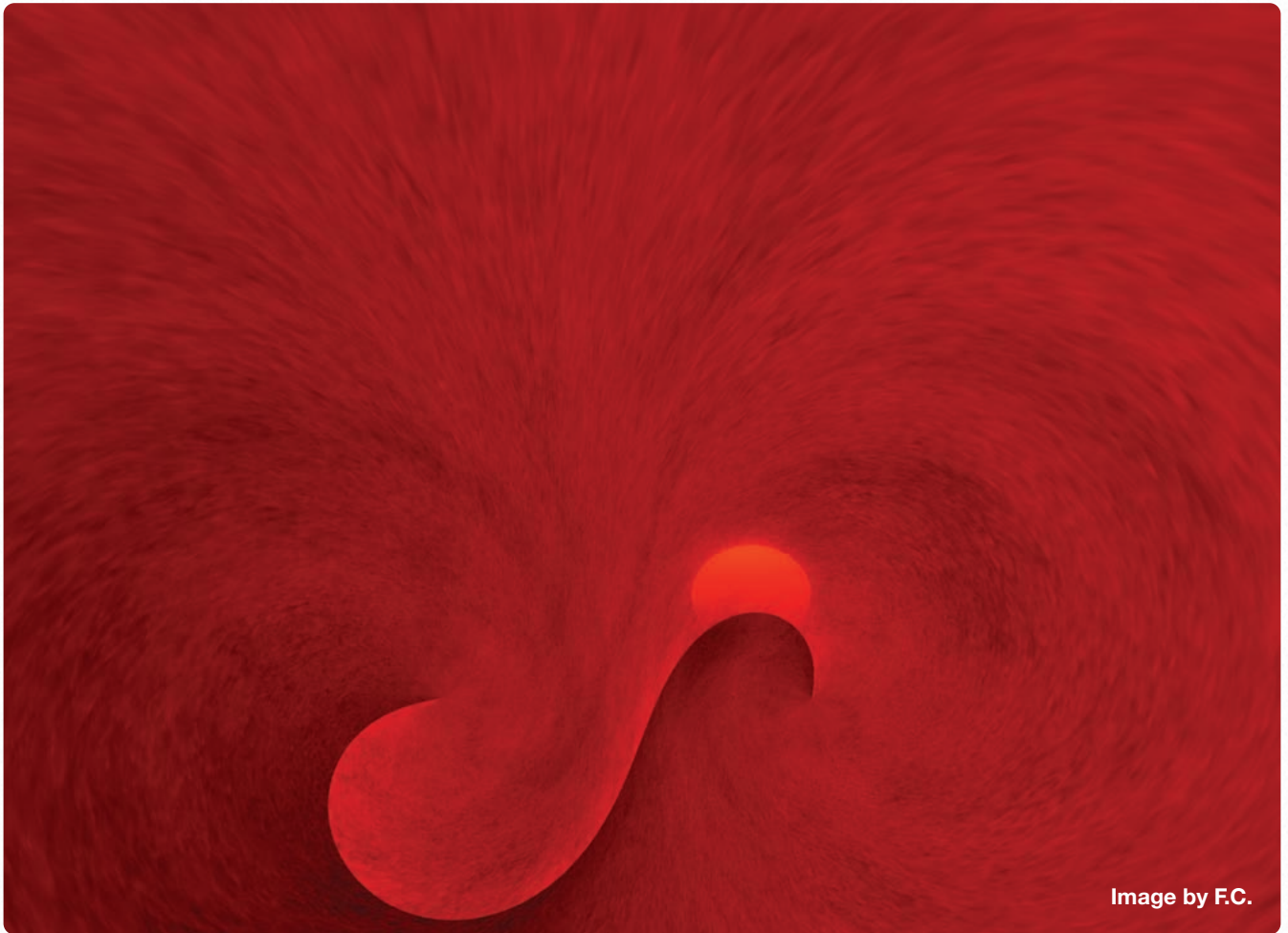


Image by F.C.

What's happening in France?

In France, the main event was the 11th CFHTB forum that occurred in Montpellier May 1-4, under the supervision of Isabelle Nickl s, president of this congress. Needless

to say the Forum was a success thanks to Isabelle, and her team.

More than 1000 participants gathered in Montpellier in the Corum, a beautiful conference hall located in the center of the city. A fo-



rum, as we all know, is a place to meet, to exchange knowledge, and a place to learn.

There was a wide range of rich presentations ranging from: hypnosis in geriatrics with G. Perennou to the possibility of hypnosis to treat the symptoms associated with mastocytosis, results presented from the study Hypnomast, rapid-induction in dentistry, and the neuro-development of children.

No matter if a workshop or a conference, all insist on the importance of the therapeutic alliance whatever the tool used and based on the research behind it.

Two enlightening events closed the conference: lectures given by Roxana Erickson and Giorgio Nardone.

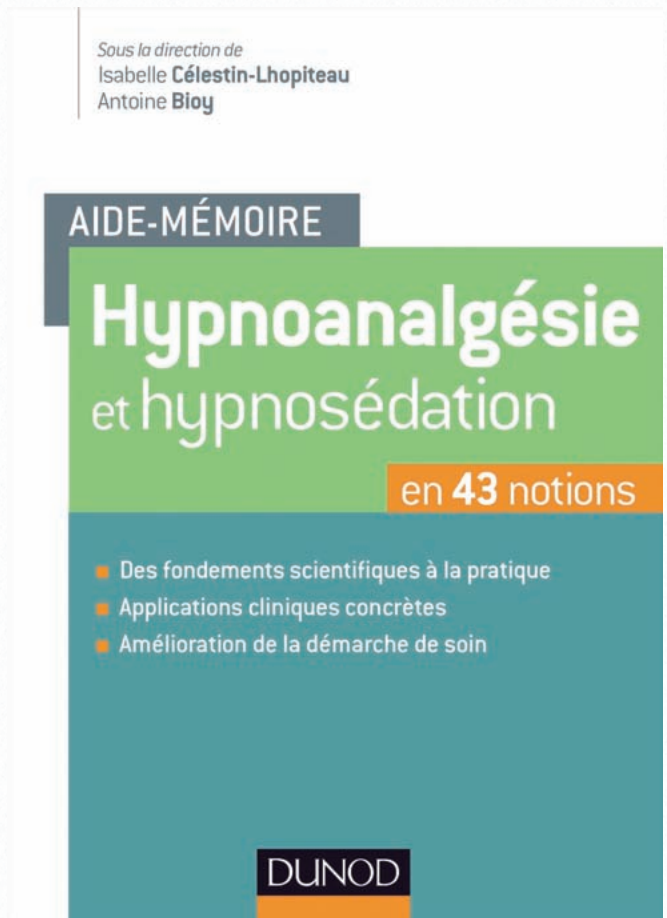
At the closing of the congress, a presentation to the general public enabled more than two hundred people to ask questions about the process of hypnosis showing the growing interest for a reliable information to the general public.

In the different booths that were in the congress, it was also interesting to notice the growing presence of companies offering hypnosis in a virtual reality setting.

Finally the torch was passed to Luxembourg for the next CFHTB Forum in 2021 and also to Basel for the ESH congress in 2020.

## Book Reviews and French Journals

*“Hypnoalgésie et hypnosédation”* was published by Dunod House in 2014 under the direction of A. Bioy and I. Célestin-Lhopiteau. In clear prose, the text offers the reader information about how hypnosis can manage pain and work as an alternative to anesthesia. The various authors across the 43 chapters propose concrete exercises. At the end of each chapter a bibliography allows the reader delve deeper





into the different topics if they should desire so. It is an excellent reference book to have as part of one's library.

Bernard Hévin at SATAS wrote "*Les ruses du langage: initiation à la sémantique générale d'Alfred Korzybski*" a book about language, based on the work of Alfred Korzybski. It is not always an easy read, but it is well worth the effort because is an essential tool in our clinical work using hypnosis language.

He notably addresses the importance of how reality is constructed and how one can be stuck because of his/her premises. Hévin insists that different levels of communication influence our attitude for change. For the reader who wants a stimulating reflection about language, this book is well worth reading.

### ***HTB Hypnose et Thérapies Brèves***

The main issue of the journal is about emotions. We now know we cannot live or decide without emotions. Reason by itself is not sufficient. But do we have the right emotions? How can we avoid being overwhelmed by them?

Gérard Osterman reminds us that there is no negative emotion by itself, each one has

a goal and a benefit. All emotion should be regarded as positive even if some are more enjoyable to go through than others. For the therapist it's also important to find the right place and the right distance with the patient. In this issue there is an article by Dominique Megglé about post-hypnotic suggestion (PHS) and how to proceed to deliver a good PHS that will be followed by the patient.

### ***TRANSES***

The issue N°6 of the journal TRANSES is about creativity and its relation to changes, how it brings a new way of looking at issues, problems, how it helps to bring a new orientation to a stuck situation.

Being more creative is a competency which is needed more and more in an ever changing world.

There are many more articles in this rich issue worth reading, like the one on hypnosis and sports by Helene Daniel.

Hypnosis is more and more used in sports, to reduce stress, help with emotion during competition and help athletes and leisure sports to focus.



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## **Connection with** The German Community

**By**  
**Marie-Jeanne Bremer**



Image by F.C.



# Interview to Martine Hoffmann

## By Marie-Jeanne Bremer



**Allow me to introduce the interview with Dr Martine Hoffmann, Researcher in the Center of Gerontology in Luxembourg, with a personal experience.**

**The incipient dementia of a family-member was very aggressive. A night that my brother-**

**in-law had to spend with us turned into a nightmare.**

**He felt threatened in an unfamiliar environment and was convinced he was surrounded by enemies; hallucinations or flash-backs from World-War II flared up. In this situation, I was impressed by the effectiveness of some simple suggestions of Autogenic training.**

**With a calm voice I could accompany him in a deep and peaceful sleep. Unfortunately, I had no further possibilities to support him but I am convinced that hypnosis and self-hypnosis can be very powerful in gerontology. And so I congratulate my colleague for her efforts to promote hypnosis in the field of geriatric care.**

**Martine, you are in charge of the unit for applied research «Cellule de Recherche» at the RBS-Center for Gerontology in Luxembourg. May you tell us more about your work?**

**I started my work career as a researcher in gerontopsychology and psychosocial oncology at the University of Luxembourg.**

**After several years of pure academic research, I subtly felt the urge to step out of the ivory tower into a more practical landscape - in the field of health promotion and preventive care for the elderly.**



Luckily, I got the chance to combine both and bring to life the unit for applied research 'Cellule de Recherche' at the Center for Gerontology. Being a small unit with a big mission – namely 'to bring science out of the lab' - the unit pursues the goal to address real issues of real people in real life.

Consequently, my everyday work is multifarious, sometimes challenging and never boring. It includes on the one hand project-related development of programs and evaluation of trainings, and, on the other hand therapeutic intervention studies combined with innovative technologies, such as neurofeedback or virtual reality.

The overreaching goals of my research endeavors encompass, most notably, the promotion of healthy aging, improvement of self-regulation competences, psychosocial wellbeing and mental resilience in middle and late adulthood.

**Your are trained in Ericksonian hypnosis and you recently invited Pr Dr Walter Bongartz, an internationally renowned expert and pioneer in hypnotherapy research to address the role of hypnosis in the domain of care for the elderly. What perspectives do you see for the implementation of hypnosis with elderly people ?**

I felt very honored and optimistic that Walter Bongartz accepted my invitation to come to Luxembourg and give a conference lecture on possible applications of hypnosis in the context of geriatric care. Though clinical hypnosis has

become increasingly popular over the recent years and is meanwhile well accepted in healthcare provision – the domain of geriatric care remains woefully underlit.

At least in Luxembourg, geriatrics and hypnosis are still "strangers to each other". This is all the more surprising as elderly people are particularly often suffering from conditions (e.g. pain, depression, anxiety, insomnia) that respond well to hypnosis treatment. As the saying goes: 'Strangers are just friends waiting to happen', there are many good reasons to encourage hypnosis to enter the field of geriatric care and to captivate scientific interest.

