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Views Reviews Interviews

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Letter from our President Nicole Ruyschaert



Dear ESH Members,
Dear Readers

A growing number of submissions for our ESH Newsletter gave birth to a separate section. A brainstorm with our Newsletter editors generated the name of VRI or Views Reviews Interviews for the newborn section. Today we can send you 2013 ESH Newsletter Views, Reviews, Interviews or 2013 ESH Newsletter VRI. As ESH President I am very proud of this productivity and grateful to the energetic approach of Consuelo Casula who feeds and nourishes it and has the gift of motivating people to write, be interviewed or help. We now have a strong team of people giving their time, skills to make the best out of it.

As the field in hypnosis gets more attention in the world and cross-fertilisation proves to be very enriching, here too we had some ideas to include related fields as poetry, literature and movies somehow related to hypnosis and offering complementary sources for inspiration in our working field. We welcome your feedback and submissions!

I also want to address the authors for their efforts to generate books, spending a big part of their free time, leisure time, family time to writing and enriching our field of hypnosis! By writing, reading, going to congresses, teaching, talking - whatever way to approach it – we can generate a field of interest spreading around the world. We know hypnosis works and despite misconceptions about the name all we do can contribute to give it the place it deserves.

Letter from the Editor Consuelo Casula



It is a pleasure to edit this spring issue of ESH Newsletter News, Reviews and Interviews for the gems it offers: evergreen books commented by the ESH President, Nicole Ruyschaert, with her usual grace and sensitivity; a colourful French corner proposed by the active Christine Guilloux, and a fresh Children's corner presented by Maria Escalante who reviews two books by Leora Kuttner and then asks Kuttner questions in an interview.

This issue also presents a review of Steve Hassan's book, *Freedom of Mind. Helping Loved Ones Leave Controlling People, Cults and Beliefs*, followed by his words in answering to some questions. I met Steve during the XIX ISH Bremen Congress October 17th-21st, 2012, where we shared, among others, the symposium on "Manipulation and Self-Trance".

I hope the reader will enjoy the information we share and our books selection. I invite you to send us your feedback and also your contribution in reviewing books, DVD or making interviews with members of our ESH and ISH community. I am very proud of being part of the ESH stimulating community because it is inspiring and encouraging to improving our way of using hypnosis in our field of competence. I am also very grateful to the ESH community because it teaches us a wise combination of modesty in knowing our limits and of courage in challenging them.

I hope you enjoy reading this first issue of ESH Newsletter News, Reviews and Interviews 2013 and look forward to meeting you again in the second issue that will be ready for September 2013. Let me remind you that before September have another appointment, next June, with the "normal" Newsletter which contains reviews of Congresses and information coming from our Constituent Societies. I wait for your contributions and updates.

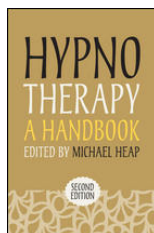
I thank all the contributors and John Lentz for his accurate reviewing the English of non-English speakers.

Have a nice spring.

Book Reviews

Hypnotherapy: A Handbook

Edited by **Michael Heap**
Second Edition
Mc Graw Hill Open University Press
254 pages ISBN978-0-33-524445-4



By Nicole Ruysschaert

Our contemporary world with fast evolution in different fields needs knowledge regularly updated. This book meets demands of the competitive world in need of evidence of chosen treatment methods and practices. You find an overview of contemporary research in the field of hypnosis from neurobiology, to clinical studies, randomised controlled trials and Cochrane reviews where they are available. Hints and directions are given for further necessary research.

Different chapters written by specialists in the field give ideas of the use of hypnosis in psychological treatment as treatment of anxiety, depression, sexual problems and eating disorders. The field of medicine covered deals with the treatment of pain, abuse, addictions, to finish with a chapter on hypnotherapy in dentistry.

The authors performed a great job in doing extensive research, highlighting summaries of data, mentioning different studies, results of working with hypnosis, some methods or approaches, putting together an impressive list of references. For the reader it is inspiring to learn from other clinician's experience and see which approaches are proven helpful and/or efficient. For further details of the approach or workout he can rely on the reference list to get further reading on the particular topic.

Different authors means different styles and emphasis. The introduction to hypnosis (1) and roles and uses (2) were very stimulating reading, resulting in a multi-level integration of information – not an easy text for a beginner, but one that directly plunge you into the subject to stimulate and challenges further questioning and reflection.

Seasoned therapists can read the book as a memory refresher, reminding them of some known approaches for a particular problem. On top of the latest research some renewing, surprising info can be found as f.i. "yedasentience"(p.56) "syncretic cognition"(p 70) "cognitive hypnotherapy, conceptualized as an assimilative model of integrative psychotherapy"(79)

Some chapters are more clinically oriented (depression /sexual problems) and well balanced between research, clinical practice even clinical examples. Other chapters are predominantly research oriented (hypnotherapy in medicine) giving an overview of possible approaches, ideas and referring to other books, publications for details in working out the procedures. This is useful to 'look up' info, but less apt to read the summing up of studies.

The book includes an important message to all professionals in the field, a call for research! "It's up to all of us who find hypnosis a useful tool to amass practice-based evidence by keeping outcome measures using validated scales such as CORE = Clinical Outcome Routine Evaluation ; Evans et al. 2000 or MYMOP = Measure Yourself Medical Outcome Profile; Paterson and Britten 2000" (p.100)

Chapter 8 on hypnotherapy and smoking, weight loss, alcohol and drug abuse, overeating, under-activity, and alcohol and drug abuse) you read a critical review of the literature on the effectiveness of hypnosis. On the one hand authors question if the main effect is to "enhance the client's expectation of a successful outcome' (p 168) On the other hand – on top of government measures there will always be "a demand for professionals" "to help people struggling with these problems and those trained in hypnotherapy have a role to play in this important task" (p.171)

I can recommend the book for seasoned professionals working with hypnosis, those who teach and give information of hypnosis needing an overview of references. I can recommend the book as a general introduction for students, with restriction that some chapters need previous knowledge or additional reading and research to fully understand and integrate the information and integrate it into clinical practice.

**Abreactive Ego State Therapy
Manual for Combat Stress Injury,
PTSD & ASD**



Arreed Franz Barabasz, Marianne Barabasz, Ciara Christensen & John G. Watkins

Clinician's Edition – 2012

Review by Nicole Ruyschaert

This manual represents a practical workbook for therapists. The publication of “Single-Session Manualized Ego State Therapy (EST) for Combat Stress Injury, PTSD and ASD. Part 1: The Theory (Barabasz 2011) and the publication of “Single-Session Manualized Ego State Therapy (EST) for Combat Stress Injury, PTSD and ASD. Part 2: The Procedure (Barabasz 2012) in IJCEH refreshed the interest in ego-state therapy, particularly because of the effectiveness study. And alike me, I can imagine many colleagues being curious to get more detailed information on the practical workout.

EST is based on the existence of different ‘ego-states’. Abreactive ego-state therapy is a psychotherapeutic approach guided by a bottom-up model, and deals with the core of the problem, inner states with their own history, function, conflicts, content. The procedure forges adaptive communications among ego-states. The ego-strength of the therapists, accompanying the client in all the phases promotes safety. Working with hypnosis is emphasized as a necessary key in the work, to contact and explore the ego-states, not only superficially but also the deeper ego states as well: here we find a true validation of the uniqueness of the work with / in hypnosis.

