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Views Reviews Interviews

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In this issue:

- ❖ Letter from the President
- ❖ Letter from the Newsletter Editor

Interviews with:

- ❖ Matthias Mende
- ❖ Ali Esref Muezzinoglu
- ❖ Christine Guilloux
- ❖ Enrico Facco

Book Reviews:

- ❖ Generative Trance: The Experience of Creative Flow
- ❖ Compassionate Healing of Sex Addicts: and Those Who Love Them
- ❖ Therapist Stories of Inspiration, Passion, and Renewal: What's Love Got To Do With It?

Children's Corner:

- ❖ Interview with Daniel P. Kohen

French Corner:

- ❖ Les nouveaux Psys: Ce que l'on sait aujourd'hui de l'esprit humain
- ❖ Les Chemins de la mémoire
- ❖ L'hypnotiseur
- ❖ Renaissance de la Maison des Ormes

Letter from the President

Nicole Ruysschaert



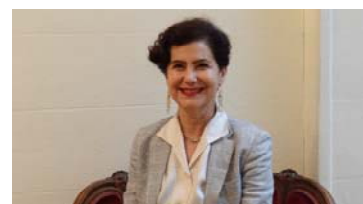
Dear Reader

I hope you all enjoyed some inspiring, renewing, enriching summer holiday time! Perhaps a pile of books and other material had been waiting for you for some months, to be opened, read, reviewed during the holidays? Maybe you were looking forward to enjoy nature, discover new places and read some novels. Others made intentions to read manuals, handbook, professional journals and discover new and related fields of interest? Not to be idle, some even had many e-books on the I-Pod or tablet, in case of...?

I wish all of you could satisfy the hunger for knowledge or whatever you were longing for. With this newsletter we offer you some starters to stimulate your appetite for further reading. You learn to know people in our large ESH community by in-depth interviews. I wish you enjoy the ESHNLVRI digital mail – meal and our contributions put together with ingredients of the authors of the books, tasted by our reviewers, and given a finishing touch by our editors and enticingly presented by our secretary!

Letter from the Newsletter Editor

Consuelo Casula



Dear Reader

I hope you like this issue of our ESHNLVRI as much as I do.

First of all, let me thank each contributor: those who wrote some review such as Nicole Ruysschaert, John Lentz, and Christine Guilloux, those who carried out interviews, such as Nicole, Ali Ozden Ozturk and Maria Escalante de Smith, as well as those who were interviewed such as Matthias Mende, Daniel Kohen, Ali Esref Muezzinoglu, Enrico Facco and Christine Guilloux. In particular my gratitude goes to John Lentz for editing the English language section and to Christine Guilloux for editing the French corner, and, last but not least to Christine Henderson who took artistic care of the layout. Without their contribution this issue would not be equally interesting and stimulating.

Nicole in her books' reviews shows her creative flow in presenting the latest Gilligan's book, shares her compassion with John Lentz's book and expresses her friendly admiration for Christine Guilloux. John demonstrates his passion for therapist's stories selecting to review Hoyt's book.

The French Corner edited by Christine Guilloux ranges from introducing the new psychologist and his/her knowledge regarding human spirit (Les nouveaux Psys, by C. Meyer), to exploring the path of memory (Les Chemins de la mémoire, by F. Eustache and B. Desgranges), and to presenting, in a novel, the limitations and the powers of hypnosis in the personal story of a psychotherapist (L'hypnotiseur, by L. Kepler)

Ali Ozden Ozturk interviews Ali Esref Muezzinoglu, the winner of the 2012 Kay F. Thompson Award for Clinical Excellence in Dentistry in the last ISH congress, Bremen 2012. This award is offered to professionals whose lifetime of demonstrated clinical experience substantially advances the understanding of the uses of hypnosis in obtaining effective results in dental practice.

In this interview the reader receives information about this figure, important not only for the THD, the Turkish Society of Medical Hypnosis, but also for the entire European community.

Maria Escalante de Smith enriches her "Children's Corner" by interviewing one of the best known pediatricians, Daniel Kohen MD, USA, winner of the 2012 Pierre Janet Award for Clinical Excellence; his lifetime of published clinical experience substantially advances the understanding of the uses of hypnosis in obtaining effective results in clinical practice. In this interview, with his usual humanity and wit, Dan gives us a panorama of his activities.

I interviewed Enrico Facco soon after the second most important Italian newspapers presented his hypnotic induction during a surgery.

I also interviewed Matthias Mende, ESH past president (2009-2011). In this interview, I initiated a new corner aimed at honoring ESH past presidents, giving them back the visibility they deserve offering them space to talk about themselves. I called this corner "A tribute to ESH past presidents". I selected this title to underline that each ESH past president left his/her wisdom to serve as a model to the presidents that followed.

I first interviewed the most recent past president, from Vienna 2009 when Matthias started his presidency to Istanbul 2011 when he passed the position on to Nicole. I will now go backwards, interviewing past presidents individually. My intent is to present each ESH past president so that they will be remembered not only as a name written on a list of ESH presidents, but for what each of them has accomplished, for their heritage. This is important for the younger generation, which did not have the opportunity to meet them personally during their presidency. Each interview will show a personal and professional aspect of the former presidents, so that they become familiar and remain engraved in ESH history. It is more than a tribute it is

a gesture of gratitude for what they have done to ESH during their presidency: all of this should serve as an inspiration for presidents to come.

Each president knows that his/her term is triennial and that during this arch of time s/he plays the two-faced god Janus, having the double commitment of continuing the work of previous presidents, thereby respecting the past, as well as using his/her transformational leadership to change and innovate what has to be updated and, in this way, to prepare fertile soul for future innovations.

I wish you all the best. Enjoy reading of this issue of the ESHNL Views, Reviews, Interviews.