Though research literature is still sparse, it is nevertheless promising.

One study by Duff and Nightingale, for example, demonstrated that hypnotherapy for people living with dementia may be a valuable form of therapy in enhancing their quality of life. Further research is needed to explore in more detail the benefits hypnotherapy can hold for geriatric patients and how it might reduce the need for medication.

In Luxembourg hypnosis is utilized mainly by psychiatrists, psychologists and medical doctors.

More recently, nurses in primary care have been acquiring and using similar skills. These skills could be of great utility in geriatric nursing as well.



Hypnotic principles may help building rapport with the elderly person, alleviate fears, reduce stress, activate resources, and create an overall better experience for the person - without any additional expenditure of time. We endorse the training of hypnotic principals and communication in geriatric nursing in our institute, and started offering need-tailored training seminars in collaboration with the IMHEL.

**Do you have some concrete projects of research with hypnosis?**

Yes. At present I am involved in a pilot project to explore the potential for virtual reality technology to expand the application of hypnosis as mood-regulating treatment modality for the elderly.

The theory in developing virtual reality hypnosis is to apply three-dimensional, immersive, virtual reality technology to guide the elderly person through the same steps used when hypnosis is induced through an interpersonal process.

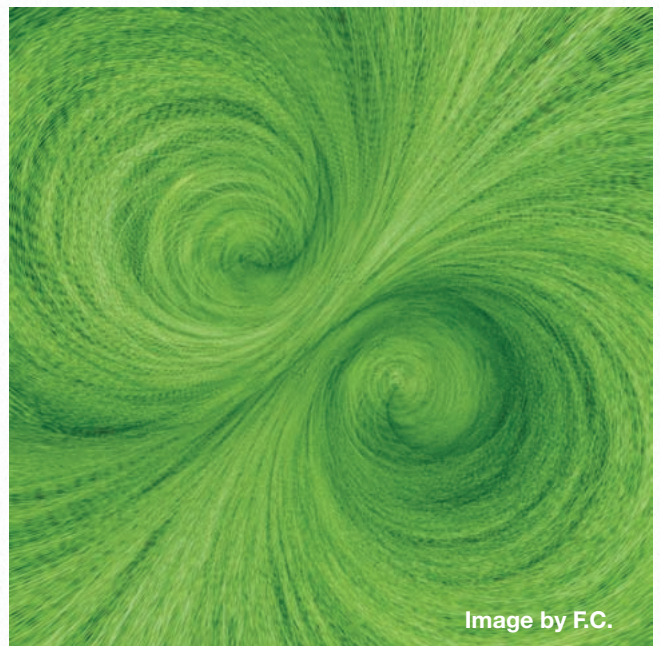
There is evidence that virtual reality technology may be helpful in several settings, particularly where resources are limited, or there are considerable distractions to patients with an already compromised cognitive capacity.

In addition, we argue that virtual reality may enhance hypnotic response in those with low hypnotizability. With less dependence on the skill of a trained hypnotist, such technology may

increase the capacity to reach a greater number of nursing home residents who could benefit from hypnotic mood-enhancing experiences.

A preliminary pilot-test has already taken place at the Cellule de Recherche and a nursing home, where we compared the effects of the newly designed VR-hypnosis prototype and therapist-induced hypnosis.

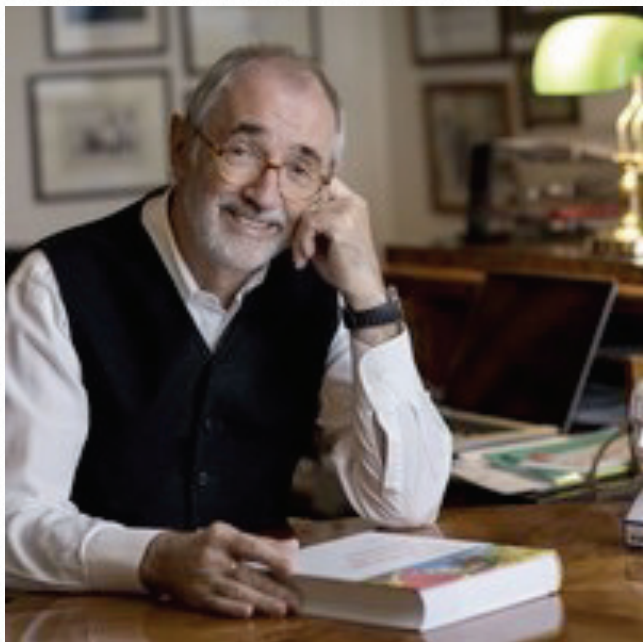
First findings exploring the comparative potential of the VR-modality are currently being evaluated. We are certainly embarking on a fascinating research pathway here. But in either way - with and/or without virtual reality - it is my concern that hypnosis finds its way to geriatric care.





# Interview with Burkhard Peter

## By Consuelo Casula



**Dear Burkhard, I would like to start asking you what is your background, and how you started being interested in hypnosis.**

I started 1969 with studies in German philology, politics, and, finally, psychology. During the latter I was trained in behavior therapy as this then new approach was about to enter the German universities in the early 1970s in order to replace psychoanalysis.

Besides university I was very interested and trained in the, then also new, approaches in humanistic psychotherapies like Gestalt, transactional analysis and client centered therapy. After finishing my university studies in 1975 I wrote a book on relaxation techniques. Especially the topic autogenic training made it necessary to have a look at hypnosis. What I read in two thin books was very poor and disappointing. I found serious

psychotherapy couldn't work that way. So I finished my own book without saying a word about hypnosis. Some months later, quite accidentally, the book "*Hypnotic Realities*" of Erickson, Rossi and Rossi appeared in German. I was fascinated how skillfully and effectively hypnotic states and phenomena could be used for psychotherapeutic purposes within rather different psychotherapeutic approaches. Today I think by this combination of frustration and fascination within a short temporal interval my attention was focused on hypnosis.

Incidentally, at this time in 1976 two older colleagues and I were already about to found an Institute for Integrated Therapy (IIT). We wanted to combine, and in ideal case integrate, all these new approaches in a client-centered manner.

In order to make the IIT public we invited some of the then famous colleagues to conduct seminars at our Institute, like Frederick Kanfer and Eugene Gendlin. Among them was also John Grinder who was referring in his workshop very much to Milton H. Erickson whom we knew already through Paul Watzlawick. With two other (then very young) American pupils of Erickson as trainers my colleague Wilhelm Gerl and I organized in the following years an advanced education in Ericksonian Hypnotherapy. Together with my wife Alida, my then girlfriend, we participated in one of Erickson's famous teaching seminars in Phoenix.

There and then, on Sept. 7, 1978, we asked his permission to use his name for a new hypnosis



society, the Milton Erickson Society for clinical hypnosis in Germany (M.E.G.). Obviously, it was the right time to look at hypnosis from a different perspective. We were not the only ones. At our First Congress for Ericksonian Hypnosis and Psychotherapy in 1984 at the university of Munich we had already 400 attendees and contacted many like-minded colleagues to help revivify hypnosis and hypnotherapy in the German speaking countries. Walter Bongartz and Albrecht Schmierer attended this congress. Dirk Revenstorf, Gunther Schmidt and Bernhard Trenkle joined the board of directors of M.E.G.

**After your first steps in the field of hypnosis, what convinced you to favor hypnosis instead of other therapeutic interventions?**

I beg your pardon, but I cannot confirm the implication in your question: I never favored hypnosis instead of other therapeutic interventions. I am educated in different therapeutic approaches and I use them as psychotherapist. I apply hypnosis if there is an indication and no contra-indication, i.e. when it is useful and might not be potentially harmful. I use indirect techniques to induce “trance” states and I use classical or traditional techniques to induce “hypnosis” depending on the needs of the individual patient.

**What were your most significant moments, the turning points that have increasingly involved you in the field of hypnosis?**

This certainly was the encounter with Milton Erickson, as a person and a teacher, in Phoenix in September 1978. However, I was already fascinated by hypnosis. So you may ask me whether there were some other, older “predispositions” – so that I first was so disappointed and later on

again captivated by hypnosis in 1976. About two decades later I had a fascinating experience: During the 1990s I started to collect old and rare books on hypnosis and noticed a growing interest in a man named Johann Joseph Gassner. He was a Swiss priest at the parish Klösterle in Vorarlberg and became very famous as an exorcist on the turning point between late Middle Ages and the beginning of the Enlightenment. His exorcism provoked the most heated debate of the Enlightenment. Members of the Bavarian Academy of Sciences asked a then not yet famous physician in Vienna, Franz Anton Mesmer, to come to Munich in 1775 and testify against Gassner. When I read about the procedures of Gassner I was extremely fascinated because I became aware that he was teaching self-control techniques to his patients.

So I wrote some articles and tried – I may say without lasting success – to convince the hypnosis community that Gassner’s exorcism - not Mesmer’s magnetism - is the real predecessor of modern hypnosis.

One day when I was once again visiting my home church and contemplating the different old artifacts I was shocked: the big ceiling fresco shows a bishop (St. Ägidius) who is blessing two sick people on a stretcher and out of the mouth of one of them a little black devil is flying. You must know: Quite a similar picture is on the front of the first old and rare book on the Gassner that I bought around 1995. This was a kind of a revelation for me when I realized that as a child I had seen this ceiling fresco so many many times and had “forgotten” it for so many years until now when I have written my Gassner-papers.



Then I also “discovered” other things like a statue (St. Ottilie) who’s eyes are turned upwards – like being “hypnotized” in the way of Herb Spiegel’s eye roll technique. So let me say with a very big wink and smile: hypnosis is part of my “epigenetics” – because all of my ancestors have seen this fresco and statue since the times before Gassner’s and Mesmer’s birth in 1727 and 1734, respectively, as this church was built in the years 1722 to 1726.

**You are one of the founders of the Milton Erickson Gesellschaft für Klinische Hypnose (M.E.G.) and its honorary member. What was your purpose in founding M.E.G.**

Initially I wanted to reinstall the reputation of hypnosis among colleagues, to establish hypnotherapy as a serious therapeutic tool which can be used by professional psychotherapists, medical and dental doctors. My colleagues in the front row of the M.E.G. and I have achieved this goal to some extent – but there is still much to do.

At the same time unfortunately there was and still is a growing interest from lay healers to use hypnosis which is, in my opinion, disastrous for patients and for the further serious development of hypnosis. So we have to take a professional position to prevent lay hypnosis.

**You also have organized several congresses. From your experience what is the magic combination that makes a congress successful?**

You better ask this question Bernhard Trenkle because he is the expert in this field. I was mostly interested in presenting new and intriguing scientific results – getting the relevant scientists was not always easy – as well as presenting established and also new clinical expert knowledge in order to set hypnosis and hypnotherapy on a sound basis. Unfortunately I did not observe enough of the social aspects which are important as well when colleagues from all over the world are gathering.

**From your point of view, what were the most significant contributions you have made in the field of hypnosis?**

This was probably the Joint Conference in Jerusalem in 1992. Today you cannot imagine anymore and only a few will remember these days in the 1980s when the hypnosis community was divided in a twofold way: There was the scientific quarrel between the socio-cognitive and the state theories which however didn’t bother me very much.

I was shocked however experiencing the animosities of the so-called “Traditionalists” in the International Society of Hypnosis (ISH) against the then so called “Neo-Ericksonians” to whom I felt belonging. Deeply disturbed I left, for example, the ISH-Congress in The Hague in 1988 and thought about what I should do.

Fortunately I met Moris Kleinhaus at Walter Bonartz’s ESH-Congress in Constance 1989 and we decided to set up a pre-congress to the 12th



ISH-Congress he was about to organize for 1991 in Jerusalem.

Because of the first Gulf War we first wanted to transfer these meetings to Rome – Camillo Loriedo then was very helpful – but finally we postponed both events for one year. So in 1992 the Traditionalists and the Ericksonians came together in a joint conference for the first time and since then there is no longer a split.

I myself was asked to join the ISH-board of directors and organized the 15th ISH-Congress in Munich in 2000. By the way, still thinking in these old categories: today an “Ericksonian” and former president of M.E.G., Bernhard Trenkle, is currently president of the ISH.