After contacting ego-states, what follows is the process of ego-states mapping. The single session approach requires 5-6 hours. Essential to single-session EST is generating a hypnotic abreaction - on the totality of the patient's personality or on a single ego state. Among different abreactive techniques a clear preference is stated for ‘direct abreaction’ in contrast with ‘silent abreaction’. Sessions are concluded by interpretation, reassurance and ego strength support while the patient is still in hypnosis. Result is a great feeling of relief to the patient and the dramatic disappearance of patient's psychopathology related to that experience.

The manual offers the guidelines and scripts in the 5 Phases of the therapeutic process: psycho-education, induction, how to perform diagnostic explorations and ego state mapping. For phase 5 on resolving internal conflicts, you get a detailed description of the abreactive techniques – direct regression, affect and somatic bridge, silent abreaction. Special attention is given to the reconstruction, reassurance and support.

The manual is useful for trainers, and for experienced clinicians who already feel familiar with working with traumatized people. I fully appreciate the protocols and the advice to tailor them to individual clients. Some questions came up in my mind because there is some space to ‘individualized’ tailoring, choice of words, different inductions

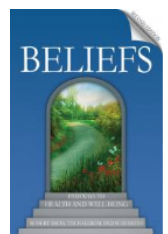
and abreaction methods, how standardized is the procedure? Progress can be measured with the PTSD Checklist (PCL) you find in the appendix: a civilian and a military version. A 5-10 point change represents reliable change and a 10-20 point change represents clinically significant change.

For the future of hypnosis, meeting the demands of ‘evidence-based therapy’ this work is of a great value and support. Having some results of the method and knowing that a larger study is in progress sounds promising for the future of hypnosis in the EST. Finding a balance between a protocol and individualized, tailored approach remains a challenge for all who work in the field of hypnosis.

1: Barabasz AF, Barabasz M, Watkins JG. Single-session manualized ego state therapy (EST) for combat stress injury, PTSD, and ASD, Part 2: the procedure. Int J Clin Exp Hypn. 2012 Jul;60(3):370-81. doi: 10.1080/00207144.2012.675300. PubMed PMID: 22681331.

2: Barabasz AF, Barabasz M, Watkins JG. Single-session manualized ego state therapy (EST) for combat stress injury, PTSD, and ASD, Part 1: the theory. Int J Clin Exp Hypn. 2011 Oct-Dec;59(4):379-91. doi: 10.1080/00207144.2011.595349. PubMed PMID: 21867374.

Beliefs: Pathways to Health and Well-being



Robert Dilts, Tim Hallbom and Suzi Smith

Crown House Publishing 228pages
ISBN 978-184590802-7

Review by Nicole Ruyschaert

On the cover you find a gate and a way bordered by flowers along the road as metaphor of an opening to a future path... The book illustrates how underlying beliefs and imprints have a dramatic impact on behaviour and health. You learn how changing beliefs paves the way to development, overcoming limitations, making the behavioural changes you want to make.

Right from the beginning you can feel personally addressed, when the author shares his personal story of his mother's relapse in cancer and how changing beliefs and “re-mission” or finding a new mission extended her life.

You find a similar structure in different chapters with some theoretical information, practical demonstrations, clinical examples and exercises: it's as if you personally are attending the training or the workshop and even can do the practice with the clearly outlined exercises!

The authors succeed in conveying difficult concepts in an easy to understand language. A simple NLP formula for

change presented (p 5) is “present (problem) state + resource = desired state” Reality shows this is often not enough, because of Interferences, as Limiting Beliefs and/or Inner Conflicts. Discovering these “internal terrorists”, and working with them opens the way for a real and lasting change. That’s what this book is all about!

In part I you learn about ‘reality’ strategy: from a perspective of working with hypnosis on an imaginary level this is interesting food for thought - What are your reality strategies you use to construct your reality? How can we also make your goals, changes you wish to accomplish become real – making believe that you can succeed?

Talking about belief strategies you learn that “like reality strategies have a consistent pattern of pictures, sounds, and feelings that operate largely unconsciously”. “Is something believable or not?” How does your brain code the differences? (41)

In the re-imprinting Demonstration it’s impressive how layer by layer the author gets to the core of the imprints, underlying a problem. Not what happened is of main importance but “how that affected your belief system” (p. 73). I fully appreciate the way the re-imprinting is explained and performed, the “Essence of Re-imprinting being that: once you’ve found the imprint experience, you want to give resources to both the person you’re working with and any significant others that were present in the imprint experience. ...” (82)

A very convincing demo with full script on “conflict integration” show the step-by-step work and how to deal with all possible real life objections and obstacles to the process! And how/with which questions you can let the process continue, get unstuck. You see once more how therapy is a creative activity and how therapist can inspire, come up with questions that put the process back on track.

All what we learned in part 1 also can be applied to part 2 as beliefs, methods and tools are also useful in health and disease issues. The authors come up with “two important beliefs ... that illnesses are a communication and when you respond to the communication, then symptoms will clear up on their own...and...often there are multiple communications as well as multiple causes for illnesses... if you keep responding to all of your communications you will eventually get well (p146).

You find some guidelines on effective visualisations, exploring belief systems, all within the safe context that “working with beliefs is not independent or in opposition to medical treatment: you can coordinate clinical psychological work with traditional methods” (151). The important issue is not to generate an inner conflict as is stated that “cancer is not a foreign invader. The cells are part of you. You need to transform yourself to create health and not get rid of something” (p.149)

When you help the person resolve a conflict at the identity level, you often take care of the internal conditions that create the illness.

The book’s epilogue is a story about healing: ‘a woman’s recovery from breast cancer’ Reading her personal insights and descriptions of her internal changes are rich, moving and enlightening.

In my opinion the concept of changing beliefs and working more explicitly with them deserves a place in hypnosis practice. Doing the exercises brings the focus on inner experiences and can be an additional method for colleagues who want to add more dynamics and activity to their hypnosis practice. The use of language, fine tuning, and creativity shows a clinician at work with an Ericksonian hypnosis background, language patterns, pacing and leading skills.

Despite full transcripts of sessions sometimes are cumbersome, I think many readers will appreciate this style. I can recommend the book to people working in the clinical field of hypnosis, medical hypnosis and professionals working with performance enhancement. The way of working, finding underlying beliefs makes sense and can be a welcome addition to EMDR and CBT working with “cognitive distortions” and exploring “negative cognitions”.

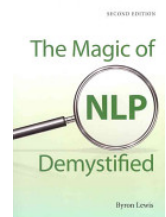
The Magic of NLP Demystified

Byron Lewis

Second Edition

Crown House Publishing 197 pages

ISBN 978-184590803-4



Review by Nicole Ruyschaert

In this book the author guides you along the fundamental principles of NLP in an easy to digest, sometimes amusing way. Why demystified? Because according to the author the well-organized presentation of the meta-model as you find it here makes it more accessible. Enriched by to-the-point examples, illustrations, comic strips the author makes some more difficult concepts clear, lively and easy to understand. A summary at the end of each chapter increases didactic value of the book.

The book starts by explaining how people make their model of the world or create “maps” to make sense of the different experiences they are exposed to. As stress narrows one’s field of perception, recognizing this process and identifying the preferred representational system is of major importance to create a working relationship and to successful ‘pacing’ and ‘leading’ and effectively guiding people to alternatives.