Interviews

Interview with Matthias Mende (MM)

**ESH Past President
(Vienna 2009 to Istanbul 2011)**

by Consuelo Casula (CC)



CC: Dear Matthias, thanks for accepting this interview: I would like to start asking you to describe your background. What led you to become a psychotherapist, and what drew you to hypnosis in particular?

MM: Upon my PhD and the training in clinical psychology I started out professionally doing psychodiagnostics at the Department for Forensic Psychiatry at the University of Munich, Germany. I still treasure the experience of working there for five years, because the demands to be diligent, accurate, and holistic are extremely high, probably higher than in any other area of psychodiagnostics. Even though I had the chance to examine extremely extraordinary cases, the task became repetitious after a certain period of time and I was looking for a new challenge. I learned of the opportunity to take part in a workshop of clinical hypnosis held by Burkhard Peter. Hadn't it been for the hypnosis workshop by Burkhard, I would have never considered becoming a psychotherapist. You might say, the demonstration of how hypnotic communication could be utilized therapeutically, got me interested in psychotherapy. I was fascinated by the solution-oriented approach by Milton Erickson and the psychodynamic approaches by Erika Fromm and Margeret Gill and Merton Brenman as well. One thing I learned to like about hypnosis was the experience that as a therapist you could actually witness experiential learning on an emotional and physiological level taking place during a hypnotic trance.

When I had completed the curriculum, I moved to Vienna to work in business consulting and personnel

counseling. In the early 90s, a new legislature in Austria came into effect, regulating the usage of psychotherapy. Hypnosis-psychotherapy was legally installed as a comprehensive psychotherapeutic method, legitimately integrated in the public health care system. Expanding the training I had received previously, I was among the first therapists certified along these new standards. In 1994 my wife and I started a private practice in Salzburg, Austria, both of us working as full-time “hypnosis-psychotherapists”.

CC: What is your current work focus, and what role does hypnosis play in it?

MM: For almost 20 years now, a hundred percent of my working day has been in some way related to hypnosis, either doing therapy, training or research. In therapy, I like working with a wide range of disorders, from very light ones, treatable in a few sessions, to severe personality disorders requiring long-term re-parenting within a stable hypnotherapeutic relationship. Hypnosis is the core of any therapeutic work I do. This is true for solution-oriented therapies in the treatment of simple phobias for example, where a progression to a time when the problem is solved can provide the basis for the experiential learning that things can be different. This is also true for conflict-oriented, psychodynamic work where hypnosis may provide the calmness of a protected observer position that allows the patient to look at a conflict or a traumatic experience without being overwhelmed by affect or being caught in defense mechanisms in effect in the waking state. Finally, this is also true for the therapeutic work with severely disturbed patients showing a low level of structural development who are not to be reached by specific hypnotic interventions, but who can profit from maturing within a stable therapeutic relationship. In these cases, knowing how to maintain hypnotherapeutic rapport helps the patient and the therapist as well to muster the patience necessary for therapeutic progress to develop, the sensitivity to acknowledge small progress and the strength to endure a setback and recover from it.

Besides therapy, I enjoy working as a trainer for clinical hypnosis in different contexts. I give workshops at national and international congresses and I teach clinical hypnosis either as an adjunct or as a freestanding psychotherapeutic modality. In Austria it takes more than 2000 hours of training to become a “hypnosis-psychotherapist”. The centerpiece of this training is a continuous training group lasting 460 hours over a period of three years. This training setting promotes very intensive theoretical and practical learning and it prompts rewarding results for everyone involved.

CC: You serve and have served as a board member, both in ISH and ESH. You clearly have a value of wanting to serve and are a generous contributor of your time and energy. What are the differences between ESH and ISH?

MM: Back in 1999 Éva Bányai asked me, if I was willing to be a candidate for the ESH board of directors. I immediately agreed, because during the previous international hypnosis congresses in Vienna 1996 (ESH) and San Diego 1997 (ISH) I learned to regard the international hypnosis community as the professional family I liked to belong to. Among others, Peter Bloom and Per-Olof Wikström were my most significant mentors in the early days of my international engagement in hypnosis.

I will leave the ESH board of directors at the ESH congress in Sorrento 2014, after my term as immediate past president will have ended. At the ISH congress in Munich 2000, I was also elected to the board of directors of ISH. In Singapore 2004, I was elected as chairperson of the ISH council of representatives and reelected in Acapulco 2006 to continue in this position. After serving for 12 years, I left the ISH board of directors last year in Bremen.

During all those years I learned a lot about the organizational and cultural specifics, differences and also the similarities and potential synergies of ESH and ISH. ISH was initially founded based on individual membership in order to identify therapists and researchers working with hypnosis on a high professional level, distinguishing them from lay hypnotists. Later on, to facilitate checking the eligibility to become an individual member, hypnosis societies were also accepted as members of ISH, and each member of an ISH constituent society was automatically eligible to apply for individual membership. ESH, on the other hand, was founded as an umbrella society for professional European hypnosis societies with the goal to develop a European identity of hypnosis integrating diverse hypnosis professions and national distinctions. Individual membership was automatically granted by being a member of a constituent society. This difference is still causing a lot of debate within ISH and also between ISH and ESH.

CC: As a board member you have observed the leadership style of many presidents both ESH and ISH, can you tell us about some big differences in their style, something that is still fixed in your memory.