**You have written several books and articles, what is your favorite book and for which reason?**

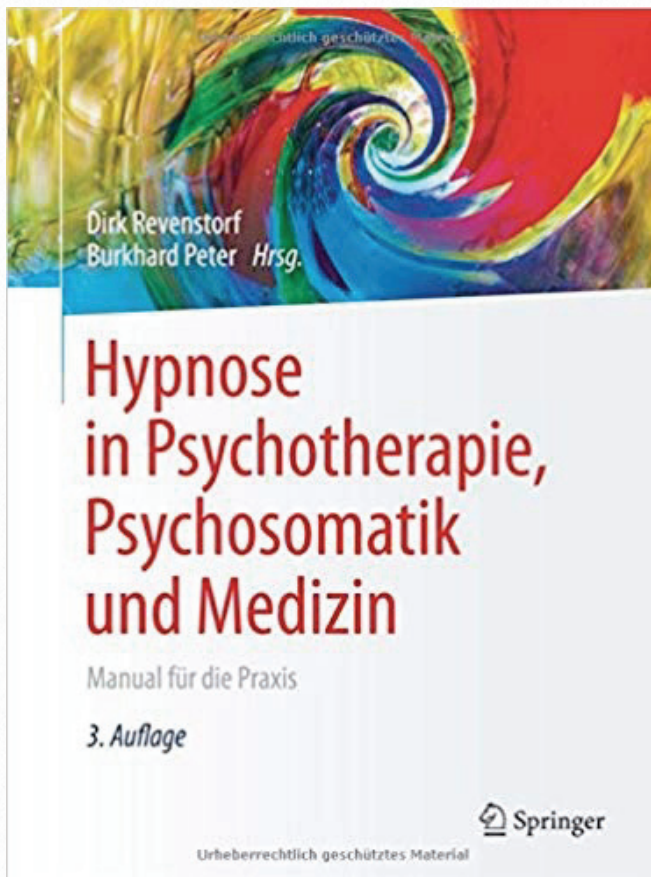
Oh, that’s difficult to answer. I am proud of the newest book which I wrote together with my friend Dirk Revenstorf which came out in 2018. There I gave a comprehensive overview on what I think is the essence of hypnosis based on the scientific results of the last two decades.

But, of course, the most important book is the textbook Dirk Revenstorf and I edited in 2000, “*Hypnose in Psychotherapie, Psychosomatik und Medizin*”.

With 900 pages and a price of now 90 € it is challenging but is still a steady seller. At the time of its 3rd edition in 2015 it was sold more than 12.000 copies (I don’t know the actual figures).

People call it the “hypnosis-Bible”. I am also proud of the hypnosis journal I have been editing since 1984. With a circulation of 5.500 “Hypnose-ZHH” is one of, probably the most read hypnosis journal in the world – unfortunately it is only in the German language. After a delay of one year each article is available for download.

The most frequently downloaded article – more than 14.000 times – is one of 2012 in which I tried with students and colleagues of mine to get a personality profile of those colleagues who used hypnosis in their respected fields of psychotherapy, medicine and dentistry – the very first look at what I later on called the “*homo hypnoticus*”. So, in the words of the late Erika Fromm, not only hypnosis itself but also our efforts were not in vain.





Burkhard Peter, Dirk Revenstorf

# Hypnotherapie

**Kohlhammer**

**So far you have received numerous awards, please mention those that are most significant to you, those you are most fond of?**

I am fond of all of them because I received them from organizations that I deeply respect, the Erickson Foundation, the M.E.G. and the ISH.

**You developed an expertise on hypnosis and attachment also correlated with gender issue. Can you tell us what you have discovered that it will be useful to the ESHNL reader?**

We could not replicate our first results relating hypnotizability to attachment: I thought that only securely attached people would score highly on hypnotizability because only they would be stable enough, i.e. would have enough ego-strength in order to let themselves being engaged in such “disturbing” things like hypnotic phenomena.

Quite the contrary came out in the first research but could not be replicated in a second one. Such ideas of a correlation were probably too simple to show valid results.

So we looked at moderators and researched the interdependency of hypnotizability, personality styles and attachment and found meaningful correlations.

We identified two groups among the high hypnotizables that differed mainly according to attachment style: one consists of securely attached, charming/histrionic, and optimistic/rhapsodic people, who are best described by socio-cognitive theories.

The other is composed of insecurely attached intuitive/schizotypal people, who are better depicted by dissociation theories. We were lucky enough to have almost equal numbers for both genders so we re-examined our data according to gender.

To our surprise we found no specific differences for personality and hypnotizability in the high hypnotizables.



Similarly, we found no differences between high, medium, and low hypnotizable females, but differences among males. In comparison with females, low hypnotizable males were less intuitive/schizotypal and less loyal/dependent.

Within the whole sample and among securely attached high hypnotizables, two peaks were observed for charming/histrionic and optimistic/rhapsodic styles, which suggests a “prone to hypnosis” personality style – another hint for the later called *homo hypnoticus*. I already then “warned” that there might be a high self-selection bias in hypnosis experiments which potentially creates confounds for the majority of the hypnosis studies.

**Can you share with us what is your current major interest and what are you planning for your future?**

I just submitted an overview article on my research of the last years which was intended to find out whether there is a *homo hypnoticus*, a special human “species” especially interested in hypnosis.

For this purpose, we compared several samples of hypnosis-prone people with those who are not interested in hypnosis, and I think we finally

identified the *homo hypnoticus*. But I cannot share details of the results until the reviewers have made their decisions and the article is published.

Re future: I am still interested on this topic of the therapist variable in general and of the personality style of my fellow hypnosis-prone colleagues in particular. Besides this: It is said that there are “super shrinks”. Are there also “super hypnotherapists”?

By which characteristics do they differ from “normal” or even “bad” hypnotherapists? By acquired personality styles or by learned skills? How can one become a “super hypnotherapist”? In developing one’s own personality by experiential methods or by script-driven learnings of communication skills. Do our hypnotherapy training courses help to develop the one or the other or both aspects equally?

And I am still active in my basic fields working as a psychotherapist and conducting workshops in hypnotherapy.

**Thank you very much and look forward to seeing you in Basel**



# 29

**Connection with  
Ego State Therapy Community**

**By  
Silvia Zanotta**

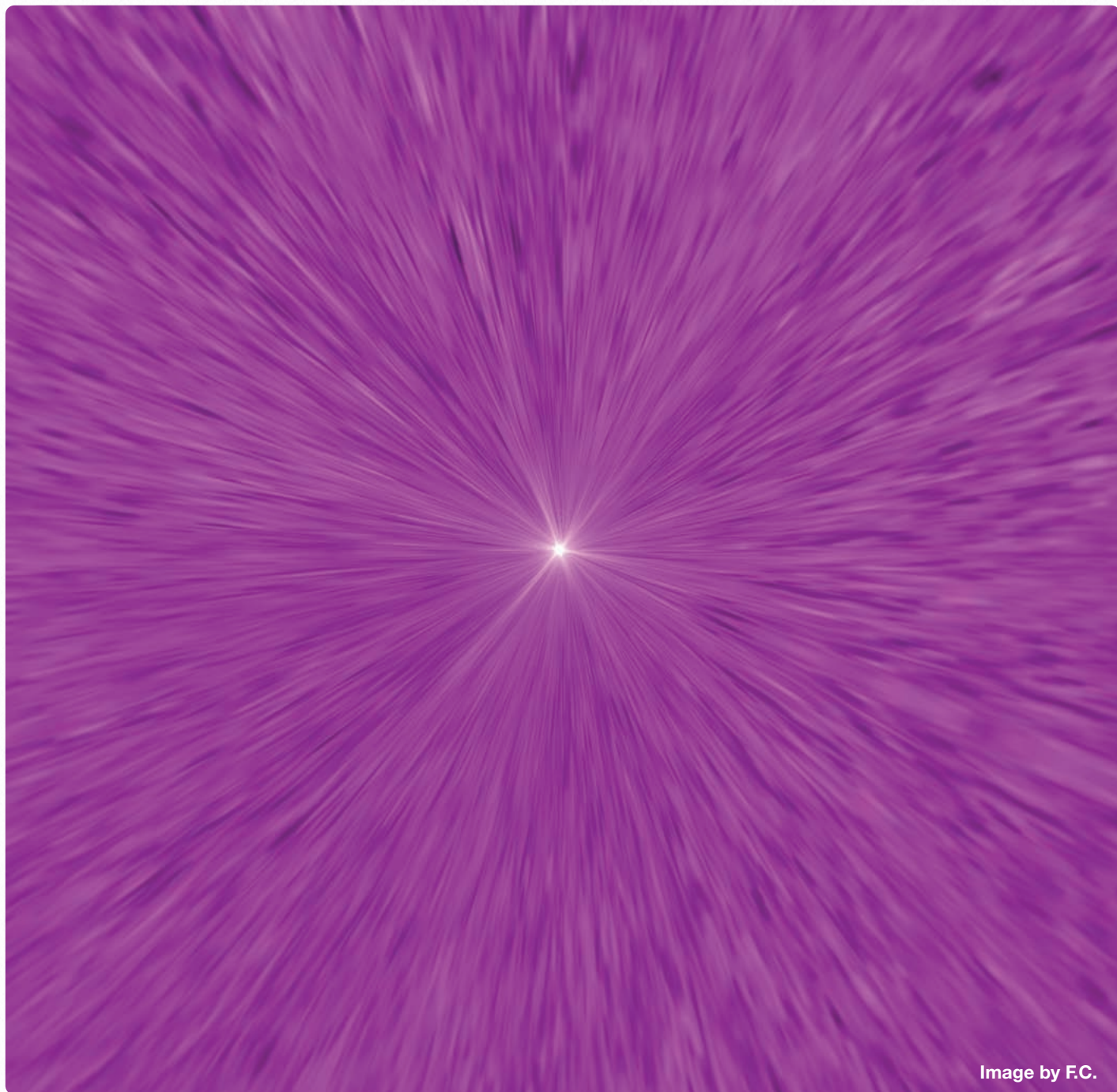


Image by F.C.



# Interview with Stephen Porges

## By Silvia Zanotta



**Dr. Stephen W. Porges is Professor of Psychiatry at the University of North Carolina, Distinguished Scientist and Founding Director of the Traumatic Stress Research Consortium at Indiana University. He is Professor Emeritus of Psychiatry at the University of Illinois and Professor Emeritus of Human Development at the University of Maryland at College Park. He is past-president of the “Federation of Behavioral, Psychological and Cognitive Sciences and of the “Society for Psychophysiological Research“. Dr. Porges developed the Polyvagal Theory which has become essential in trauma therapy all over the world.**

**Dr. Porges, your polyvagal theory has become relevant and essential for psychotherapists,**

**especially in the field of trauma or attachment. How would you explain hypnosis from the neurophysiological point of view? Which parts of the vagus are involved when a person is hypnotized, on different trance levels?**

I find this an interesting question, since the neurophysiological mechanisms underlying hypnosis have been elusive. Polyvagal Theory may provide a lens to reframe this question. Most of the research on neural mechanisms related to hypnosis has focused on higher brain structures using imaging and EEG technologies. Polyvagal Theory would focus on the shifts in neurophysiological state that would be controlled by brainstem areas. Polyvagal Theory would re-interpret hypnosis as an emergent property based on a neurophysiological state. Functionally, within Polyvagal Theory, hypnosis would overlap with states associated with immobilization without fear. This state reflects a ‘body’ that is safe and the neural defenses that are manifested in autonomic reactivity to support fight/flight defensive behaviors become dormant and are literally contained and constrained by cues of safety that might be recruited by the hypnotherapist’s modulated voice and quiet office. The critical point is the hypnotic state has features that overlap with the Polyvagal concept of immobilization without fear. Within Polyvagal Theory, immobilization without fear is frequently associated with intimacy and the dampening of defense. To experience immobilization without fear, the autonomic nervous system down regulates the sympathetic nervous system (i.e., reduced



movement and support of skeletal-spinal muscles). However, both ventral and dorsal vagal pathways appear to be integrated during this state, which is highly efficient in supporting health, growth, and restoration. In a way, hypnosis may be conceptualized as an ‘emergent’ property of an autonomic state – a state that requires contextual cues that the individual is ‘safe enough’ to give up vigilance and all aspects of defense. There appears to be an overlap between a ‘pre-ambled’ or setting condition to sleep and to be hypnotized. Another interesting feature of hypnosis that would support this conjecture is the focus on verbal commands, which confirms that the auditory processing component of the social engagement system described in Polyvagal Theory is active. Thus, it appears that both the ventral and dorsal vagal systems are recruited and coordinated as would occur during moments of intimacy and safety. However, there are various forms of hypnosis and strategies to induce hypnosis. The above speculations are most consistent with calming and not the diverting of attention strategies.