Chapter 2 further describes the 4 communication categories – visuals, tonals, kinos and digitals - in a rather caricatural but amusing way, with some useful ideas as how “a digital person like a visual is dissociated from his feelings (p.63) and the digital system can be seen “as a means of coping through dissociation with feelings that may not be pleasant (p.64).

The processes used in creating our model of reality, are also used in the creation of our linguistic representations of an experience – the meta model or digital representational system – language. This process is extensively described in chapter 3 and outlined and illustrated to help the reader integrate this rather complex information. 3 Main categories – Gathering information, expanding limits and changing meanings – combine 9 linguistic distinctions. Nominalisations f.i. are defined as changing a DS (deep structure) “process” into a SS (superficial structure) event, or changing the verb that is active into a noun that is static or unchanging. Denominalisations in the medical model brings hypertension f.i. back to ‘hypertensioning’ and shows how altering language we can change processes of health and disease. (p.96). Special attention is deserved for the separate section on “The Hall Extensions to the Meta Model”, where his emphasis is on neuro-linguistics and neuro-semantics of the Meta Model and of how language is incorporated in everything we do and everything we are (p119-120). Further citation of him emphasizes the fact that “representations will become somatised and govern our neurology and ideas and concepts become embodied in us.” (120)

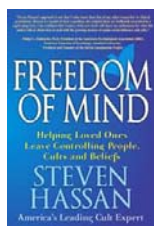
The visual model shows how movements of eyes are correlated with certain types of information retrieval behaviours: eye accessing cues or EAC model and pays further attention to body posture and minimal cues. Learning to observe these is interesting for all health care workers, and after conscious training become part of your skills: “as you ‘tune’ yourself to the people around you, you may find the process of mapping people becomes an automatic part of your own communicative behaviour. Done in this way, almost unconsciously, it can be a tremendously useful means of both gathering important information and gaining rapport.”(156). A concrete schema offers structured guidelines to identify the accessing cues, and after training owning this skill, working automatically in your contacts.

On top of being a good introduction to NLP I recommend this book for all who need to improve communication skills. Professionals working with hypnosis find useful information to become aware of mapping or schema’s people construct in life and the processes of mapping. Readers learn about different linguistic patterns, meaning, how to question them and how to change them. By reading the book you develop skills to observe, becoming aware of what you can observe and how. All these is helpful for better fine-tuning the work in hypnosis, the pacing-leading process, the use of language, observing and matching your work with your individual client.

**Freedom of Mind:
Helping Loved Ones Leave
Controlling People, Cults
and Beliefs.**

Steve Hassan

A Freedom of Mind Press Book, 2012
ISBN: 978-0-96706688-1-7



By Consuelo Casula

Can a mother pray to God and ask Him to provoke a car accident for her son, to have a broken leg surgery so that he will be obliged to come back at home and stay with his family because of a full leg cast?

This question may seem strange: actually this is what the mother of Steve Hassan asked God, and, fortunately, her quest was satisfied. When the car accident occurred, caused by sleep deprivation, Steve was allowed by his cult to spend his recovery at his home. During the recuperation period, his mother helped him to experience the beauty and the lightness of regaining his freedom of mind, after a long period of darkness in a mental and emotional slavery. Once regained the awareness of the pleasure of freedom, Steve decided to devote his life to rescue other people who had the misfortune to be captured by a cult. Since then, he dedicated his experience to the benefit of others, to rescue other victims of the many cults that are spread out not only in USA but also in Europe.

Since 1976, fighting cults is Steve Hassan’s mission, giving meaning to his personal and professional life. With a master degree in counselling psychology, in 1988 he wrote his first book “*Combating cult mind control*” that gave him the recognition of “American’s leading cult expert”. Now the book presented here is the updated version of his second book “*Releasing the bond*” (2000).

Freedom of Mind: Helping Loved Ones Leave Controlling People, Cults and Beliefs explains the common denominators that identify religious, political, therapeutic, and commercial cults as destructive. These denominators are a dictatorial control with authoritarian leadership, a deceptive practice in recruiting new members and keeping them obliged to stay, and emotional and intellectual control based on fear and guilt.

Using his personal experience as a former cult member, knowing how a cult uses mind control to recruit and retain members, Steve proposes a method called SIA -Strategic Interaction Approach- to help family and friends to free a cult member from its influence. The SIA method is not coercive and teaches how to help loved ones to withdraw voluntarily from the indoctrination of the organization.

Based on his experience, Steve proposes a model to analyse the four factors of the mind control, easily remembered by the acronym *B.I.T.E. Behaviour, Information, Thought and Emotional*.

Behavioural control goes from what one is allowed to eat, drink, and wear to how to spend leisure time; from the obligation to share thoughts, feelings to instil obedience accepting group cult thinking.

Informational control goes from deception and extensive use of propaganda to discourage access to non-cult sources of information, from encouraging spying on other members to unethical use of confession.

Thought control goes from manipulating one's own memories to creating false memories, and from imposing the map of reality of the cult as the only one to rejecting any critical thinking of the cult beliefs.

Emotional control goes from enhancing the level of fear of the outside world enemies and installing the sense of guilt connected with own "previous" identity, social environment and historical memories.

Steve Hassan also explains the 3 stages of gaining control of the mind used by a cult through "*unfreezing, changing and refreezing*". During the "*unfreezing*" phase the person is forced to question his/her identity redefining own past so that becoming ready to create a new identity within indoctrination sessions, the "*changing*" phase. When the new cult identity is forged, the "*refreezing*" phase starts to reinforce the new identity decreasing contact with old friends and families.

After presenting the characteristic of the cult indoctrination, the author introduces his Strategic Interactive Approach to motivate the cult member to step away from the cult and begin to question his/her involvement. The most important aspect of this approach is to help the former cult member to regain and reinforce his/her sense of integrity and control of his/her mind, emotion and life.

The team created by Steve Hassan learns the ability to help the cult member to understand the danger and the submission of staying chained there. The team is instructed to gain the competence to counteract the deceptive techniques used by the cult and learns therapeutic control techniques to recognise manipulated thought patterns and show their distortion.

The team learns how to connect with the impacted person in order to understand the influencing process based on the new doctrine they are asked to believe in, to recognise the specific ways the cult uses to deceive their members and to distinguish reliable information from the misleading ones. Knowing that the cult members suffer from a form of dissociative disorder which causes them to vacillate between the authentic identity and the cult identity the team is aware that it is important to be sensitive and not to use confrontational tactics or fighting against the cult identity but instead seek harmony and trust and elicit positive qualities to liberate the authentic identity. The Strategic Interactive Approach starts from evaluating the situation and understanding the psychological profile of the cult member, his/her vulnerability and suggestibility.

The SIA also proposes some communication strategies to the team to focus on effective and goal oriented communication to create rapport and trust, gather information as a basic ground to use the *Freedom of Mind* techniques. The team learns to pay attention to the 3 stages of communication, *intention, delivery and response*. The *intention* regards what the team wants to convey to the cult member; the *delivery* regards the congruity between verbal and non-verbal communication; and the *response* is the reaction obtained, if it is the one intended to have.

The SIA helps a cult member to step out of the cult perspective, to test its reality and see through the eyes of his/her authentic and free self. Promoting *Freedom of Mind* is based on questioning not confronting, installing doubts with hypothetical questions, instead of inoculating certainty, following a customized approach based on motivational style and thinking/feeling/doing/believing model of the person to rescue.