MM: In ESH I experienced Éva Bányai, Camillo Lorigo, Shaul Livnay, Mhairi McKenna and Nicole Ruyschaert as Presidents. In ISH experienced the leadership of Walter Bongartz, Éva Bányai, Karen Olness, Eric Vermetten and Camillo Lorigo. To characterize the leadership styles of these prominent hypnosis leaders would certainly exceed the scale of this interview. However, as you can see from the list of these names, quite a number of former ESH presidents became president of ISH later on. What all of them have in common, is a truly democratic, integrative approach to leadership and the willingness to appreciate input deviating from their personal opinions to strive for the best possible results for the society. Most of the presidencies in recent years have

been preoccupied with major to excessive problems with regard to identifying appropriate venues for the triennial congresses and organizing the meeting. This is true for ESH and ISH as well. Thanks to the devotion and hard work of the presidents and their boards, there was always a viable solution in the end. What impressed me the most though, was the way Éva Bányai handled her term as ISH president, 2000-2004. Not only was ISH on the verge of financial collapse because of massive loss of Australian membership and major difficulties with the designated venue of the next congress in Singapore. During her term, Éva Bányai had also suffered from cancer, putting her through extreme physical and emotional challenges. Nonetheless she managed to fulfill her functions as ISH president in a remarkable way. For me she is an impressive role model for how to stay optimistic, realistic and focused in difficult times.

CC: You also have been the ESH president during the triennial 2009-2011. What style of leadership did you adopt? Are you satisfied with your experience? What did you achieve as ESH president? What did you learn as ESH president?

MM: During my presidency, I assumed a democratic and integrative leadership style, motivating every board member to express their views and balancing the inputs, encouraging the less outspoken board members to take a stand. Since English is the undisputed language of the ESH Board of Directors, native English speakers will always express themselves more easily than others. You sometimes have to take a lead to settle this imbalance. Overall, I am very satisfied with all support I got from my board. We were able to reach a unanimous decision on all important issues, especially when it came to move the 2011 congress from Scotland to Istanbul. This was a tough but necessary decision to make, because the timeline for the preparations in Scotland came out of proportion. Turkey had been the runner-up in the bidding process, making it a natural choice for the following congress. Unfortunately, the organization of the congress in Istanbul turned out to be extremely difficult. The Turkish society proudly took the challenge. However, the existing cultural differences, the novelty of Turkey within the family of European hypnosis societies, uncertainties in the allocation of responsibilities and the language barrier made it very difficult to address and solve the organizational challenges. Our experiences with the congress in Istanbul led us to define guidelines for organizing ESH congresses, a policy that future congress organizers will subscribe to when bidding to have a congress.

What I had not foreseen prior to my presidency was the amount of details I personally had to take care of in this position. I learned from the presidency how important it is to find the cutoff-line defining what tasks the president can take care of on his/her own initiative and what issues require the agreement of the board. If there is not much the president can decide by him or herself, the leadership becomes inflexible. If on the

other hand the president takes too much action of his or her own, the board will have all reasons to object.

A number of major achievements were reached during my presidency between 2008 and 2011. ESH continued to be attractive for new societies willing to become constituent societies of ESH. We were able to welcome four new societies from Italy, France, Finland and the Ukraine. We also revised our constitution and regulations. The training standards for clinical hypnosis, developed under the leadership of Shaul Livnay and the other members of CEPE (committee for education programs in Europe), were ratified by the council of representatives. This was a masterpiece of integration, considering the national and legislative distinctions between our societies. Even though this is work in progress, we now have training standards defining three areas of application for clinical hypnosis: medicine/dentistry, hypnosis as an adjunct to psychotherapy and hypnosis-psychotherapy as a modality.

CC: What is your best memory, what is your worst memory of that triennial experience as ESH President? You now come from the future of that experience; is there anything in particular that you are proud of, and anything in particular that you regret, anything that you, now, would have liked to have done differently?

MM: I am glad to hold many fond memories of my presidency. Highlights are the annual personal ESH board meetings we have been conducting, organized by the society of one of the board members. These board meetings have taken us to London, Oslo and Istanbul during my presidency. All our hosts, Martin Wall, Gunnar Rosen and Ali Esref Muezzinoglu went out of their way to make us feel at home and provided a working atmosphere that allowed us to work efficiently. I am truly proud of the way I was able to handle the workload I and my board had to deal with at the meetings, covering all important issues while staying right on schedule and still finding the time to enjoy the local attractions.

Of course there were dissatisfying moments, too. What I would do differently in any case, is to have the congress banquet after the election of the new board. In Vienna, the banquet was right at the beginning of the congress. This way, I was never properly introduced as incoming president. I had a déjà vu in Istanbul, when I experienced a very clumsy farewell as outgoing president.

CC: You pay attention to the notion of hypnotherapy as an independent psychotherapeutic modality. What do you mean by independent psychotherapeutic modality and how do you utilize it in your own practice?

MM: Hypnosis-psychotherapy has everything it takes to be recognized as a complete, freestanding psychotherapeutic modality. It is a scientific method rooted in depth-psychology integrating behavioral and systemic approaches. Key ingredients to any

psychotherapeutic modality are basic anthropological assumptions, a developmental theory, an etiological model from which theoretical goals may be derived and a description of the nature of the professional relationship. Hypnosis-psychotherapy provides all these ingredients, making it distinguishable from all other psychotherapeutic modalities. Hypnosis-psychotherapy is the only psychotherapeutic modality that makes intentional and reflected usage of therapeutic suggestions at the same time takes into account the abundance of transference phenomena coming along with a suggestive therapeutic approach.

CC: You also utilize hypnosis in psychosomatic disorders, can you tell us something more about your personal approach, what kind of psychosomatic disorders and what hypnotic strategies do you prefer?