**How do you explain the different ego-states/personality parts (e.g. personality parts frozen in the past) from the neurophysiological/polyvagal point of view? How are states/personality parts represented in the nervous system/brain?**

Polyvagal Theory emphasizes that autonomic state provides a neural platform upon which behavior and psychological processes emerge. Thus, many of features that have been labeled as personality parts may be reconceptualized as emergent properties of specific physiological states. For example, an aggressor part may require

an activated sympathetic state, while a victim part may require a dorsal vagal state. Similarly, the ventral vagal state may provide the neurophysiological substrate for a more integrated and socially interactive part. These points emphasize the role of autonomic and behavioral state regulation (i.e., controlled in the brainstem) in providing the ‘platform’ for specific parts to emerge. However, these brainstem structures communicate in a bi-directional manner with the cortex and other higher brain structures suggesting that the ‘personality parts’ are represented throughout the nervous system including the neural regulation of our peripheral organs.

**How do you explain transgenerational trauma/epigenetics from a neurophysiological/polyvagal point of view?**

The regulation of the autonomic nervous system is linked to both top-down and bottom up mechanisms. An important construct in polyvagal theory is neuroception. Neuroception is a process through which our nervous system evaluates risk in the environment including interpersonal interactions and external stimuli.

The unique feature of neuroception is that we are not aware of the ‘feature’ we detect as being of risk, although we are very aware of our body’s reaction. This disconnect between the disruption in physiological state and the actual signal triggering the disruption, frequently results in an inappropriate attribution of causality to an individual or event in close proximity. This attribution becomes supported by a narrative that now becomes reality. In part, this is acted out in many social re-



relationships in which arguments are only mutually hurtful and never adequately repaired.

Of course, we can see the role that neuroception has in inducing hypnosis by triggering a physiological state of safety leading to immobilization without fear. However, the process of neuroception is also a potential mechanism through which threats are transgenerationally transmitted by family and community.

It is also functioning during early development and the transition from intrauterine to extrauterine life. We are a 'reactive' neuroceptively driven organism before we are cognitively regulated. Epigenetics may play a role in 'retuning' the threshold of our neuroceptive process by either heightening our sensitivity for cues of danger or safety.

**Which is the main focus in your work right now?**

My focus remains on understanding the portals to retune our nervous system to be 'enabled' to experience the transformative benefits of feeling safe. I continue to work on methodologies and technologies to trigger cues of safety to downregulate defense and optimize both mental and physical health through an active and functioning social engagement system.

Basically, I continue to work on providing an understanding and a pathway to enhance co-regulation, which I see as the birthright of being a human.

**What potential do you see in the future development of the polyvagal theory? What is important? Which are your main goals and wishes?**

I am fortunate to see Polyvagal Theory embedded and incorporated in our understanding and treatments to optimize mental and physical health. I am now seeing the theory move into education and early child development. I see Polyvagal Theory as a rudimentary manual to help humans to interact, connect, nurture, playfully challenge, enjoy and optimize their lives.

**Which advice would you give to your young self? Which message?**

I have thought about this. In retrospect, a little more patience and little less frustration would have been helpful. However, in many ways we are our own mentors and the passion I had in youth has served me well.

**Is there a question you would have liked to be asked?**

Questions are a wonderful way to organize thoughts. Thank you for the opportunity to respond to the above questions, which have provided a nice platform to expand my thoughts of Polyvagal Theory to your community.



# 33

## Connection with The International Society of Hypnosis

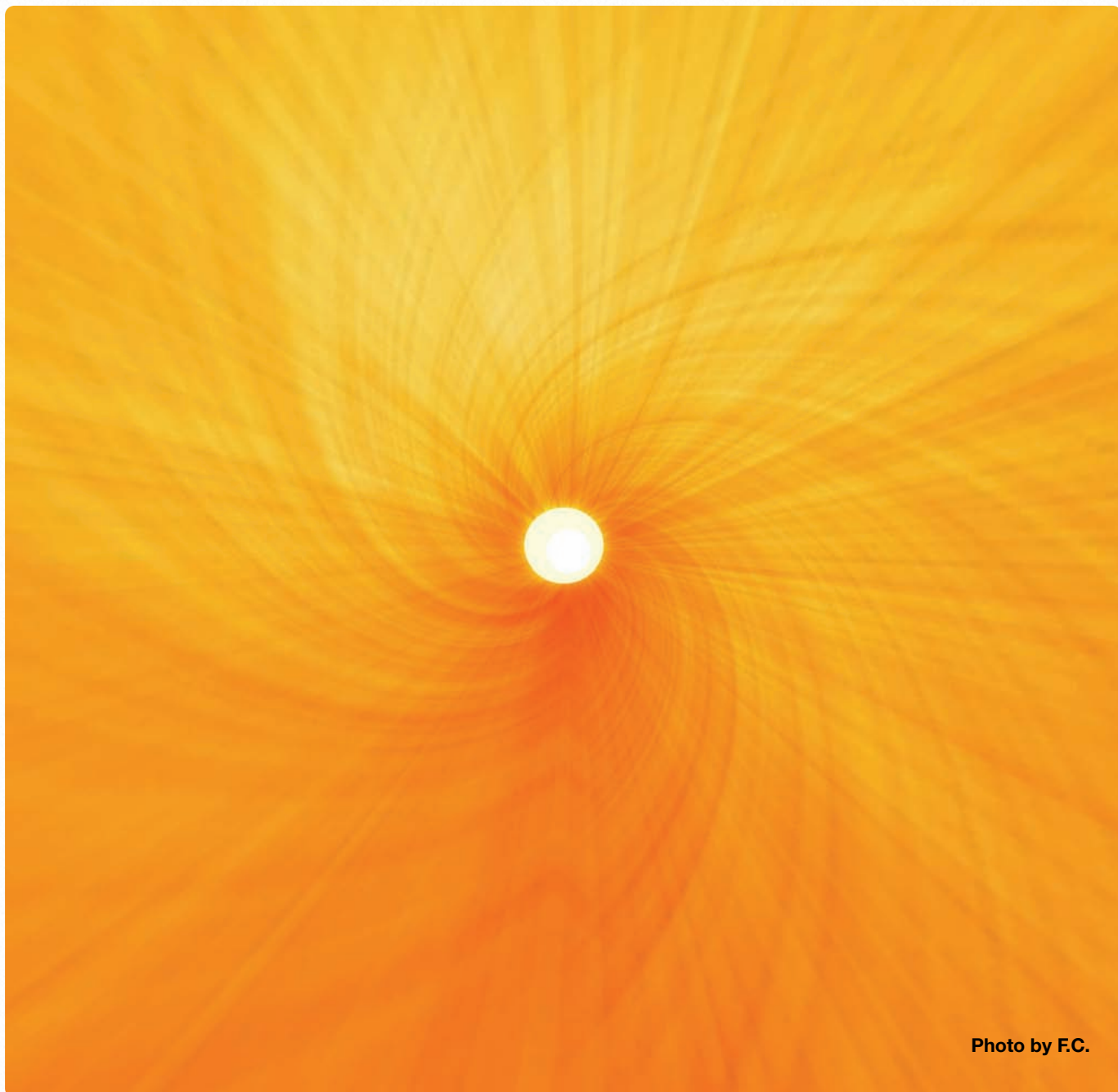


Photo by F.C.



# Interview with Mark Jensen

By  
Consuelo Casula



**Dear Mark, thanks for accepting to be interviewed for the ESHNL. Please, present yourself to the ESH reader, sharing with us your background, and how and when you became involved with hypnosis.**

I have been interested in understanding how the brain and body create the experience of pain and how individuals can effectively manage pain for almost 40 years. This interest has only grown over the years. In graduate school, I was taught how to provide cognitive-behavioral therapy and operant treatment for pain management. Many patients told me that they used the skills they learned with these treatments to decrease the

negative impact of pain on their lives. But then many asked me, "... but isn't there anything that can be done to reduce the pain itself?" For almost 15 years my answer was, "No, not really. Sorry.

It is easier for people to learn how to respond to pain than to change the pain itself. But you can learn to accept your pain, because 'pain is inevitable, but suffering is optional'." This was not always received that well. Then in the early 1990s I read a book: *A Whole New Life* by Reynolds Price. In this book he described how he learned and then used self-hypnosis to experience greater comfort, despite the presence of significant damage to his back.

Here I saw an opportunity to address an issue that many patients had asked for help with.

So I sought and obtained funding from Paralyzed Veterans of America to cover my salary for one day a week, allowing me to read about and obtain supervised training in the use of hypnosis.

As a part of this project, I agreed to treat a number of patients with spinal cord injury and chronic pain. If the patients found it helpful, I promised, I would write a grant proposal for a clinical trial to evaluate the efficacy of self-hypnosis training for individuals with spinal cord injury. For one year, I had weekly supervision sessions with Joseph Barber, and treated patients with chronic pain that had not responded to any other treat-



ment. To my surprise and to the delight of the patients, all of them obtained significant relief. I then wrote a grant proposal to perform a full scale clinical trial.

Over time, the focus of my research and clinical work has changed to include, more and more, the study and use of hypnosis for symptom management. I have now conducted and published numerous clinical trials, I am conducting two currently, and have plans to conduct more. Over time, the research focus has switched from testing efficacy (because we now know it is effective) to understanding mechanisms—why it works.

**You seem to have enjoyed the experience of being ISH treasurer for two terms, after which you accepted the role of president elect, to become president in 2021. What did you like the most, and what do you like about being a member of the ISH board?**

There is much to like about being involved in ISH. First, there is the opportunity to contribute to the mission of ISH, which is to stimulate and improve hypnosis research, encourage cooperative relations among scientific disciplines with regard to the study of hypnosis, bring together qualified persons who use hypnosis worldwide, establish and maintain standards for professional training, promote scientific events and training activities, and facilitate the exchange of students in joint research programs worldwide.

All of these activities increase our knowledge about hypnosis and encourage its use, ultimately bringing more comfort and healing to individuals who could benefit from hypnosis. Effecti-

vely working towards achieving these goals is extremely meaningful.

And then, there is the satisfaction of being able to work and interact with the incredibly talented group of individuals who are on the ISH Board of Directors. I have developed wonderful friendships with like-minded people, and had the opportunity to travel, meet, and learn from master clinicians and brilliant scientists from all corners of the world. This work has at different times been fun, meaningful, and absorbing; often all three!

**Your main activities are as a university-based researcher, and an expert in the use of hypnosis for pain management, teaching all over the world. What can you add to that?**

Well, I suppose that pretty much covers it. In these roles, I am constantly thinking about how we can make hypnosis even more effective, how we can encourage more health care providers to incorporate hypnosis into their practice, and how to disseminate the most useful findings from our clinical research studies to clinicians who use hypnosis.

Some of the projects I am most excited about (and for which I have submitted proposals to obtain research funding) include (1) using neurofeedback to enhance response to hypnosis even more, for we think that teaching patients how to increase the magnitude of specific brain waves will increase their ability to absorb hypnotic suggestions, and (2) with colleagues Michael Teut and Cordula Dietrich in Berlin, studying how music might help facilitate response to hypnosis.