One of most interesting chapter is dedicated to illustrate methods to unlocking phobias, since fear prevails over logic and precludes independent thinking and acting. The chapter illustrates how persistent and irrational fear indoctrination is the most powerful technique for keeping people dependent and obedient and how to discriminate between legitimate fear and phobia.

Even though this book is mainly devoted to teach how to rescue a person captured in a cult, the ideas and the Strategic Interactive Approach illustrated can also help a therapist who is dealing with a naïve person who believes everything the partner says without confronting with a reality test, or with a person manipulated by the two emotions used by the cult to terrify the person and keep him/her captured on the net: fear and guilt.

For the reader who is not so much interested in cults per se but mainly on the mechanism of manipulation used by cults, the book helps to understand the difference between a normal social influence - based on persuasion, logic arguments and evidence of true facts -, and brainwashing that hinders the person to think and act independently.

Interview



Interview with Steve Hassan (SH)

By **Consuelo Casula (CC)**

CC: "You utilised your personal experience of being a member of the Unification Church cult to understand their mechanisms of psychological manipulation to mind control creating a non-profit organisation and the Freedom of Mind Resource Centre to help others to leave the cult. In doing so you gained the recognition of being the American's leading cult expert. I wonder what you can tell us about the presence of cults in Europe."

SH "Cults are everywhere in the world that there are people. My sense is that Europe is much more aware of cults than people in the U.S. Americans are no longer educated about cults, due to the wealthy cult lobby and also the lawsuits that cults have brought against American media that reported about cult activity. There is European group FECRIS which has members from most of the major European countries."

CC: "Do you find differences in cults according to the culture of the nation? Are USA cults different form European cults? Or the similarities are bigger that the differences?"

SH: “There are many different kinds of cults: religious, therapy, large group awareness trainings, business cults like Multi-level marketing groups, political cults, and of course, there are individuals who are narcissistic and very controlling and their influence on a person can be cult-like.”

CC: “In Bremen we shared a panel on Manipulation and you told me that you are coming to Italy, what for?”

SH: “There is an international cult conference in Trieste, Italy, the beginning of July 2013. I have also been asked to do a one-day training for mental health professionals.”

CC: “In your book, when you describe the mechanisms of the mind control by the cult, you mention the use of hypnosis. Of course the hypnosis exercised by the cult is different from the one used by a psychologist or psychotherapist. Can you underline the differences?”

SH: “There is a world of difference between ethical and unethical uses of hypnotic methods and techniques. Cults use a large range of hypnotic techniques but almost always they never disclose this or actually say like Scientology that they are de-hypnotizing people. Covert techniques, confusion, overload, embedded commands, metaphors, NLP are just a few of the methods. Members are induced into altered states of consciousness and then put through extreme sleep deprivation in some cases, phobias are utilized or implanted or both.”

CC: “In your book, *Freedom of Mind. Helping Loved Ones Leave Controlling People, Cults and Beliefs*, you underline the importance of building a team made up of friends and family members to help a cult member to free their mind: can you explain the reader why a team is so important in your strategy of promoting freedom of mind?”

SH: “My Strategic Interactive Approach is based on understanding complex systems theory: creating educated agents who can each exert constructive influence and be coordinated into a method which is all aimed at empowering the person to think for themselves and make their own decisions.”

CC: “What do you think Internet does to implement cults? What do you think Internet should do to demystify cults?”

SH: “The Internet offers a powerful way to deliver information 24/7 and for years was a great way to oppose cults and help people get liberated. In recent years, cults have gotten very savvy and have been manipulating search engines, putting up faux web sites, putting teams of people to put up disinformation against ex-members and cult critics. Wikipedia has been co-opted- with the exception of Scientology now. They have been so unethical that they are now banned from posting, according to my information.”

CC: “What is the first minimal signal a parent can see that can inform that the son or daughter has been in contact with a cult?”

SH: “Radical personality change, person spends large amounts of time, money, either tries to recruit everyone, or gets very secretive. No one ever thinks they are getting into a cult, so parents have to be careful how to inoculate their children so as to not turn them off to the danger. People are often recruited by family, friends and co-workers, by people they are dating. The hallmark of a destructive cult is that they are very deceptive, they lie, hold back critical information, or otherwise only give incremental information that the new person is ready to “swallow.”

CC: “Thanks for your collaboration.”

SH: “You are welcome.”

Children’s Corner

By Maria Escalante de Smith

A Child in Pain: What Health Professionals Can Do to Help

Leora Kuttner, PhD
Crown House Publishing, USA, 2010
10-digit ISBN: 1845904362
13-digit ISBN: 978-184590436-4



By Maria Escalante de Smith

A Child in Pain “is designed to help health professionals of all disciplines who work with children gain understanding and skill in how to approach and treat children’s pain, and help children understand and cope with their own pain” (from back cover).

As it is stated in Chapter I “As children and teens grow and explore the world, they experience many falls, illnesses and hurts of one kind or another”, and I believe we as therapists can really help them during this process.

According to “The myth of Two Pains” (David Morris,1991), there are separate types of pain: physical and mental. As he states “You feel physical pain if your arm breaks, and you feel mental pain if your heart breaks”. This is a good reminder of how both types of pain are important.

Chapter 1, “Pain in Children’s Lives”, includes a definition about pain as an “intelligent” signal that comes in many different forms: acute (protective) pain, recurrent pain, or chronic (often non-protective pain). Here it is important to remember that “non-protective pain sensations are referred to as ‘neuropathic’ or abnormal pain”.

Chapter 2, “How Pain Works” offers a valuable source of information regarding pain “as a function of a conscious brain” and how pain has been understood for many years by the human kind. Concepts such as “The Historic Model of Pain by Descartes” invite professionals to learn about how the understanding of this sensation has been evolving for centuries. Afterwards, as we read about “The Processing of Pain”, we can comprehend concepts such as *Nociception*, the unconscious detection of tissue damage. I really liked Figure 2.3 named “Nerves talk to one another that depicts “when one nerve converses with a neighbouring nerve cell, neurotransmitters, carrying the signal, are released from one cell to the other across the synaptic gap”. This chapter is an invitation to a deeper knowledge of both how pain works and how we can help our clients cope with it.

Chapter 3, “Communicating with a Child in Pain”, can help us as therapists, to think of the importance of gaining the child’s confidence and also presents readers with effective responses to a child in pain. These responses include providing hope, wherever possible and empathy.

Chapter 4, “Assessing and Measuring Pain” is a wonderful source of information regarding what happens when someone observes another person in pain. As the author states: “Assessing and measuring another person’s pain is like speaking a foreign language you do not fully understand”. This chapter also addresses ways to understand how people experience pain depending on how old they are. Here, for example, professionals are encouraged to ask children or toddlers about their pain by using vocabulary tailored to their age group. When talking to a toddler, for instance, we can refer to pain as an “ouch”. I liked to read about how teenagers experience pain, for example, how they can “identify the site, type, onset, history, and intensity of their pain”. However if they are in the presence of their friends teenagers may adopt different behaviours and may talk very differently about their pain.

One of the things I really enjoyed about this book is that it includes practical information for helping children report their own pain. A good example of this can be found on page 129 in an exercise called “Pieces of Hurt” where the child is shown four red pieces of poker chips, representing “just a little hurt” (one chip); “a little more hurt” (two chips); “more hurt” (three chips); “the most hurt you could ever have” (four chips). This is an excellent means therapists can help children rate how strong their pain is: this exercise could also be adapted for helping them, rate even emotions such as fear and sadness.