MM: Psychosomatic disorders are very frequent therapeutic indication in my daily practice. Treating somatoform or psychosomatic disorders I follow the utilization approach: the first step is to enable symptom alleviation whenever possible. In most cases this is necessary to reach the therapeutic contract to dig somewhat deeper to identify the underlying message of the symptom – e.g. by ideomotor signaling or symbolic work. In most cases, it can be discovered that the symptom has an ecological function in keeping the emotional balance within the patient. It may be a conservator of the need to feel autonomous, related, competent and oriented or a keeper of the balance between these basic emotional needs. Finding a sound way to take care of these needs will relieve the unconscious from producing the psychosomatic symptom as a form of symbolic gratification of the need in question. This way, the formerly hostile symptom is converted into a friendly companion, reminding the patient of a basic emotional need that may be at stake.

CC: You are Austrian, working and teaching not only in your own country but also in other countries. What do you tend to emphasize about hypnosis in your courses?

MM: The magic of hypnosis becomes apparent once all the myths that surround it are stripped off. Hypnosis is making use of the knowledge we have about very basic psychological processes occurring in perception, attention, memory, information processing and about the functioning of the autonomous nervous system. Hypnosis is a means of communication enabling the patient to access a state of trance. In this trance state, emotional and physiological learning processes are facilitated. The therapist has to be aware that he or she is not causing any change to happen. Neither does the patient have to do significant conscious work. The therapeutic triad comes into effect: patient and therapist both are observing the effortless and competent actions of the unconscious mind to uncover the origins of a problem, to resolve an inner conflict and to devise a solution. Amazingly, recent neurobiological findings have

revealed an astonishing parallel between hypnotic phenomena and sensory, motor and emotional phenomena produced by the work of mirror neurons in humans: both are happening effortlessly, automatically and unconsciously, unmediated by conscious processes. Nowadays we possess neurobiological evidence of what we have known to be true about hypnosis for a long time.

CC: What have you observed about how hypnosis use varies from one culture to another? What differences do you find in different countries where you teach?

MM: Most of the differences I encountered had not so much to do with different conceptions of hypnosis, but with drawing the line between professional clinical hypnosis and lay hypnosis. Based on national legislature and the degree to which hypnosis is protected by law, hypnosis professionals have to find different ways of positioning clinical hypnosis with regard to their patients, their medical and therapeutic non-hypnotic colleagues and the public. Speaking of professional cultures, what I like so much about hypnosis is that therapists belonging to different schools like psychoanalysis or cognitive behavior therapy suddenly have a link that allows them to communicate well and discover common grounds. This is also true for the relation between psychology and medicine, where hypnosis serves as a bridge of understanding, promoting the willingness to integrate what the other expert knows. In terms of national differences, the most striking difference concerns the usage of hypnosis in Turkey, where trance comes quickly and naturally as a result of directive suggestions, whereas in other European countries the wording tends to be very permissive. In my opinion, hypnotherapists can improve their therapeutic work, if they can handle both styles. If your style is too directive you may be missing what can be reached therapeutically by utilization. On the other hand if your hypnotic communication is too permissive, you may be missing what can be reached easily by a simple directive suggestion.

CC: What kind of suggestions or advice can you give a young scholar of hypnosis, how would you encourage a young psychologist to study hypnosis?

MM: Even though hypnosis is known to be a therapeutic tool speeding up the therapeutic process and making changes possible that may be hard to reach otherwise, young scholars should be willing to adapt an attitude of taking sufficient time for their hypnotherapeutic skills to develop. For me it is like learning a musical instrument: it takes time to become familiar with the instrument, acquiring the basic techniques. You will start with easy pieces. You will exercise scales and etudes that may be musically boring sometimes to improve your play. Then you will be more and more proficient at reading music and getting better as you practice. Then comes a time when you can play without practicing simply by looking at music sheet for the first time. Finally, you

are able to improvise with artistically valuable outcome. Then you can really interact with the audience building a unique artistic relation with them. For me, hypnosis involves the same mixture of technique, art and relatedness.

CC: Thank you, dear Matthias, see you in Sorrento

Interview with Ali Esref Muezzinoglu (AEM)

by Ali Ozden Ozturk (AOO)



I would like to introduce you Ali Esref Muezzinoglu (AEM), who has been making great contributions to Conscious Hypnosis in Turkey, continuing the educational programmes with his 15 books so far. AEM has contributed with his heart and efforts to bring hypnosis to a good place in Turkey both at the universities and at the Ministry of Health.

AOO: Dear Mr. Muezzinoglu, can you tell us about how have you first met hypnosis and your background in practice?

AEM: I had a rather short-cut introduction to Conscious Hypnosis just after the graduation from Dentistry, since Dr. Husnu Ismet Ozturk, the founder of Conscious Hypnosis in Turkey, was my uncle. I was his major assistant in hypnosis for 7 years, till he passed away in 1979. Even, in the last 2 years before his death, I had practices with his patients both at the Office and during the surgeries.

AOO: How have you continued to your practices with hypnosis after his death?

AEM: We wanted to continue as a team for his memory. When the assistant doctors agreed with this idea, we prepared our first presentation abroad with a 48 page-booklet on Conscious Hypnosis in Turkey for Dentistry & Surgery for Hamburg 66th FDI Congress. Later, we prepared another issue for the 9th ISH Congress in Glasgow, composed of 3577 case study. At that congress I had the chance to make a workshop with Kay Thompson. After, I had opened and presented at the Austrian Congress of European Society of Hypnosis.

As the Hamburg presentation was very successful, I had taken an invitation from the dean of Istanbul University. Meanwhile, for 6 years, I worked as guest tutor at Marmara University, Faculty of Dentistry.

AOO: Can you also tell us about the process regarding the establishment of the Turkish Society of Medical Hypnosis?

AEM: We planted the seeds of the society in 1980. We had to wait for permission for a long time. At last,

we established The Society of Medical Hypnosis in 21st April 1991. I was one of the founder members and the first chairman. Later, I started to publish books on hypnosis for presentation and educational purposes.

AOO: What about the academic part of the story?