I have also been very excited about how clinicians might use reflective listening to find the patient's own self-suggestions, then using these self-suggestions as hypnotic suggestions with the idea that they may be particularly powerful. I will be teaching a workshop on this topic at the upcoming "Hypnosis: New Generation" conference that will be held in Budapest from May 30 to June 1, 2019. I will also be teaching a workshop on this topic at the DGZH Hypnose Kongress in Berlin from August 29 to September 1, 2019.

**From 2017, you made a big change in your usual activity. You started editing a series called *Voices of Experience*, the first volume of which is entitled *The Art and Practice of Hypnotic Induction: Favorite Methods of Master Clinicians*. Can you tell the reader how you started this interesting adventure involving different voices from all over the world? Now that the series is becoming an articulated reality, can you go back and tell us, when you created the entire project what was your intention, your purpose, and how it has become more defined?**

Sure! This project is aligned with my goal of increasing the efficacy of hypnosis treatment worldwide. As I have worked in this area and had the opportunity to meet with and learn from master clinicians, it occurred to me that we have a very deep and rich resource of knowledge about the effective use of hypnosis worldwide. We have clinicians who have been using hypnosis for decades.

Over time and after seeing thousands of patients, they have adapted or developed approaches and techniques that they have found to be very effective.

Some, but not all, teach these approaches at national and international workshops. But not everyone can attend these workshops. It struck me that it would be very useful for clinicians to have access to this rich source of information and experience.

I therefore developed the idea of a series of books (the *Voices of Experience* series) in which master clinicians would describe a favorite therapeutic approach or technique that they often use in their practice, and have found to be highly effective.

I invite them to also "model" their approach or technique by providing a typical script or an actual transcript from a session. The idea is to make each chapter, in each book, much like a workshop that the reader might attend. I ask the authors to describe their technique clearly enough that readers could immediately apply the technique in their practice—and then of course clinicians would adapt it to meet their own style and the needs of their patients.

An important aspect of this series is its international nature. There are brilliant clinicians in every country who have been developing, adapting, and using hypnotic techniques in their decades of practice.

Yet clinicians who work in other countries may never have had the opportunity to learn about



these techniques. The *Voices of Experience* series provides the opportunity for us to teach and learn from each other in the context of an international community.

Because hypnosis sessions often begin with an induction, I wanted the first book in the series to describe favorite inductions. What is interesting and wonderful about the chapters in the first book is the great variety of inductions used by these master clinicians. It demonstrates, I think, that there is no single “best” approach; there is room enough for everyone to develop their own methods. The inductions described give the reader many options to consider as they develop their own favorite approaches, and as they grow into master clinicians.

**After the first one, *Voices of Experience* Books 2 and 3 on chronic pain and acute pain, respectively, are now available. Tell us something about them.**

Yes, Book 2, *Hypnotic Techniques for Chronic Pain Management*, and Book 3, *Hypnosis for Acute and Procedural Pain Management* are now published and available (for example, on Amazon.com). Both of these books follow the same theme as all of the books in the *Voices of Experience* series.

In each, highly experienced clinicians describe their very favorite approaches or techniques for helping patients more effectively manage either chronic pain (Book 2) or acute/procedural pain (Book 3). Readers interested in helping patients

with these issues will find a great variety of ideas to use in their practice. Consistent with the goal of this series, the authors provide very practical advice and examples of how to apply the principals they discuss.

**I also know that you are already working on the fourth book, when it will be out, and what is about?**

Book 4 in the *Voices of Experience* series will be a book filled with descriptions of different hypnotic techniques that can be effective for helping patients address a number of problems. It is titled *Handbook of Hypnotic Techniques, Vol. 1: Favorite Methods of Master Clinicians*.

As with the other books in the series, the authors of the book’s chapters describe and then to model via a script or transcript with commentary their very favorite hypnotic techniques; the ones that they have found to be most flexible and effective for dealing with a variety of presenting problems.

Consistent with the goal of encouraging the sharing of knowledge internationally, the authors include master clinicians from Japan, Switzerland, Iran, Germany, Italy, and the USA.

The techniques covered include, among others, an age progression technique described by Moshe Torem, applications of age regression strategies described by Michael Shekter, the Door Technique described by Enayat Shahidi (current Secretary/Treasurer of the ISH), the U-Asses-



sment and Therapeutic Protocol described by Dorothea Thomaßen, an approach to effectively utilizing a patient's own metaphors described by Consuelo Casula, and an ego-strengthening technique for the empowerment of women described by Julie Linden.

We are just now designing the cover and proof reading the content, and will be sending it to the book designer soon. We anticipate that it will be published in July or August of this year.

We have also developed a rather long list (17 so far!) of ideas for topics for other books in the series.

The careful reader may have noticed that the *Hypnotic Techniques* book that will be published this year includes “Vol. 1” in the title. So we are definitely planning a second volume.

In fact, if any readers of this interview have developed or adapted a specific hypnotic approach or treatment that they have found to be very effective, one that could be used to address a number of different presenting problems, I would invite them to contact me ([mjensen@uw.edu](mailto:mjensen@uw.edu)) and propose a chapter to be included in *Hypnotic Techniques*, Vol. 2.

Other topics we are considering developing include a book on the use of hypnosis for behavior change (e.g., smoking, alcohol use, drug use, diet change), techniques for anxiety management, a book focusing on techniques particularly

useful when working with women (“women’s voices”), and techniques to improve performance in sports or academic pursuits.

Any readers who are expert in these areas and who might be interested in writing a chapter for a future book in the series—on these or other topics—should feel welcome to contact me. The idea here is to share knowledge and expertise, so that all of us can become more effective clinicians.

**With this adventure, what have you learned that you didn’t know concerning the world of hypnosis, its inhabitants, its rituals, its implicit and explicit rules?**

My initial thought—that there is a wealth of untapped knowledge among clinicians from all over the world—has been confirmed. We all have knowledge and experience to share. I have learned that there is no single “best” approach—our patients and clients can benefit from different approaches. And I think the more we learn about different approaches, in particular from master clinicians in countries and cultures that we might not have otherwise had a chance to meet, the more effective we will be as clinicians. I believe we can be most effective when working together to bring healing and comfort to the world.

**Thank you very much for your kind contribution.**



## Connection with Research Field

By  
**Peter  
Naish**



Picture by F.C.

In my previous contribution I wrote about Post Traumatic Stress Disorder (PTSD), which is a fascinating topic – in fact so much so (at least for me!) that I am going to continue the theme. The fascination arises for a variety of reasons. A key

symptom is the vivid re-experiencing of the precipitating event, and it is intriguing that the brain can generate a sensory experience so convincingly that the victim believes it to be a true representation of current reality. In fact it does not even have



to be an accurate representation of past reality. I know of a case where an unfortunate mother lost her children in a house fire. She acquired PTSD and was plagued with flashbacks of her children's charred bodies. Logically this should never have happened, because she had seen the children's intact bodies in the mortuary – they had died of smoke inhalation.

These experiences are remarkable, because usually a healthy brain has no difficulty in distinguishing between a real, current experience, or visualising something remembered from the past, or imagining something never before experienced. If we understood how the brain made those distinctions, we would be well on the way to solving the greatest problem in neuroscience: explaining how a network of interacting neurons can generate a sense of consciousness.

If we understood consciousness, then presumably we would be able to explain altered states of consciousness, such as hypnosis.

Reference to hypnosis completes my circle, because, as I mentioned last time, people with PTSD are usually highly hypnotisable. As we also know, hypnosis, like PTSD, can facilitate the production of

highly convincing hallucinations. These connections must be telling us something! I have explained that people who become deeply hypnotised seem to emphasise right hemisphere processes; I reached that conclusion by using a technique which compares processing speeds in the two hemispheres.

Now a group in Hungary (Kasos et al., 2018) has taken a new approach; they measured skin conductance. The skin has a fairly high electrical resistance, but it is able to conduct a small electric current. Measuring this conductance is one of the components of polygraph lie-detectors. If a person is lying, and anxious that they will be found out, then they will tend to secrete more sweat; this liquid contains salt, which makes it electrically conductive, so the skin resistance declines.

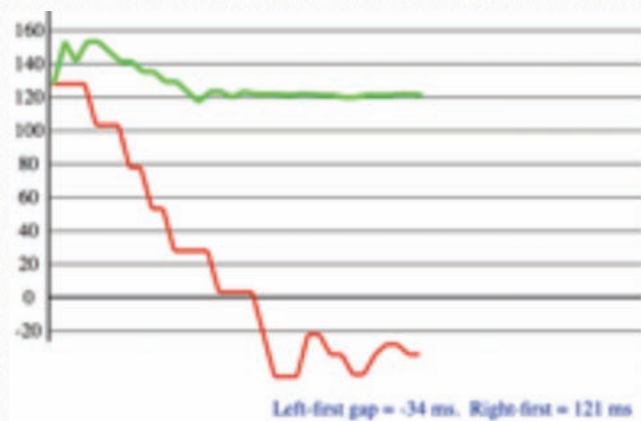
Lying is a rather extreme example, but even in ordinary circumstances the level of sweat in the fine ducts leading through the skin will vary, producing small changes in skin conductance.

The more active the brain the lower the level of conductance; if it happens that one hemisphere is more active than the other, then the skin on one side of the body will conduct better than the other.



The beauty of this technique is that it is a continuous measure, so researchers can use it throughout a hypnotic induction, to follow any changes. This contrasts with my own method, which requires stopping everything else and carrying out the test, which takes a few minutes. The Hungarian group were able to show that highly hypnotisable people gradually shifted towards greater right hemisphere activity through the duration of the hypnotic induction.

Moreover, when later describing their experiences, those who shifted more reported more of the typical hypnosis sensations, such as changing feelings of awareness and reduced self-volition.



What of PTSD? That too seems to be a condition that preferentially involves the

right hemisphere. This has been demonstrated in a number of ways.

Using the technique I developed for testing hypnotised people, reveals the same rightward emphasis. I will not describe the measures in detail here, but I include a diagram showing results typical of a PTSD patient. It makes clear just how dramatic the impact of PTSD can be.

The red and green plots represent speed of processing in the two hemispheres, and the downward slopes are simply showing the 'homing in' on the best estimate as the testing continues. Where the graphs end, on the right, is what really counts, and it is clear that they finish a very long way apart. For most people these lines are quite close, because their hemispheres share the load more or less equally.

It is interesting to see that hypnosis and PTSD share the right hemisphere effect, no doubt explaining why they have other factors in common. However, the hemispheres contain many structures, and it would be altogether more interesting to know precisely which elements of the right hemisphere had changed; we might then understand something of the underlying brain mechanisms.



Mutluer et al. (2018) have used MRI scanning to produce a more detailed picture of what takes place in the traumatised brain; they examined victims of childhood sexual abuse. Since the age of acquisition of PTSD, and the exact nature of the trauma both appear to influence the manner of the brain's response, the results of this study will not be entirely applicable to all cases, but many of the basic observations are likely to be broadly generalisable.

The results are multiple and complex, but a few clear themes emerge, chief of which being that abuse victims showed strong lateralisation (i.e. asymmetry) compared with controls. Un-abused controls showed better connectedness and balance between the hemispheres.

A major asymmetry observed in the patients was a smaller right amygdala. This structure, associated with emotion, particularly fear, was perhaps reduced through chronic over use. The right hemispheres of the victims had a larger hippocampus, a region associated with

memory, and also a larger anterior cingulate, which modulates attention and activity in other structures.

It seems likely that these regions were involved in activating the memories and making them feel real.

Clearly, there is much more that we will need to discover before a complete account can be offered, but it is gratifying to see that different approaches are converging on similar conclusions.

## References

Kasos K, Kekecs Z, Kasos E, Szekely A & Varga K (2018). Bilateral electrodermal activity in the active-alert hypnotic induction. *Int. J. Clinical & Experimental Hypnosis*, 66, 282-297.

Mutluer T, Şar V et al. (2018). Lateralization of Neurobiological Response in Adolescents with Post-Traumatic Stress Disorder Related to Severe Childhood Sexual Abuse: the Tri-Modal Reaction (T-MR) Model of Protection. *J. Trauma & Dissociation*, 19, 108-125.



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## Connection with the Milton Erickson Foundation

By

Marilia Baker



Image by F.C.