On Chapter 5, “Psychological Methods to Relieve Pain” deep cognitive- behavioural pain relieving methods are discussed. It is particularly interesting to read about “Language That Helps Pain to Go Away”, where we can find some valuable pointers for using language therapeutically with a child. These approaches include: recognizing the value of listening, acknowledging the pain, and reframing. This part is also a good reminder of other techniques such as distraction where the child is invited to shift attention into a “chosen, interesting, and more pleasant physical object than the painful procedure”, for instance focusing on objects in the room. There are references about the use of hypnosis as well.

Chapter 6, “Physical Methods to Relieve Pain”, covers at the beginning Self-directed bio-behavioural methods that children can learn and use by themselves, including breathing, relaxation and blowing bubbles. On this same section, we can also learn about the “Red Cloud Technique” where the child is taught to pretend that her pain is a red cloud and then she is asked to “blow it out!” This type of technique can be very good because it gives the child a sense of mastery over her own symptom. Authors also include information about other methods such as *TENS* (Transcutaneous Electrical Nerve Stimulation) that transmits electrical impulses along the nerves and competes with pain signals, and acts as a pain inhibitor. Additionally “the stimulation helps the brain release endorphins, a naturally occurring form of morphine.”

Chapter 7, Pharmacological Methods to Relieve Pain” is a good reminder of how pain should be treated not only relying on medication and can be an invitation to include other treatment modalities. Here the authors emphasize that “the 3P’s mnemonic-Psychological, Physical and Pharmacological-provides useful treatment principle for pain relief”. One of the interesting things about this chapter is that it shows different diagrams that depict WHO (World Health Organization) recommendations for managing pain where emphasis is given to adapting a step-wise approach to the administration of pain medications. For example, the first step for mild pain would be using acetaminophen, and/or ibuprofen; for medium pain, tramadol; and in case there is acute pain, opioids such as morphine. This chapter is particularly valuable because it provides readers with data about benefits, drawbacks and cautions when using different types of medications. The section also depicts a chart with opioid analgesic recommended doses. Another part shows drawings about adjuvant that can be used together with painkillers, like antidepressants.

Chapter 8 “Managing Pain and Anxiety at the Doctor’s Office” reminds us of one of the main reasons parents bring children to the office: *pain*. As professionals we look for means to reduce our clients’ pain as much as possible. This text offers valuable input about the role of the doctor as a teacher and educator. Children remember painful events even if those experiences occurred really early in their lives. Who thinks that adults should listen to children will be glad to read about “Encouraging the Child’s Self-Expression” where authors state that children need to be encouraged to speak for themselves with authority, relating specifically how their bodies feel, where they hurt, and providing the history and nature of their pain. This chapter also stresses the importance of recognizing fear and anxiety, and avoiding restraint. Here authors also highlight how children should learn about things they should do during consultation. Readers are also encouraged to see parents as allies.

Chapter 9, “Managing Pain and Anxiety in Dental Practice” begins with a fourteen year old kid’s quote about fear, a common feeling a lot of us have experienced when visiting the dentist’s office. As we can learn here “Children’s dental health requires a specialty because their physiology, anatomy and psychological needs are different from those of adults.” (Moss, 2000). For this reason, skilled and compassionate professionals are needed for treating young

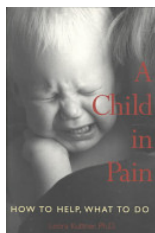
people. They need to be adequately trained in behaviour management since they may encounter anxious or uncooperative children.

Chapter 10, "Managing Pain and Anxiety in the Hospital", invites readers to empathize with children's emotional distress during hospitalizations. Here there is reference about a documentary named "*No Fears No Tears-13 Years Later*" (Kuttner, 1998), that narrates the results of a study where teenagers and adults were invited to talk about "their hospital experiences, when they were young children, being treated for cancer", and how vivid their emotions are. This chapter should be read by a large number of professionals who work in hospital settings.

This is an excellent book, I really recommend it.

A Child in Pain: How to Help What to Do

Leora Kuttner
Crown House Publishing,
Second Printing, 2004
ISBN 0-88179-128-8



By Maria Escalante de Smith

A Child in Pain- How to Help What to Do is a very interesting book that provides readers with useful information about pain as "multidimensional that is both an emotional and a sensory experience". As readers we can remember how short term pain has a protective value that prevents damage and distress. There are two basic types of pain: *acute*, that is associated with a brief episode of tissue injury or inflammation-for example the pain caused by surgery or burns and it mobilises you physiologically and psychologically. It is also a sign that something is wrong. *Chronic* pain on the other hand, "tends not to be protective or informative but rather persists long beyond its initial useful or protective function." "The Role of Pain" presents a list of myths regarding pain, for example "Children do not feel as much as adults do" and "Children will get used to pain".

I liked to read about "The Role of Crying" and how most psychologically healthy children prefer not to cry because they are afraid of "losing it". It is important for them to manage pain because this gives them a sense of self-competence. On the other hand it is important that children express their feelings.

On Chapter 2, "The Crucial Role of Parents" the writer acknowledges how parents are the experts on their child and a resource in caring for and managing and how they can be mediators between the child and other adults as well as role models. Their presence is also highlighted.

Chapter 3 "Responding to a Child's Pain" lists useful responses to a child's pain such as the importance of acknowledging the pain, making physical contact with the child. Here it is also useful to take into account that we need

to acknowledge the pain and not to minimize it: I liked particularly the idea of instructing the child to do something to help the pain go away, for example through relaxation. The importance of anger as a result of not preparing the child before a painful procedure is addressed too. Anger is a feeling that can appear when the child is not adequately prepared or she does not receive pain medication.

On Chapter 4 "How Pain Works" readers can find useful diagrams that help in understanding the relationship between anxiety and pain and also about the processing of pain, for example "when the body experiences an injury, nerve impulses at the site of the injury send a message to the brain". Here, the author explains how C fibers which are small transmit sensations slowly and the A delta fibers, which are large and transmit sensations rapidly. This section includes a very nice diagram called "A Child's response to pain" that includes variables that influence how a child experiences it. Some of the variables are: extent of the physical injury, length of the painful episode, and parents' and child's anxiety levels. This chapter covers an extremely interesting topic: Phantom Limb Pain, a phenomenon that occurs when even though a limb has been amputated, the pain remains as if it was still present. Treatments for preventing this condition are also explained. Sometimes, an epidural block is given before, during, and after the amputation in order to prevent the appearance of phantom limb pain.

Chapter 5 "Assessing and Measuring Pain" begins by addressing "Assessing pain" and how infants are totally dependent on their caregivers and then it includes a classification about how toddlers understand pain, and how this phenomenon is sensory based. Later we can learn about how preschoolers can experience it as something distressing. Here I liked reading how these children need concrete and graphic explanations about what is happening to them. On the other hand school-aged children tend to regard pain in a general fashion and they may think of it as a form of a punishment as a result of their bad behaviour. I liked seeing figures such as the "Children's Anxiety and Pain Scale" that can help children rate their own pain easily.