AEM: Prof. Turker Sandalli was at the Hamburg Congress, in 1980. In 1999, when they were establishing the Dentistry Faculty at Yeditepe University, he invited me to join them for lessons and practices. I had lectures both at Faculty of Dentistry and Medicine as well as clinical practices until 2008.

AOO: How did you start the certification programs and congresses regarding hypnosis?

AEM: We started private certificate courses at the university in 2002. I think, so far, we had organised nearly 100 course terms. In total, we had 1200 MD, 350 dentists and 200 psychologists as attendants. As we had become more and more in number, we decided to start up the annual congresses. We have had John Watkins, Peter Bloom, Eva Banyai and many other important guests in our first congress in Turkey. We have had 7 congresses and many workshops so far. We had worked hard for the membership of ESH for our society.

AOO: But you still have lots of things to do?

AEM: Of course, we had dreams. We were very keen to host a European Congress. Finally, we managed to organise and host the XII ESH Congress in Istanbul in 2011. I think, we were able to show Turkish hospitality and realised a unique experience of congress for the participants.

AOO: What is the biggest surprise to you on your path through hypnosis?

AEM: At ISH Congress in Bremen, when Peter Bloom came to the stage and gave me the Kay F. Thompson Award for Clinical Excellence in Dentistry. It was unforgettable.

AOO: Regarding the studies with the Ministry of Health, can you give us an update?

AEM: At last, we have concluded the procedural and legal assessments regarding the training of hypnosis with Ministry of Health. We have persuaded them to accept the rules of ESH and minimum 200 hours-course training.

AOO: You are currently sharing your experience during the seminars in Uskudar University. Can you briefly tell us about this experience?

AEM: We are holding certificate programs with The Turkish Society of Medical Hypnosis at the Uskudar

University. Besides, there is a new Practice & Research Centre established for Traditional and Complementary Medicine in our university. I was appointed as the manager of that centre.

AOO: Any other news?

AEM: I am working on a 3 hours workshop for ESH Congress in Italy. It is about Hypnosis in Dentistry from A to Z and practice at the universities. Moreover, I will publish a new book in Turkish and English.

AOO: Thank you and good luck.

Interview with Christine Guilloux (CG)

by Nicole Ruyschaert (NR)

Christine Guilloux is our colleague, friend and co-editor of the ESH newsletters, with La Maison des Ormes and her book *RENAISSANCE DE LA MAISON DES ORMES*.



What could be this book of a strange title to us, psychotherapists and hypnotherapists, "REBIRTH OF THE HOUSE OF ELM TREES" composed of 40 contributions gathered by Christine GUILLOUX, Founder of the Milton H. Erickson Centre-France, Vice-President of the French Society of Hypnosis, lecturer, trainer and writer, editor in the French Journal *HYPNOSE ET THERAPIES BREVES*, in newsletters such as the ones of the ESH, European Society of Hypnosis and once in a while in the newsletter of the Milton H. Erickson Foundation ?

NR: You put together a book "Renaissance de la Maison des Ormes, REBIRTH OF THE HOUSE OF ELM TREES. What is there to say about that house?

CG: The title gives us information about the rebirth, the renovation, the re-animation of this house which is located 150 kilometers from Paris, 1h30 by car, at the gates of Burgundy. A house that had a story in the past - it was build in 1860 and has been a farm since then, and supposedly a post house, and could have a story in the future. I had a vision that this house could correspond to a dream I had years ago when I was a kid of a center for resourcing, training, group meeting, creative activities, a self-awareness place, a place to be in peace alone and with others, a place for people to grow and blossom, a place for people to get more centered and connected to themselves and to nature.

Behind those words of Renaissance, is a project, a center, a concept. It is a concept of renaissance, a concept of contribution to our world. This book is also a step into the project itself at the same time it is the first book of a collection, of a series of books which means involvement and contributions on a designated theme of people from different backgrounds, cultures,

communities, of patients, colleagues, friends, neighbours...

NR: And what can be of interest to readers of the book?

CG: This book is a book of transformation. It is not a hypnosis manual or a how to, not a self-help book, not a case examples collection, not a recipe book, not an essay, not a history book, not a novel... 40 people, colleagues, patients, friends, neighbors... have contributed to the book. It has been for each of them either an exercise of style, or a game, or a challenge, or/and a way to mobilize their internal resources as it can be for the readers. It has been also for some of them a way to share their personal experience of dealing with a fear or of recovering from a trauma, to witness and to give more than hope to others: "yes, you can do it!" The readers can gain from those experiences that are quite often written in a light tone, with some humor and some witty winks. The readers can gain some kind of urge to get into writing or painting or creating or some other doings. The words and the images that are offered can produce a snowball effect, an invitation, an urge to do, to write, to draw, to produce...

– And some readers can feel the desire to challenge themselves on a theme and to contribute to the next same kind of event which was the root of this book and that happened in September 2012 at La Maison des Ormes.

NR: How did you choose the authors?

CG: I didn't choose them, in a way they chose themselves to be authors. I invited all of my connections and many of them were willing to contribute. For some of them it was a "therapeutic intervention" in putting them into writing, for others it was a learning experience, an experience to get into writing where I helped and coached them. For other it has been a way to structure their experience and a way to learn how to tell it to others...

Some decided to tell their own rebirth, their resilience: how they healed from a disease, recovered from a trauma, overcame a phobia, create from a storm in their life, an incident, an accident... Some decided to play with the metaphor of the elm tree with its disease, of the tree, of the house... or of personal issues... in a way to put a distance between them and a difficult time or just to exercise, to play with the notion of rebirth as a challenge, a way to look differently at the world and at themselves, a game to gain from the new crossing.

NR: What is the connection with psychotherapy and hypnosis?