*Dan Short is currently director of the Milton H. Erickson Institute of Phoenix, Arizona. He has served as Assistant Director for the Milton H. Erickson Foundation, and was the Executive Editor of the Milton H. Erickson Foundation Newsletter for many years. Dr. Short is the lead author of Hope and Resiliency. Understanding the Psychotherapeutic Strategies of Milton H. Erickson, MD in co-authorship with Betty Alice Erickson and Roxanna Erickson Klein. This book has been published in Spanish, French, German, Italian, Japanese and Russian. He is also the author of Transformational Relationships and numerous professional articles, book chapters and other publications, having recently collaborated with Roxanna Erickson Klein to define Ericksonian Psychotherapy in the SAGE Encyclopedia of Counselling and Theory. Currently teaching Clinical Hypnosis at the Southwest College of Naturopathic Medicine, in the greater Phoenix area, he conducts consultation groups and provides supervision and counseling for professionals in the metropolitan region. He is visiting Faculty at Institutes in many countries such as Mexico, Spain, France, Germany, and Australia. His areas of interest include growth-oriented brief therapy and clinical applications of hypnosis to chronic or change-resistant problems. In sum, Dan Short's many years of interest, research, and analysis of the lifework of Milton H. Erickson, MD, complemented by his clinical work and tenure in the institutions above mentioned, grant him the special qualification as a serious scholar of Ericksonian methodologies and practice.*

For further information please consult: <https://www.lamDrShort.com>

## Can You Be Like Erickson?

**By Dan Short, PhD**

For my keynote address at an Erickson Congress in Puerto Vallarta, Mexico, I shared a memorable experience when I was confronted with the urgent needs of a former patient of Milton Erickson. The patient was experiencing a full-blown psychotic episode.

He had the symptoms of paranoid schizophrenia and was absolutely insistent that he must “find Erickson” in order to complete his therapy (Erickson had presumably seen him for one visit in his teen years). The rest of my story was about how I helped him find Erickson, mostly within himself and through reliving his memories.

I then challenged the audience, pointing out that when people come to an Ericksonian practitioner, they have heard or read Erickson's amazing stories of healing and are thus looking for Erickson. My question to the audience was,

“Can you be like Erickson? Can you think like him and respond to client needs in the way that he did?”

My answer to this question was that you must start with the proper attitude. The reason this is so foundational is because before there is any complex action, there is a thought that guides it. And before there is any thought, there is an emotion that has taken charge and that shapes all subsequent thinking. And, before there is emotion, there is an attitude. It is the first thing to trigger in our brain, long before there is time for conscious thought.

Metaphorically speaking, attitude is the first domino that sets everything else into motion. Thus, if you approach clinical problems with the proper attitude, you will most likely get everything else right.

To this end, I provided the audience with three attitudes that I thought were most essential to doing the type of work that Erickson did.





For example, while trying to explain the importance of flexibility, I encouraged the audience to, “Remain absolutely flexible in your methods, while standing firm in your principles.” I explained that with strong, ethical principles you will never get yourself into trouble.

And, if you remain absolutely flexible in your method, you can accommodate almost any client and address nearly any clinical need. The audience loved the three principles that I shared. The

applause was the largest I have seen (for something I have said). However, there were many in the audience who wanted to know what other attitudes were on my list. They felt deprived, only hearing three. So for those individuals, and anyone else who is interested, I am sharing my full list. These are the six attitudes that I believe are foundational to Ericksonian therapy:

**Attitude 1: “The most effective therapeutic technique is used only once in a life time.”**

Many of these attitudes are counter-intuitive; otherwise everyone else would automatically be doing therapy as Erickson did. Accordingly, it would seem that if you have found an extraordinary technique, you should use it again and again. But this cannot be so if you are seeking to individualize treatment.

The most perfect instance of tailoring means that you found just the right thing to do, at just the right moment, for this one unique individual. The goodness of fit expires the minute it has been used.

Recall the statement above, “Remain absolutely flexible in your methods, while standing firm in your principles.” Ericksonians do not engage in formulaic therapies or “one size fits all” techniques.

Of course, this does not mean that you cannot repeat useful methods. But if you are working like Erickson, you will modify every single technique to make it the best fit possible for the immediate situation.



**Attitude 2: “There is opportunity to be found in every single problem.”**

Although this sounds like a paradox, it simply reflects the fact that our minds and bodies are made for problem solving. More than that, our closest relationships and most important experiences in life revolve around collaborative problem solving.

So how can there not be opportunity in every problem? Without them there would be no challenge or reason for learning and discovery. Furthermore, people tend to find what they are looking for. If people learn to dread all problems, then suffering and despair are what they are most likely to find.

But when people learn to look for opportunity in every problem situation, then that is what they are most likely to discover. This is the attitude that Ericksonians use to create a problem solving context and to develop the type of strategic interventions that characterized Erickson’s work.

**Attitude 3: “Every person has two intelligences to work with.”**

After spending many years studying the evolution of Erickson’s clinical intelligence, as best as I can tell, he was initially inspired by the philosophical pragmatism of William James (either consciously or unconsciously).

If we consider the fact that while Erickson was in college, William James was the only American psychologist to have written and spoken extensively about hypnosis (Erickson’s professor, Clark Hull, would be the next American expert to write

a text on the subject), then it makes sense that he would have reviewed his work, along with the work of Morton Prince who was a close friend and student of James’ work.

This is relevant because the comment above was taken from a lecture by William James and later came to typify Erickson’s unique problem-solving approach.

As he would say to his clients, “You have two minds, a conscious mind and an unconscious mind.” Erickson would then proceed to work with both intelligences.

**Attitude 4: “The birth of new ideas requires some labor before delivery.”**

Though I wrote it, I am not certain how much I like this statement. Honestly, I labored and labored over it but could not come up with something better, not yet. The point made here is that excellence requires work and some uncertainty. It is more comfortable to stay stuck in what we already know, that which is familiar is comfortable and easy.

In contrast, Erickson taught the importance of destabilization, either by confusion, surprise, or by shock.

It seems that for major paradigm shifts to take place, a person must be willing to endure a period of uncertainty and hard labor. As an interesting aside, we should keep in mind that one of the most brilliant minds in recorded history, Socrates, once said, “The greatest thing that I know is that I know nothing.”



**Attitude 5: “Experience is more meaningful than thought.”**

This attitude will be instantly obvious to anyone trained in Ericksonian methods. In contrast to approaches such as cognitive behavioral therapy (which is steeped in academic tradition), Ericksonians seek to involve all five senses in the process of discovery and learning.

Whether it is within the context of a hypnotic trance, or while hiking up a beautiful mountainside, clients are provided with life experience and the sensual experience of novelty rather than academic ideas for how change should occur.

**Attitude 6: “Nothing is useless.”**

This attitude of utilization could have been written in positive form, “Everything has a use.”

But then the statement would have lost its double-meaning. In order to see the second idea, consider the following rule, known as the Dead-man’s Rule, “If a dead-man can do it, then it is not a good goal for therapy.”

In other words, getting people to stop their symptomatic behavior, to stop fighting in marriage, to no longer feel pain, to stop resisting therapy, all of these are the absence of personal

agency, and thus something a dead-man can do.

In contrast, Erickson found unique ways to utilize and grow behavior, all behavior, including the presenting symptoms.

When we set positive goals rather than negative goals, it allows people to discover what they can do.

For example, learning to be more kind in marriage, learning to manage pain when it is not needed, or how to make a valuable contribution to the therapy efforts, all of these contribute to a stronger sense of self and an increased readiness for future challenges.

This last attitude, the attitude of utilization is what I think makes Ericksonian therapy so uniquely effective.

I hope you enjoyed my top six list for being Ericksonian. If you will memorize these, and spend some time thinking about them, then I think you will be pleased with the automatic results.

*(Reprinted by permission of the author. First published in Behavior Online, Oct. 15, 2016)*



# Connection on Congresses

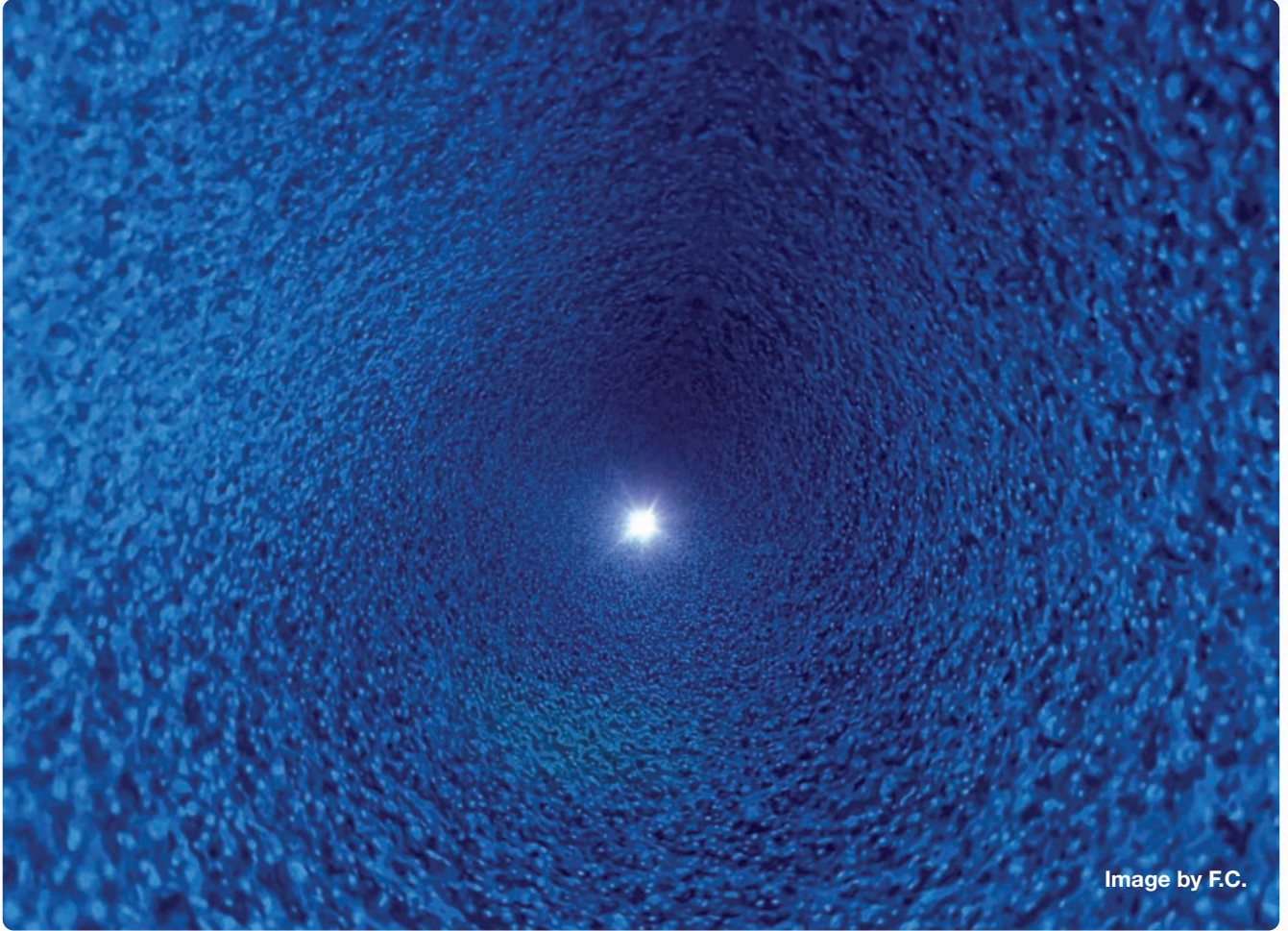


Image by F.C.

**Congress organized by the TH-VH for its 60th anniversary**

**By Ali Ozden Ozturk**

Finland, a country in the North, cold with a frozen sea and land, a country carrying the

blue of the beautiful sea and sky with the white of the snow on its flag...Finland, a country impressing you while you are flying over and enjoying the view of the sea and the land uniting under the blanket of the snow and cold...