Chapter 6 "Methods to Help Relieve Pain" can help readers either recall or become familiar with a wide array of choices that can help when children undergo pain. It is interesting to either recall or discover how many alternatives professionals can have when helping kids in distress. Some of these alternatives are: Breathing-Relaxation Methods, Hypnosis, Music, and Biofeedback. The use of language is also highlighted in this chapter. As the author says that language conveys any degree of support - hope, love, courage, energy, or affection-, and promises at least some release of suffering it is then helping children to let go of their fear and pain. As therapists we can really help children who suffer pain when we utilize hypnosis because we include useful words that will ease their suffering and look beyond the present time and look forward to the future.

On Chapter Seven "Medication to Relieve Pain" readers will at the beginning learn about "Using Medication at Home" Dr. Christy Scott discusses the use of over-the-counter medicines and different ways they can be used. Here,

professionals can learn about “Some guiding principles” about how medicines should be administered. For example, if a pain is mild, the medication should be given as soon as it appears. On the other hand if the pain is moderate or severe, like when there is a broken bone, the medication should be given “around the clock” in order to prevent the appearance of the pain. Other topics such as how the medication should be administered, secondary effects and doses are also discussed here.

Chapter 8 “Managing the Pain at Home” presents professionals with a table for “Providing Relief For Acute Pain At Home” that explains what steps need to be taken in case of bleeding where fear is a common response. Treatments such as applying pressure on the wounded area are shown. Readers can also learn about the importance of keeping wounds and abrasions clean. Other wounds such as burns and the importance of keeping them cool can be found in this section. Shivering as a physical reaction as a result of a fracture is discussed here. The author emphasizes here the importance of talking soothingly and wrapping the child with a blanket.

Chapter 9 “Visiting the Doctor” at the beginning is about “Why Children Fear Going to the Doctor”. The main fears as we can remember are experiencing pain or having a needle. It is nice to read how doctors “would like children to feel comfortable and relax”. On this same chapter I liked how the author explains how parents could talk to the child when they will be visiting the doctor and it is likely they could experience pain. Telling the child that “It may hurt” and that “You may be surprised how little it does bother you” can be a means to mobilize the courage and ability to cope.

Chapter 10 “Visiting the Dentist” offers readers guidelines for choosing a dentist by listing several questions such as: “Do the dental office and dentist have policies and an atmosphere that suit your own philosophy”, “Do they talk directly to your child?”, “How does your child respond to them?” Popular terms for referring to the dental tools are listed as well. For example, the X-rays are called “special pictures”. The importance of being truthful to the child and creating a “child-oriented environment” are also addressed. Case studies are presented as well.

Chapter 11 “Emergency Pain in Hospital” begins with a list of questions in order to make learners think about what they would do in an emergency. Some of the questions are: Whom do you call first? How do you assess your child’s condition? Here it is really interesting to read about the author’s recommendations regarding what to do in the ambulance, the emergency room and after the emergency is over. At the emergency room it is useful to talk to the child even if she seems to be unconscious because this is a way to convey her love. As a reader I was deeply touched by this suggestion.

On Chapter 12 “Preparation for Hospital”, the author states that “Preparation is a mental, physical, often emotional, and behavioural process”. Here, as therapists we can play a very important role for helping our clients to get ready before, for example, a surgery. The use of rehearsal, which is one of the techniques we as professionals can combine

with hypnosis, can be very beneficial too. Discussion is also explained as a part of the preparation process.

Chapter 13 “Pain from Medical Treatments” addresses a wide variety of topic for example “Parents in the Treatment Room”, so that they can provide the child with support and help her to cope. Types of injections are explained as well. Other topics such as invasive procedures like urinary catheterization are listed and explained. The author includes valuable suggestions regarding what to do under these circumstances.

Last but not least it is also important to mention that this text includes number of conclusions regarding pharmacological agents, analgesics and the involvement of parents and families.

This is an excellent book. Any professional working with children should have it at the office.

Interview

Interview with Leora Kuttner, PhD (LK)

By Maria Escalante de Smith (MEdS)



MEdS: “First of all let me thank you for giving me the opportunity to have this conversation with you. Would you like to start by telling our readers anything about your personal and professional history?”

LK: “I’ve lived in a few continents and have taught or worked in many countries in my thirty-two years of professional life-- so I feel at home in many places. I was born in England, but got most of my education while living in South Africa where I gained my first exposure and training in Hypnosis during my Clinical Psychology Masters. (I also lived briefly in Sri Lanka and the USA) I now happily claim Vancouver Canada as my home. This gives me a foreign accent here in North America and for hypnotic work this is a major help in gaining children’s attention to entrance and transform their pain!”

MEdS: “How did you decide to become a Clinical Psychologist?”

LK: “Actually, my first career was in documentary filmmaking. I would have stayed there had apartheid and its repressive policies not been in place in South Africa. Since they were so oppressively present, I found it increasingly difficult to deal with the censorship and resigned from SABC-TV, and returned to university to do my clinical psychology masters. I had no notion this would be the best decision of my life and would provide a career that would continue to intrigue and encourage me to grow humanly and learn professionally for so many fulfilling years! So

in some way I found hypnosis by one of those inadvertent detours of life. I did my PhD in paediatric pain management on an international scholarship at Simon Fraser University in Canada. My research in 1982 in Oncology at BC Children's Hospital involved hypnosis as one of the treatment arms. I quickly found how effective it was with distressed or suffering children, stressed anxious parents and tense medical and nursing staff. We then expanded the program into the inpatient ward and then other hospital services such as Neurology and GI."

MEdS: "When did you first get interested on children in pain?"

LK: "I've always been pulled into action by another's suffering—particularly that of children and feel compelled to alleviate the pain of others. So I gravitated to this work in hospitals and found it a much better fit than mental health or psychiatric facilities. I was also startled to discover in the early 1980s how badly managed children's pain was, particularly procedural pain, which is a scheduled and therefore could be planned for and better controlled. This drove me to research how best to implement hypnosis and behavioural methods and to train patients parents and staff within the paediatric oncology unit so that lumbar punctures, bone marrow aspirations and the long sequences of 'treatment needles' could become more tolerable. These many years on the Oncology unit of BC Children's Hospital had a profound impact on my understanding of the multiple dynamics of anxiety, information, preparation and relational interaction on a child's pain and suffering—and the essential role of the parents. This was documented in my film "No Fears No Tears" (1985) and seven of the children in this documentary were followed up in the later film "No Fears, No Tears—13 Years Later" (1998)."

MEdS: "As I was reading your book, "A Child in Pain. What Health Professionals Can Do to Help". I really liked to see the diagram about "The Broad Impact of Children's Chronic Pain". Could you talk about this? Do you think that therapists could use this diagram as a means to explain how pain can impact our lives?"

LK: "I'm glad you noticed that chart, because now in the 21st century it is chronic pain that is our main pain challenge. Post-op, procedural, and acute pain can now be fairly well managed-- but chronic pain still gets dismissed, undertreated and misunderstood and once again, hypnosis can play a very helpful therapeutic role. Chronic pain becomes embedded in the lives of children and affects absolutely every aspect of the child's world. It curtails energy, diminishes hope and alters a person's capacity to learn engage and function. It is too easy to underestimate the long-

term damage that chronic pain does—so this chart reminds us that just because the child is quiet, flat and un-expressive doesn't mean that "it's only in his head!" The chart gives relevant areas to enquire about, and to better understand the impact pain of this child or teens life. Again the hypnotic experience of learning to down-modulate pain and re-engage with life, if only at first imaginatively, build bridges towards re-engagement with life."