CG: As a therapist-hypnotherapist, my mission is to put people into life, to make them dare to do things they have never tried before or they are blocked about or..., and to make links between people, cultures,

disciplines, generations and to help people transmit, transfer some of their passions, some of who they are, some of what they know (knowledge, know-how, know how to be). What I had in mind was to organize special events, gatherings where everyone who comes is required to participate, to contribute in one way or another.

What is also really important is to have a mixture of people, from all walks of life. I am looking for connections, making connections, what connects cultures and history. And in La Maison des Ormes, The House of Elms, there are numerous links, connections and symbols!

For sure, the Marquis de Puységur is probably the more noticeable connection: the Marquis de Puységur has been among the first ones to consider that resides in man all his resources of healing. He has been an hypnotherapist before the concept and name was existing. He had his hypnotherapeutic sessions under an elm tree.

The elm tree symbolizes the cycles of natural energy which is us, an energy which is always renewed so that our experiences and our wounds become our strengths. "At the bottom of an elm, we can sit, breathe, take our place. We can relate and communicate from the earth to the sky. We can learn from ourselves, we can learn from our weaknesses as much as our eases, our abilities. We can utilize what is here where we are now. The Marquis de Puységur has exploited those resources within in his hypnosis session under an elm tree." (Christine Guilloux, page 19)

Elm trees are known for their particular symbolism: they have been qualified as generous, faithful, but reluctant to obey and submit themselves, with supernatural powers of cure. In the Middle Ages, its bark was used to cure skin diseases, wounds but also rheumatisms and sciatica.

So you can begin to think in terms of metaphors: elm trees have solidity, their own resources to get through ages as we have. They can have diseases as we can have.

NR: There was some special inauguration as I read in the invitation.

CG: The House of Elms, La Maison des Ormes was inaugurated on September 15-16, 2012, that first event being organized around the theme of re-birth, rebirthing, of rebirth of elms, of rebirth of the house. 60 people participated. An elm was planted as a symbolic act to reinforce the event and the metaphor - elms are suffering from an illness, "graphiosis" and some new species have been experimented so as to resist to this disease. An elm tree was also planted and celebrated with a wink at the Marquis de Puységur...

NR: Which objectives do you have with that house?

CG: Nature, people, books, learnings, silence and spaces to regroup themselves are essential parts of the project.

As I mentioned earlier my goals as a therapist are to put people into life, to make them dare to do things they have never tried before or they are blocked about or..., to push them to contribute and not only be under the pressure or submission of buying and consuming, to be actors in life and in their life; to help them clarify what is important to them, to discriminate and make choices so as to live their life (not victims, but actors/creators); to be in our time, using the tools that are available, with moderation, at the "right dose", to make links between people, cultures, disciplines, generations, to help people transmit, transfer some of their passions, some of who they are, some of what they know (knowledge, know-how, know how to be). At the events organized I invite people to share and mobilize their known and unknown resources.

Every participant of those events is invited to take pencils, feathers, brushes and any other expression and writing tools! Everyone is invited to prepare and bring concocted, realized, revealed and/or budded contributions: texts, poems, drawings, paintings, sticking, mosaics, assemblies, interbreeding, photographs, readings, sceneries, games, workshops, melodies, songs, music, dances, and all other kinds of compositions... for tonic, animated and joyful days, fulfilled with our generousities, our hearts and our shared creativities.

My objectives for La Maison des Ormes are also to welcome other therapists, hypnotherapists, trainers, consultants, coaches, philosophers, scientists, writers, artists as well as groups of people from non profit and profit organizations and to host training sessions and lectures. La Maison des Ormes is at the same time functional with the needed equipment to communicate with the outside world, the "earth brain" and cheerful, warmful, welcoming so as to communicate with ourselves, face to face, to our own nature and to nature. In this spirit, it is a place for all kind of apprenticeships, of co-visions, of partnerships, of creative developments and every one of us is welcome to benefit from it in organizing training sessions, group activities, retreats...

NR: A real exchange, cross fertilization, co-construction?

CG: Yes. A place where people can benefit from the presence of others, and find themselves, some personal space, respecting themselves. It is a place where therapists can reflect together, impulse new ideas. It is a place where people can inspire each other and create, recreate, become the best of themselves.

NR: Thank you and see you at La Maison des Ormes.

Interview with Enrico Facco (EF)

by Consuelo Casula (CC)



CC: Today August 22, 2013 the two major Italian newspapers “Corriere della sera” and “La Repubblica” presented your surgical case where you used “Hypnosis as sole anaesthesia for skin tumour removal in a patient with multiple chemical sensitivity”.

This is also the title of the article you published in collaboration with S. Pasquali, G Zanette and E Casiglia on the 2013 September issue of the journal *Anaesthesia* (98:961-5, free to download).

Can you tell the ESHNL reader something that is not written in the journal? Your feelings, your thoughts, your uncertainty before the surgery, and your satisfaction after the result?

EF: I'm used to perform hypnosis in dentistry as a part of sedation activity, but it was the first time I used it in surgery. Usually, one does not need to avoid the use of local anesthetics in sedation: in this setting hypnosis is very manageable, fast and effective to achieve a full anxiolysis, allowing the patient to face the operation in a condition of well-being and tranquility. In the reported case, due to the coexisting disease (multiple chemical sensitivity with previous anaphylactoid reactions to local anesthetics) the pharmacological anesthesia was risky and hypnosis look to be the ideal anesthetic tool, but a full surgical analgesia was to be achieved with hypnosis only. As a result, I was a mix of trust in hypnosis and fear of its possible failure, with all related consequences and possible complications. Therefore, I planned two training sessions, allowing me to get a reasonable certainty of being able to use hypnosis successfully. In the first one patient's hypnotizability was checked, showing a score of 8 out of 12 in the Stanford Hypnotic Susceptibility scale Form C, that is, a medium-high hypnotizability (no bad and not so well). In the second session I checked hypnotic focused analgesia using a dental pulp stimulator, as previously reported: since the patient did not feel any pain with maximal stimulation, I was confident to bring her to the operating room and perform the intervention with hypnosis as sole anesthesia. During the operation I was anyway a little bit concerned for possible, despite unlikely, unexpected events, but after uneventful skin incision I started to be at my full ease. You can imagine the satisfaction of the patient, the surgeon and myself at the end of operation, when we got the final evidence of a perfect, painless operation with patient's full well-being, cardiovascular stability and no adverse reactions related to the coexisting disease; furthermore, the patient did not need any recovery phase (as it would have occurred with general anesthesia) and immediately went home by herself.