When I first arrived at Helsinki, the capital and largest city of Finland, the weather was cold to me since I am used to the warm weather of Istanbul and the Mediterranean climate. However, the warm hearts of the enlightened and welcoming people of Finland helped me not to feel the cold weather. I realized that the warmth of Finnish people comes from their inner peace.

ESH BOD was invited to Helsinki to celebrate the 60th jubilee of “TH-VH (Tieteellinen Hypnoosi ry – Vetenskaplig Hypnos rf) / Society for Scientific Hypnosis in Finland” between 27 and 30, March, 2019. TH-VH had welcomed and hosted ESH BOD perfectly.

During the workshops and presentations, I observed that their enthusiasm about their society, their excitement about their work and their dedication about their studies had grown further than the day TH-VH was

founded in 1959. TH-VH has been working and studying for 60 years for hypnosis. This really is a great contribution to the scientific and clinical recognition and application of hypnosis. I am delighted to have such a dedicated and energetic Constituent Society in ESH.

The book “*The Awakening of Finnish People: The Country of White Lilies*” by Grigoriy Petrov is a popular book in Türkiye. Mustafa Kemal Atatürk (1881-1938) is the Turkish leader, statesman, Marshall and reformer who started the War of Turkish Independence, and who was the founder and first president of the Turkish Republic. Atatürk advised that this book should be read by the Turkish people and also in the schools. The book is about Finnish philosopher, scholar, journalist and politician Johan Vilhelm Snellman who stood for fostering national consciousness and about the fight of Finnish people for the welfare and independency of their country and culture.

The people of Finland have turned Helsinki into a city of education and culture. Their desire to learn and their willingness to share has come into existence through their creative and artistic designs, works and architecture. For instance, I visited Oodi Helsinki Central Library. Oodi is a huge (17250.0 m<sup>2</sup>) living meeting place provi-





Helsinki - Photo by F.C.

ding its visitors access to learning, socializing, relaxation and work. People, families, friends visiting the library had turned the learning and reading into a living social experience. They created a lovely and real meeting place to share and gain knowledge and experience.

While walking around the library, the design of these three floors made me remember the steps of the hypnosis method I use: “Awareness Under Conscious Hypnosis- AUCH© Method”. The first step of AUCH© Method is MAYA© (Making Acceptance with Your Awareness). This step is similar to the ground floor of the library. The library’s ground floor has a cosy atmosphere with its multiple entrances, spacious lobby and café. MAYA step is the entrance to the therapy and the start of communication between patient/client and the-

rapist. Once the patient enters through the multiple entrances of the therapy and accepts to take further steps for the treatment, the therapist can lead the patient to the second floor. The second floor of the library is designed for work, activities, learning, interaction and spending time with friends and family. So, the second floor is the induction step of AUCH© Method. Induction improves the interaction between the therapist and the patient while suggestions are given by the therapist. The suggestions help the patient to make the necessary and required changes in perception, attention and memory to achieve the aimed treatment results. So, in this step the therapist and the patient interact, spend time with hypnotic activities, and also learn about and work on the problems, potentials and capacities of the patient.



Helsinki Oodi - Photo by F.C.



The third floor is the Book Heaven with a wide selection of books in various languages. The third floor, the Book Heaven, corresponds to the Autohypnosis step. Autohypnosis provides the patient the ability to use hypnosis with an autohypnotic key given by the hypnotist. In other words, the patient can choose through a heaven of autohypnotic suggestions given before by the therapist, which is similar to reading the books written before by the author.

To sum up, I am very happy to have had the opportunity to see Finland, a country with a cold climate but warm people. I was very glad to meet the dear colleagues in TH-VH and celebrate the 60th jubilee of their society with them. I am very delighted to have all those beautiful experiences and memories during our visit.

### **Impressions from the Congress Hypnosis-New Generation in Budapest May 29th – June 1st.**

#### **By Randi Abrahamsen**

I enjoyed every moment of my participation in the congress. It was a great congress, very well organized with a very rich program from morning 'till evening. The young keen researchers came together with the experienced hypnosis experts from both Europe and abroad. The Congress

was the celebration of the Hungarian 30th anniversary.

Professor Emeritus Eva Bányai opened the congress with a historic overview of the roots of hypnosis especially within research. At the evening of the celebration Eva also added the interesting special history of hypnosis in Hungary.

There were short poster sessions on the first day covering among others topics on neuroscience, the phenomenology of active-alert hypnosis, controlling the sense of threat in school children, and improving medical student's communications skills. A variety of five to seven simultaneous workshops to choose between in the morning and afternoon covered different clinical aspects and techniques of hypnosis made it very difficult to choose between the possibilities.

In the workshops both previous and present Board members of the International Society of Hypnosis presented their favorite special aspect of hypnosis Camillo Lorie-do, Nicole Ruyschaert, Giuseppe De Benedittis, Mark Jensen, Brain Allan. From overseas came Victor Rausch and Gabor Filo from Canada and Linda Thomson from USA. Skype was even used for a presentation with research and publication by Gary



Elkins. A film program of repeated projections of hypnotic techniques and cases was also available. I attended workshops by people I had never heard before. Among others I attended a workshop of Victor Rausch and it was interesting to hear his story of a lifetime with hypnosis and experience his way of working. Ursula Lirk, Austria, did a brilliant workshop of how deepening trance and using deep trance to change the pattern. She demonstrated a very gentle, empathetic way to work with clients.

The paper sessions covered a variety of research topics. Each presenter was given 15 minutes for their presentation followed by a discussion at the end of each session, a lot of new information to digest in a short time for those attending.

The timings were strictly adhered to and allowed time for lots of questions and fruitful discussion. For the paper sessions and a few workshops the Hungarian presentations were translated into English and the English presentations were translated into Hungarian using individual devices. Listening to all the young enthusiastic researchers' presentations from the different European labs leaves you with great expectations for the future hypnosis research. It is difficult to report all the brilliant presenta-

tions, so I will only touch upon a few of them. The Russian delegation presented in 2 sessions about their promising work on the positive effect of Universal Hypnotherapy by Tukaev in anxiety disorders compared to other treatments. L. Karnatovskia, U.S. presented a feasibility study in ICU, where doulas, a new group in the ICU, with training in therapeutic communication supported patients on mechanical ventilation with the intention to reduce traumatic memories from ICU. An interesting study of the effect of hypnosis on heart rate variability (HRV) in healthy subjects was presented by K. Sryvkova, Russia. Hypnosis seems to normalize HRV parameters that originally were outside the norm. This confirms the adaptative potential of hypnosis.

The neuroscience was viewed in different aspects such as: the Endothelial Nitric Oxide availability in the brain (E. Santarcangelo, Italy) and the influence of hypnosis and neurofeedback on brain waves (M. Jensen, U.S.) The discussion of consciousness and the altered state of hypnosis was also highlighted brilliantly in a paper session and followed by a panel workshop on the topic (R. Marzolla and M.P. Brugnoli, Italy and E. Wilmarth U.S.). Consciousness was also discussed by the Buddhist monk Ananda Bhikku from Nepal.



Furthermore A. Norsa, Italy, presented his work on shamanism in different countries. Hypnosis was presented successfully in different conditions and settings throughout the congress. The very last presentation was about the effect of therapeutic suggestions on recovery in patients undergoing knee arthroplasty in spinal anaesthesia. Patients had less need of pain medication during surgery, less need for blood, and better wellbeing after surgery compared to controls.

During two lunch breaks a refreshing new thing was introduced. The young could meet the experts in a speed-dating, a great opportunity for the young in hypnosis to get answer and ideas.

### **Workshop organized by the The New England Society of Clinical Hypnosis - NESCH**

#### **By Shaul Navon**

On 5th of May 2019, in Boston, USA, the New England Society of Clinical Hypnosis have invited me to direct a workshop containing 2 titles:

1. The Illness/Non-Illness Model: Hypnotherapy for Physically Ill Patients

2. Two are Better Than One: Dual-Track Interventions in Hypnotherapy

My workshop was aimed toward the idea as how to transform stuck and resistant patients to a state they can cooperate better with therapy.

Around 50 participants were present and they brought their patients' problems for consultation and supervision.

In 1956 Milton Erickson featured the first workshop. Since that event, thousands of professionals have attended their training workshops.

NESCH offers ongoing consultation to professionals and organizations utilizing hypnosis in the practice of medicine, dentistry, psychology, nursing, social work, and allied health professions. Members may enroll in monthly Study Groups and Seminars, which have a fixed membership and meet over a defined time period (one semester).

NESCH is a part of the American Society of Clinical Hypnosis (ASCH) founded by Milton H. Erickson, in 1957. NESCH also provides information about hypnosis and related topics to the public.



# Calendar of Events

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## BRITISH SOCIETY OF CLINICAL & ACADEMIC HYPNOSIS

**Date:** 20th July 2019

**Venue:** Nuffield Hospital, Wood Road, Tettenhall, Wolverhampton. UK

**Time:** 08.45

**Invited Speakers:** n/a

**Language:** English

**Translations:** None

**Fees:** £60

**Registration Website:**

<https://www.bscah.com/book-event/introduction-to-hypnosis-july>

**Email:** [natoffice@bscah.co.uk](mailto:natoffice@bscah.co.uk)

**Tel:** + 44 (0) 7702492867

**Language:** English

**Registration Website:** [www.bsmdhscotland.com](http://www.bsmdhscotland.com)

**Email:** [mail@bsmdhscotland.com](mailto:mail@bsmdhscotland.com)

## SOCIETY FOR CLINICAL AND EXPERIMENTAL HYPNOSIS 70TH ANNUAL WORKSHOPS & SCIENTIFIC PROGRAM

**Dates:** 16th - 20th October 2019

**Venue:** Ace Hotel, New Orleans, LA

**Introductory, Skills and Advanced Workshops plus Scientific Program**

**Hotel reservations now open. Conference registration to open in June**

**Details:** <https://www.sceh.us/2019-new-orleans>

## DGZH: HYPNOSE-KONGRESS BERLIN 2019

**Dates:** 29 August – 1 September 2019

**Times:** 09:00 – 19:30

**Venue:** Steigenberger Hotel Berlin

**Language:** German

**Translations:** English Workshops will be translated

**Fees:** 150 – 200 Euro per day

**Registration website:**

[www.hypnose-kongress-berlin.de](http://www.hypnose-kongress-berlin.de)

**Email:** [mail@cwcongress.org](mailto:mail@cwcongress.org) (Organisation)

**Tel:** 030 36284040 (Congress Organisation)

## BSMDH SCOTLAND: ERICKSONIAN WEEKEND WITH JEFF ZEIG AND FABIO CARNEVALE

**Date:** 5th – 6th October 2019

**Time:** 09:00 – 17:00

**Venue:** Stirling Highland Hotel, Stirling, Scotland

**Invited Speakers:** Jeff Zeig and Fabio Carnevale

## THD:12TH INTERNATIONAL CONGRESS OF MEDICAL HYPNOSIS

**Dates:** 24th – 27th October

**Times:** 09.00 – 19.00

**Venue:** Istanbul Medipol University, Kavacik South Campus, Istanbul, Turkiye

**Invited Speakers:** ESH BOD Members

**Language:** Turkish

**Translations:** English

**Fees:** Congress registration is free for ECH (European Certificate of Hypnosis) Holders

**Early Bird – Before 1/10/19**

**ESH/ISH Member 150 Euro/ Non-Member 200 Euro/ Student 100 Euro**

**Standard – After 1/10/19**

**ESH/ISH Member 200 Euro/ Non-Member 250 Euro/ Student 100 Euro**

The registrants should have undertaken, or undertaking, a professional qualification in Medicine, Denti-



stry, Psychology, or Psychotherapy recognised by the appropriate relevant National Authorities eg. Health Body, Education Body

**Registration**

**Website:** [www.medicalhypnosiscongress.org.tr](http://www.medicalhypnosiscongress.org.tr)

**Email:** [auchozturk@gmail.com/](mailto:auchozturk@gmail.com)

[info@medicalhypnosiscongress.org.tr](mailto:info@medicalhypnosiscongress.org.tr)

Telephone: +905414476673/ +905055631331

(Whats App)