"I've just completed a short documentary entitled "Dancing with Pain" which addresses the struggles teens in chronic pain have. I'm using a dancer to lay bare the emotional currents, struggles and process and interweave the dance with the teens' interviews and the 'neuromatrix' by Dr. Melzack."

MEdS: "How do you deal with patients who experience fear and anxiety while suffering pain?"

LK: "Anxiety and fear is an expected and natural co-factor with the experience of pain - especially acute or procedural pain. It should be anticipated by all of us in health care and addressed and treated simultaneously with any pain condition. It is rare to have one without the other. (Note though that with chronic pain, depression of feelings of fatigue hopelessness and despair are more common than anxiety). Talking in a calm, grounded manner helps the patient to not feel abandoned and to organize and cope. However, the starting point should be providing the patient with accurate information about the pain, with simple words that name what can be sensorily identified and invite the patient to use coping strategies that work—and always remind the person of her body's phenomenal healing capacities. It's a working alliance between practitioner and patient. When these are met, anxiety will ease. Unless of course the patient has been previously traumatized –then it's a longer and more challenging and stressful process. Hypnosis again is a creative and flexible intervention that becomes part of the treatment process to work through this trauma and rebuild confidence and trust."

MEdS: "On Part II you addressed "Pain Treatments-Psychological, Physical and Pharmacological". Do you think that the three of them are equally important in the treatment of pain?"

LK: "These are the 3Ps. In the best of all worlds, when the patient understands what's happening, is empowered by that knowledge, feels supported and has trust (Psychological aspects); knows and uses physical strategies to ease pain (Physical) and has analgesic options to address breakthrough pain (Pharmacological) we have constructed the greatest potential for psycho-physiological healing."

French Corner

By Christine Guilloux

Aide-toi, ton corps t'aidera**Anne-Marie Filliozat
& Gérard Guasch**Editions Albin Michel, Paris, 2006
ISBN: 9782226175021

By Christine Guilloux

Votre corps se fait-il porte-symptômes, auriez-vous tendance à oublier qu'il est avant tout le sujet, l'acteur principal de ce qui se joue? Le rôle que vous attribuez au médecin est-il celui d'un technicien de santé, d'un habile dépanneur?

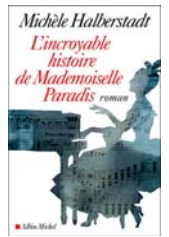
Anne-Marie Filliozat et Gérard Guasch se font les pionniers d'une nouvelle approche psychosomatique et nous invitent à repenser au quotidien, par les petits gestes du quotidien, la relation entre notre corps et notre esprit. Intelligence du corps, tensions et mémoires du corps, sensations. Corps de l'intelligence, images intérieurs, pensées. Avec et sans l'émotion pour liant et pour lien. Organes, systèmes, cellules travaillent en réseau, en orchestration permanente afin d'assurer notre adaptation aux secousses comme aux calmes de l'environnement.

Cet ouvrage n'est ni la clé des songes ni la clé des maux mais se veut une prise en compte de nos signaux intérieurs, psychiques et corporels, pour une meilleure compréhension de nos limites, de nos besoins, de nos priorités; une incitation à examiner nos croyances, nos certitudes, nos «vérités personnelles» et à réviser nos attitudes et nos comportements; et aussi une découverte de ressources utiles pour veiller à maintenir notre équilibre corps-esprit et à le faire «fructifier».

Dans un style léger, aéré et aérien parfois, illustré et soutenu par de nombreux exercices de relaxation, d'exploration hypnotique, de visualisation, les auteurs nous invitent à une prise en compte de nos signaux intérieurs, en sus d'une bonne hygiène de vie, sans que cela devienne une préoccupation ou un stress; à développer en nous une attitude responsable vis-à-vis de notre santé. Précautions sont prises quant au sens symbolique qui pourrait être donné au symptôme quand la maladie est là : il n'est que des réponses individuelles.

Un livre-ressource de «psycho-neuro-endocrin-immunologie» dans lequel puiser sans nous épuiser, s'appuyant sur les neuro-sciences d'aujourd'hui, l'ancienne médecine chinoise et la tradition millénaire taoïste.

Le corps a ses raisons que la raison ne connaît pas. Pour notre corps, comme pour notre esprit non conscient, la chose et l'idée de la chose sont même chose. Alors, souvenons-nous de nous parler «bellement» selon la règle des chevaliers, avec respect, mesure et considération. Pour notre bien-être et notre bonne santé.

**L'incroyable histoire de
Mademoiselle Paradis****Michèle HALBERSTADT**Albin Michel, Paris, 2008
ISBN 978-2-226-182012-2Le livre de poche, Paris, 2011
ISBN : 978-2-253-134602

By Christine Guilloux

Il était une fois en une cour impériale du XVIIIème siècle une jeune et belle jeune femme, fille unique du conseiller de l'impératrice d'Autriche, pianiste virtuose et aveugle.

Par quel hasard, en quelle fortune ou quelle infortune, devint-elle soudainement aveugle, toute enfant ? Personne ne le sut. Son père l'adore et met tout en œuvre pour qu'elle recouvre la vue, s'acharne à la vouloir guérie et lui inflige de multiples traitements, souvent brutaux, qui s'avèrent inefficaces. Maria-Theresa von Paradis n'en veut plus, n'en peut plus. La médecine la tient pour responsable de ses maux, son désordre ne relève pas de la science. Ce sont les nerfs, à coup sûr.

Le docteur Mesmer est alors très en vogue et ses pratiques fort prisées. Le magnétisme animal a alors le vent en poupe. Miracles en vue pour guérir l'incurable au moyen de méthodes peu conventionnelles? Le père de Maria-Theresa s'enquiert de ces méthodes et remet sa fille aux mains de Mesmer.

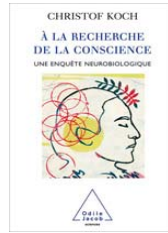
Premiers pas dans «le monde de la normalité». Mesmer l'écoute, la prend en compte, lui parle comme à une femme, pas comme à une aveugle, une handicapée. Il oublie sa cécité, il s'intéresse à la personne. Il lui offre l'autonomie. Premiers pas pour s'affranchir des autres, de ses parents, pour s'émanciper de ce père plus qu'autoritaire, de l'impératrice, des médecins. Le parcours se fait initiatique. Et amoureux. Elle recouvre, petit à petit, la vue. Mais les emprises du monde environnant sont fortes, très fortes. Mesmer commence à être décrié... Le retour sera-t-il à la case départ?

Michèle Halberstadt, journaliste, scénariste, se laisse conduire par ses coups de cœur et nous emmène en une aventure pleine de surprises, où la virtuosité d'une pianiste méconnue, mais reconnue en son temps, en appelle aux consciences du monde et aux manières d'être au monde. Vertiges où la « cécité hystérique » questionne la normalité, la maltraitance, la notoriété, la célébrité, où l'innocence et les illusions se perdent. Vertiges où la sensibilité et la volonté se combinent pour nous engager aujourd'hui à revoir le monde d'alors pour réviser notre monde d'aujourd'hui. Ne révélons pas les suites de l'intrigue. Maria-Theresa s'affirmera, deviendra, elle aussi célèbre. La musique pour se défendre du monde. Des oreilles pour voir. Maria-Theresa von Paradis, artiste virtuose, aveugle. Ou lucide?