CC: I imagine you are proud of this recognition not only in your professional field, but also in the public domain. What is your reaction to see your name in such important Italian newspapers ?

EF: In the past days I have been “assaulted” by reporters of all main Italian newspapers and TVs, who were excited and astonished at the evidence of surgery without pharmacological anesthesia. The reason is that, according to the beliefs of the ruling materialistic spirit of this time and reductionistic paradigm of the medical science, such an event looks to be not plausible, and so astonishing in its solid evidence; but it is, as a matter of facts, nothing else than therapeutic application of the (still misunderstood and underscored) physiology of mind and its capability of modulating non conscious brain activity. As journalists say, a dog biting a man is not news, but a man biting a dog is! This is just what has happened, where hypnosis has taken the place of the man biting the dog. My reaction was mainly of satisfaction for hypnosis, our discipline, which strongly calls to be reappraised and properly understood, overcoming the old prejudices.

CC: What is the secret power of hypnosis in such cases?

EF: No secret, but only the physiology of our brain and patient's capability of achieving a full control on his/her pain pathways. In this perspective, hypnosis is not something that the hypnotist does to the patient, but, rather, is something the subject learns to do and intentionally control: according to David Spiegel, we should shift from the concept of hypnotic induction to the one of neurohypnotic deduction. It is to be conceived as a source for empowering, enabling one to get a meaningful, intentional control on himself including non-conscious brain processes. This also means, on psychotherapeutic point of view, the capability of getting rid of conditioning and get a fully aware freedom. It is not a case that liberation from all attachments is the kernel of eastern philosophies, from Yoga to Buddhism; it is also not a case that the induction of most meditation techniques is performed by focalizing the attention on an inner or external object, showing the close but still underscored relationship between meditation and hypnosis.

CC: What do you think the impact will be in the field of hypnosis in general and in Italy in particular?

EF: As you know, news are short-living and after a short while, even one single day, they are usually forgotten, but I hope that the success of my case report in mass media may provide a little help to overcome the prejudices on hypnosis in both physicians and people.

CC: What would you say to convince a medicine student to approach hypnosis?

EF: I think there is no reason to try to convince anyone, but only explaining and showing, then the most sensitive students will be led to approach hypnosis by

themselves: it is what I see whenever I deliver a lesson or seminar on this topic. All the others will never become hypnotists, but perhaps will be less skeptic than before: that is enough.

CC: What are your dreams concerning the use of hypnosis in medicine?

EF: The dream I hope will come true is the discovery of subjectivity in science, especially in medical science, which has been dealing almost exclusively with the Descartes's earthen body machine, forgetting the soul (i.e., psyche). I do believe that this is the original seen of modern science, springing from a political compromise between the emerging science and the Inquisition at the time of Galileo, rather than from a free epistemological reflection, as one can draw from the words of Galileo himself. This is the reason why consciousness has been relegated to philosophy and religion for centuries. The mechanistic medicine can get extraordinary results in treating organic diseases but strongly risks to forget the patient. Treating the patient is far from being the same as treating the disease and I increasingly see patients' dissatisfaction and worsening due to the nocebo effect of bad communication and approach, even when both diagnosis and treatment are correct. Of course, hypnosis has a major role in this desirable change of paradigm.

CC: Would you like to share with the ESHNL readers another interesting experience?

EF: Apart from anesthesia, there are very interesting and meaningful experiences in the field of medical therapy, especially in chronic pain and its psychosomatic components. I think there is no room enough here to discuss in detail other cases. I wish only mention two females with refractory chronic pain (one with low back pain and the other with temporomandibular joint pain), in whom the psychological support I usually add to the pain therapy was able to disclose a relationship with sexual abuse during childhood: recognizing it and the use of hypnosis to help the patients to overcome this awful, conditioning experience, was the starting point of a true improvement, leading both patients, besides improving pain, to start a new life and eventually find a partner.

Book Reviews

Generative Trance: The Experience of Creative Flow **Stephen Gilligan**

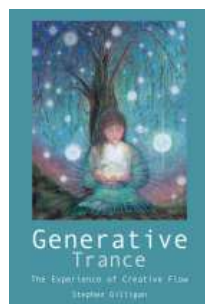
ISBN 13: 9781845907815

ISBN 10: 1845907817

2012. Crown House Pub. Ltd. 277pp.

by **Nicole Ruyschaert**

As the book takes a reader on a journey many things can be new and



renewing...particularly when one can call it a journey of life for renewal and accessing a field of resources not limited to the individual constructed reality.

Part one prepares the reader with information on a theory of mind, concepts as 'pure consciousness', 'the creative unconscious or quantum field', and the classical world of the 'conscious mind' where time, space and matter reign.

Reality filters constructing the border between the conscious mind and the creative unconscious can be rigid with neuromuscular locks and stagnation. Generative trance, to create something new, is based on an opening to the field to stimulate a creative flow and a generative living.