**SII: 'RAPPORT: LA RELAZIONE IPNOTICA CHE CURA'**

**Dates:** 7 – 10 November

**Venue:** Hotel Golden Palace, Torino, Italy

**Invited Speakers:** Katalyn Varga, Dan Short, Camillo Lorio, Giuseppe De Benedittis, Consuelo Casula

**Language:** Italian (some Workshops in English)

**Translations:** No

**Registration Website:**

[www.societaipnosi.it/congressosii2019/](http://www.societaipnosi.it/congressosii2019/)

**Email:** [ipnosi@gmail.com](mailto:ipnosi@gmail.com)

Tel: +39 06 85 48 205

Fax: +39 06 85 48 205

Cell: +39 392 9944240

**DGH: 'HYPNOSE – SCHMERZ, LASS NACH!' / 'HYPNOSIS – PAIN, SLOW DOWN!'**

**Dates:** 14 – 17 November 2019

**Venue:** Best Western Premier Park Hotel, Bad Lippspringe, Germany

**Invited Speakers:** Prof. Jensen, Prof. Bongartz, Prof. Revenstorf, Dr Honig and many other national and international lecturers

**Language:** German (some Workshops in English)

**Translations:** No

**Fees:** 320/370 Euro – Members

410/460 Euro Non-Members

**Registration Website:** [www.dgh-hypnose.de](http://www.dgh-hypnose.de)

**Email:** [info@dgh-hypnose.de](mailto:info@dgh-hypnose.de)

**Tel:** + 49 25 41 88 07 60

**DE LA TRANSE CHEZ L'ENFANT ET L'ADOLESCENT AU TRAVAIL DE LA TRANSE CHEZ L'ADULTE : L'ENFANCE DE L'ART**

**Dates:** 23rd-24th November 2019

**Times:** 09:00 – 18:00- 09:00-17:00

**Venue:** Paris

**Guest Speaker:** Laurence Sugarman

What is different about using hypnosis with children and adolescents? What does exploring hypnosis with young people teach us about using hypnosis across the lifespan? Children are in the business of building their mind-body systems. Hypnosis with children and adolescents goes beneath and beyond the presenting problem and diagnosis. It is an investment in a promising startup. The emphasis is nurturing those unique connections that drive mastery, self-efficacy and resilience. That clinical attitude applies not only to children, but to all who have ever been children. In this experiential workshop, we will review video recorded examples, draw on our clinical experience, and role-play our way toward a real-world application of hypnosis with young people and adults. We will focus on (1) recognizing the spontaneous trance the child brings to the encounter, eliciting and utilizing it to drive neuroplasticity, (2) identify and demonstrate four basic skills that cultivate trance naturalistically during conversational hypnosis, (3) role-play conversational hypnosis to provide more resources for beneficial change, and (4) utilizing the person's strengths and skills responding to development challenges in the context of coping with illness for children of any age

**Language:** English

**Translations:** French

**Fees:** before 15th September – For ESH Members 250 Euros For SFH Members 280 Euros For non-members 310 Euros

after 15th September - For ESH Members 300 Euros For SFH Members 330 Euros For non-members 360

Registration Website: [www.hypnose-sfh.com](http://www.hypnose-sfh.com)



## TRAINING IN EUROPE

Hypnosis training in Europe is organised by the Constituent Societies. To learn more about their training, please contact them direct.

### BSCAH – UK (2019 / 2020)

Lancs & Cheshire Foundation Training 2019

**Module 1:** 28/29th Sept 2019

**Module 2:** 26/27th Oct 2019

**Module 3:** 30th Nov/1st Dec 2019

Advanced Diploma/Graduate Certificate, BSc Conversion course in Clinical Hypnosis, Communication Skills & Related Techniques.

Dates: 27.09.19 – 28.09.19 / 23.11.19 – 24.11.19  
/ 07.02.20 – 08.02.20 / 06.03.20 – 07.03.20

**Times:** 09:00 – 16:30

**Venue:** Birmingham City University

**Language:** English (sorry no translations)

**Fees:** £2,400

**Registration website:** <http://www.bscah.com/>

**Email:** [bscahmidlandsbranch@outlook.com](mailto:bscahmidlandsbranch@outlook.com)

**Tel:** +44 (0) 7702492867

### SSCH – Sweden

Western Region/Gothenburg

Supervision and Teacher programme, imagery as Adjunct. Small groups proving space for individual needs.

**Dates:** 2019 / 2020: 8/9 Feb, 8/9 Mar, 6/7 Apr, 24/25 May plus 12 x 2 days until December 2020

**Times:** Friday 14:00 – 178:00, Saturday 09:00 – 14:30

**Teachers:** Susanna Carolusson, Stefan Fransson, Goran Skarman, Lars Waxberg, Roxana Furberg

**Language:** Swedish

**Fees:** 34,000 SEK per year. Membership of an ESH Constituent Society is mandatory.

**Email:** [susanna@carolusson.se](mailto:susanna@carolusson.se)

**Tel:** + 46 705 970 007

**Download:** ESH appl ECP2019-2020,SSCH,Su-perv

### SSCH – Sweden

Western Region/Gothenburg

Ego State Therapy – Advanced Level

**Dates:** 2019 / 2020 17/18 May plus 7 x 2 more weekend days for Psychologists and Psychotherapists

**Time:** 09:00 – 18:30

**Teachers:** Susanna Carolusson, Sofia Strand, Hedda Sandemose, Say Teen Redman, Ulla Byegard

**Language:** Swedish

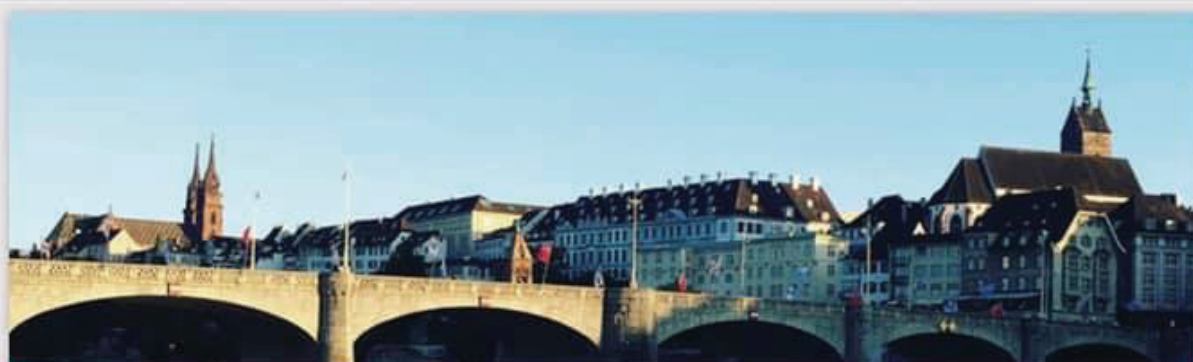
**Fees:** 34,400 SEK Membership of ESH Constituent Society is mandatory

**Email:** [susanna@carolusson.se](mailto:susanna@carolusson.se)

**Tel:** + 46 705 970 007

**Download:** EST2019,ECP application





**NOW CALL FOR ABSTRACTS!**

# **15<sup>th</sup> ESH Congress of Clinical Hypnosis and Research**

**BUILDING BRIDGES AND TRAVELLING CROSSROADS**

**26–29 August, 2020 Basel, Switzerland**

## **KEY SPEAKERS OF ESH2020**

### **PRE-CONGRESS WORKSHOP SPEAKERS**

Prof. Eric BONVIN, CH  
Tony ROUSMANIERE, PhD, US  
Prof. Bruce WAMPOLD, US  
Dr. Philip J. ZINDEL, CH

### **CONGRESS KEYNOTE SPEAKERS**

Dipl.-Psych. Consuelo C. CASULA, IT  
Dr. Régis DUMAS, FR  
Prof. Marie-Elisabeth FAYMONVILLE, BE  
Prof. Mark P. JENSEN, US  
Dr. Veit MESSMER, DE  
lic. phil. Susy SIGNER-FISCHER, CH  
Dipl.-Psych. Bernhard TRENKLE, DE



**IRHYS**  
Institut Romand d'Hypnose Suisse



**WWW.ESH2020.CH**





## **15th ESH Congress of Hypnosis Building Bridges and Travelling Cross Roads 26 au 29 août 2020 – Bâle, Suisse**

L'hypnose relie le corps et l'esprit, elle parcourt leurs interconnexions, leurs carrefours... Les avancées des neurosciences explorent les relations entre le cerveau et le corps, et répondent à nos questions : « Que se passe-t-il durant la thérapie ? Quelles nouvelles options peut-on développer grâce à ces découvertes ? »

Au congrès de Bâle, les conférenciers et intervenants hypnothérapeutes dialogueront avec vous au fil d'ateliers et de présentations donnés en anglais, français et allemand. Nous espérons que leurs méthodes et leur savoir-faire contribueront à développer votre propre créativité. Que ce soit par l'acquisition de nouvelles approches ou par la consolidation de vos propres méthodes, vous ferez bénéficier vos patients de votre participation. Les keynotes et sessions dans l'Amphithéâtre seront traduits simultanément dans les trois langues du Congrès : Français, Anglais et Allemand.

Contribuez au congrès ! Nous vous invitons à **soumettre un résumé** pour une présentation orale un atelier, ou un poster. Le délai de soumission est fixé au 31 octobre 2019. Vous trouverez plus d'information sur le site du congrès : [www.esh2020.ch](http://www.esh2020.ch)

NB. Vous pouvez dès aujourd'hui vous **enregistrer** comme participant et profiter du prix early-bird.

Nous sommes convaincus que vous vous sentirez comme chez vous en Suisse, sa situation centrale réunissant l'est et l'ouest, ainsi que le nord et le sud. Le réseau de transports publics très bien développé assure un excellent accès à Bâle et une mobilité dans la ville. Le centre de congrès étant situé au cœur de la ville.

Nous nous réjouissons de vous accueillir lors du 15<sup>ème</sup> congrès d'hypnose de la Société Européenne d'Hypnose à Bâle en Suisse.

Pour plus d'information, prière de consulter le site : [www.esh2020.ch](http://www.esh2020.ch)





## **15. ESH Hypnose Kongress Brücken bauen und Wege kreuzen 26.-29. August 2020. - Basel Schweiz**

Die Hypnose verbindet den Körper mit der Seele und benutzt deren Verflechtungen, die neurologische Forschung untersucht die Verbindungen zwischen Gehirn und Körper und antwortet auf unsere Fragen : Was passiert in der Therapie ? Welche neuen Möglichkeiten ergeben sich aus den Entdeckungen ?

Auf dem Baseler Kongress werden Sie mit Hypnotherapeuten in Vorträgen und Workshops auf deutsch, englisch und französisch ins Gespräch kommen. Wir hoffen, dass deren Methoden und praktisches Wissen dazu beitragen, Ihre eigene Kreativität zu entwickeln. Sei es durch Erwerben neuer Kenntnisse oder durch Konsolidierung Ihrer eigenen Methoden - Ihre Beteiligung kommt Ihren Patienten zu Gute.

Tragen Sie zum Kongress bei ! Wir bitten Sie, uns eine Zusammenfassung eines Vortrags oder eines Workshops oder ein Poster zu schicken. Die Anmeldefrist dafür läuft bis zum 31.Oktober 2019. Weitere Informationen finden Sie auf der Website des Kongresses [www.esh2020.ch](http://www.esh2020.ch)

Wir sind sicher, dass Sie sich bei uns in der Schweiz wohlfühlen werden, unsere zentrale Lage ermöglicht optimale Verbindungen von Osten und Westen, von Norden und Süden. Das gut entwickelte öffentliche Transportnetz macht Basel und Ziele innerhalb Basels leicht erreichbar. Das Kongresszentrum befindet sich in der Innenstadt.

Wir freuen uns darauf, Sie in Basel zum 15. Kongress der europäischen Gesellschaft für Hypnose zu begrüßen.

Sie finden alle weiteren Informationen auf unserer Website [www.esh2020.ch](http://www.esh2020.ch)



# Credits

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