A la recherche de la conscience: *Une enquête neurobiologique*

Christopher Koch

Éditions Odile Jacob, Paris, 2006,
ISBN : 9782738117120



By Christine Guilloux

Professeur de biologie de la cognition et du comportement au California Institute of Technology, expert en biophysique de la computation et des bases neuronales de la perception visuelle et de l'attention, Christopher Koch nous ravit déjà par ses domaines d'exploration : il nous invite à explorer en sa compagnie l'un des grands mystères de la science: la conscience.

Il nous véhicule dans les circonvolutions du cerveau, se focalise et traque les « corrélats neuronaux de la conscience » (NCC pour « Neuronal Correlates of Consciousness ») en questionnant cette machinerie cellulaire et moléculaire du système nerveux qui donne naissance à ces sensations de rouge, de bruit, de chaud, ou de douleur, ou d'être éveillé... - ce que les philosophes appellent des « qualia ». « Comment un système physique comme le cerveau peut-il ressentir quoi que ce soit ? »

L'ouvrage se plonge « dans le domaine de la perception visuelle où les relations entre la matière cérébrale et l'expérience consciente sont actuellement les mieux comprises ». Bien que n'étant pas un ouvrage de science-fiction, il s'adresse à tous ceux qui s'interrogent sur la conscience et permet d'y dénicher quelques tours qu'elle a dans son sac, elle qui, fait de chaque expérience vécue un motif particulier de décharges neuronales.

L'ouvrage pose d'éternelles questions:

A quoi sert la conscience ? Est-elle l'apanage des êtres humains ? Comment se fait-il que nombre de nos actions - lacer nos chaussures, conduire, courir, parler...- nous paraissent inconscientes comme en état de « pilotage automatique » alors que notre esprit se concentre sur des choses considérées comme plus importantes ?

Expériences scientifiques à l'appui, détaillées et décortiquées, permettent de revisiter le fonctionnement du cerveau et des neurones, cette « mélodie en sous-sol » où systèmes conscients et systèmes inconscients se connectent, s'allient, s'accordent, où « seules des coalitions de neurones du pros encéphale possèdent les propriétés requises pour former les NCC ».

Bien qu'un bel exercice de style, « A la recherche de la conscience » nous fait flirter avec ces agents zombis, sortes de réflexes généralisés, corticaux, spécialisés et surentraînés, qui, à l'inverse des NCC effectuent leurs opérations sans sensations conscientes pour produire rapidement des comportements stéréotypés.

Attention, mémoire sont en étroites relations dans cette émergence et cette utilité de la conscience : Christopher Koch nous donne quelques clés de la biologie de l'esprit, mais le chemin est encore long à parcourir pour nous

permettre de traduire, ou tout au moins d'exploiter concrètement ces éléments dans notre pratique de thérapeutes et d'hypnothérapeutes – bien que pouvant bénéficier avec bonheur des éclairages apportés sur les mécanismes de l'attention et de la mémoire. Au delà de l'état du savoir qui nous est offert ici, à nous de méditer, consciemment et inconsciemment, sur cette conscience qui reste en recherche et à rechercher. Une conscience qui nous laisse encore pantois et émerveillés de ses énigmatiques, subtiles et délicates orchestrations.

L'hypnose, une réinitialisation de nos cinq sens Figure de style de l'hypnose, de l'hypnothérapie instantanée,

Gaston Brosseau

InterÉditions, 2012

ISBN 978-2-7296-1261-0



By Christine Guilloux

Psychologue, hypnothérapeute, co-fondateur de l'Institut M. Erickson de Montréal, ex président de la Société Québécoise d'hypnose, Gaston nous est connu pour son humour, son accent, son exubérance, sa bonne humeur et son aisance à jouer de l'hypnose. L'heure a sonné : Gaston commet enfin un ouvrage pour communiquer autrement, par écrit, l'évolution de sa pratique. Occasion pour nous de goûter, avec nos cinq sens, à cette réinitialisation qu'il propose.

L'instant présent comme degré zéro de l'écriture ? L'instant présent, l'instant zéro, sans douleur sans souffrance, l'instant zéro comme moment d'énergie pure. Le patient, gardant les yeux ouverts, passe quasiment immédiatement en cet instant zéro de disponibilité intérieure grâce aux nano-inductions de Gaston Brosseau. Rien ne va plus, les jeux sont faits. Les jeux peuvent se défaire. Il s'agit simplement d'appuyer sur la touche « reset » pour se remettre en ordre, pour réinitialiser la programmation défectueuse, pour repartir à zéro.

Il n'est plus besoin de s'appuyer l'anamnèse et la symptomatologie, d'aller vagabonder dans d'isomorphiques et exotiques métaphores. Il n'est plus besoin d'inductions de relaxation progressive... Dessins et gestes composent un paysage que le patient peut suivre du regard. Les inductions sont ainsi silencieuses et graphiques. Les inductions sont nano-inductions pour évincer les symptomatologies et le langage métaphorique. « Une nano-induction, associée au temps de réaction de 0,4 seconde, fait appel à la capacité de l'individu de saisir instantanément ce qu'il souhaite atteindre et modifier en lui-même pour améliorer sa zone de confort, son mieux-être et sa qualité de vie. »

Gaston Brosseau se pose donc, dans son ouvrage « L'hypnose, une réinitialisation des cinq sens » en pourfendeur des idées reçues sur l'hypnose classique, contrecarre les effets paranoïdes sous-jacents chez eux qui se considèrent de mauvais sujets, non accédants et non

accessibles à l'hypnose. Comme supports et comme outils, il use d'une grille de *Mesure du degré d'adaptation (MDA)*, relativement facile à comprendre et à assimiler en moins de vingt minutes, qui sert de base de départ, de socle, de référent de son vécu, et de deux outils curatifs, la *THNE (Technique hypno-neuro-émotive)* et la *FFMDR (Finger and Foot Movement, Desensitization and Reprocessing)* qui font appel à une mobilisation psychocorporelle instantanée du patient et l'engagent dans des expériences sensorielles où il est rapidement convié à revenir à l'instant zéro, à appuyer sur sa touche de réinitialisation.

Instant zéro pour le patient, instant zéro pour l'hypnothérapeute - « en fait je ne fais rien et même souvent le contraire de ce que l'on m'a enseigné en hypnose ». Économies d'énergies et de temps pour soustraire le patient comme l'hypnothérapeute à une quelconque performance. Économies pour une redoutable efficacité. Que vous connaissiez ou non Gaston, invitez-vous à « laisser faire, vous laisser advenir », fuyez les symptômes et occupez-vous de votre client, jouez à explorer les techniques multiples et simplissimes de la « brosseausphère » non pour résoudre les problèmes mais pour les dissoudre ! Retournez à vos ressources premières comme à celles de vos patients, laissez advenir étincelles, complicités, créativité et réinitialisez vos cinq sens.

With grateful thanks to our contributors:

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♦ **ALL ESH CONSTITUENT SOCIETIES** ♦

We are looking for Articles, items of News and details on forthcoming Events, Training Courses etc for publication in the June 2013 issue of the ESH Newsletter.

Please send your Society's contributions direct to consuelocasula@gmail.com no later than 31st May. Thank you.

Message from ESH Central Office

Please note that Central Office will be closed from 17:00 (UK time) on Friday, 5th until 09:00 (UK time) on Monday, 15th April.



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