Step-by-step the reader is guided on his journey by many reformulations of the concepts, illustrations, references to work from Jung, Reich, Gestalt, Eastern practices to become familiar with the author's view of the mind, creative flow, field connections.

Generative trance is a third generation hypnosis approach: it rejects old-fashioned views of hypnosis, and emphasizes "a creative consciousness that emerges from a cooperative relationship of mutual influence and respect between the conscious and unconscious minds, one that can either occur intra-or interpersonally"(p. 31).

In generative trance a creative flow between the three minds (somatic, field and cognitive) promotes change, solutions, creating possibilities instead of being stuck. The 4 steps in generative trance - preparation (positive intention, centering and resources), welcoming and weaving identity parts into generative trance, integration and transformation, and transfer of learning into real life - are clearly described and serve as a compass that forms the basis for further work and chapters.

Part II 'The methods of generative trance' gives a detailed outline about how to creatively work, respecting some structure – not free floating, but entering a structured flow with clear goals and outcome. Isn't it inviting to 'drop into center' as a way to start from somatic attunement to reach the higher state of consciousness and practice different methods of centering as somatic attunement, accessing positive memories or negative experiences, and to learn about the 'somatic mixer' model with self-scaling? Readers find how well different Eastern and Western practices are brought together in "Open Beyond" and elevate field consciousness to a generative level. One can feel invited to work with the energy ball, and discover how deeper change to the core issues of a problem can find solutions in an easy going way, and further elaborate the method by adding archetypal resources. A second skin as a generative field, and the Celtic Cross are further ways to work integrative with access to as many forces as possible. The guiding principle for bringing the cognitive mind to a generative level is by creative acceptance.

Chapter 8 on the principle of complementarity reaches the heart of common therapeutic work that often has to deal with inner conflicts. Reviewing and accessing these in a generative state bring surprising resolutions at a deeper level. A suggestion loop, mutual trance, working with "good

self/bad self” and reconciling opposites initiate creative solutions as one can find more inspiration from a meta-position and get support in/ from the generative trance. Those who go with the flow of the book and are open-minded can even fully enjoy and discover how to integrate somatic trance dance or somatic modeling of problem patterns into daily work and bring that as well to another level!

Although at first sight some clinicians may feel reluctant to some concepts, progressively they can discover how some exercises are familiar for seasoned therapists working in/with hypnosis and can be integrated in their practice. Those who want to transcend the limitations of the classical world of reality can find ways to help clients access fields of unlimited possibilities, naming it the creative unconscious or ‘quantum field’ or ‘archetypes’ promoting intrapersonal as well as interpersonal work. Talking about generative trance can sound renewing, stimulating curiosity and prevent or circumvent misconceptions associated to the word “hypnosis”.

The whole book demonstrates how with deep respect the author talks about his teacher Milton Erickson, and how from there he continued his own development to serve clients and humanity with the best from different worlds of experience. Many examples of how to work with clients and participants in workshops speak for themselves on the efficiency and changes generated by the offered methods.

I can highly recommend the book for advanced therapists familiar with hypnosis and trance-work to enrich their work with clients, to practice some of the exercises in training in trance-work or hypnosis, to use it as a self-help book and renew and enrich them self for the daily, hopefully not ‘routine’ practice. The way methods are poetically described is helping to upgrade trance work to an art, aesthetically balanced, with a touch of some musicality, integrating aspects from different sources and fields.

Compassionate Healing of Sex Addicts: And Those Who Love Them

Dr. John D. Lentz

Healing Words Press,
Jeffersonville, Indiana. 111 pp

by Nicole Ruyschaert



Real-life television, making documentaries in or about courts, forensic investigations, in prison gives the outside world some impression about what’s going on behind the walls, some idea of the profile of perpetrators, people who committed murders, people who are victims of sexual abuse.

This concise book offers the reader a unique opportunity to ‘enter’ prison and get to know some of their inmates, with full respect of privacy. Looking through a special lens, the lens of John ‘Lentz’, former prison chaplain and psychotherapist, one gets a better understanding of the dynamics of sexual addicts, their victims and the innocent bystanders. Sharing years of experience in working with

sex addicts, as a reader you discover how with patience, openness and reflections the author developed a deeper understanding of needs, problems and conflicts of the inmates. In an original compassionate approach he could unmask the core of problems, the hidden suffering and formulate a welcomed reframing of the problems of victims, perpetrators and witnesses as being in a ‘negative trance’. It’s a repetitive pattern generated by earlier life experiences, imprints, life-traps, and shame.

The book is all about transforming a skill of going into a ‘negative trance’ into one that uses that same ability to go into a positive trance (p37). Within this approach clients, sometimes for the first time in their life feel valued and accepted, and explaining their problem as “a negative trance” widely is acceptable and opens the door for further work. In a negative trance a person is kept in “a self-destructive loop that is self-perpetuating”, with a limited field of perception. Utilizing the trance-capacity and teaching ways to shift to a positive trance utilizes a ‘skill’ to use resources, have impact on problems and see more options.

From verbatim dialogues of individual sessions, readers can learn how to skillfully contain, utilize, reframe revealed information, and step-by-step help clients to open up new perspectives on themselves and their life.

One can fully appreciate the easy going, narrative and very accessible style of the book, illustrated with case examples. By reading you can learn how to mobilize hope, how with patience and compassion you create a working alliance. In understanding core issues, life-traps, repetitive behavior as the outcome of negative trances changes therapist’s attitudes, people’s view on themselves and initiates a change for the better.

The author convincingly fulfilled his “intention to give the addict, their loved ones and people who feel like their victims new tools to heal and to stay safe (p. 22).” By reading you can shift from a current culture that makes a sex addict to a monster, treat victims as innocent and blaming the sex addict’s family to some better understanding of them. The book demonstrates how many offenders house some goodness that can be unmasked by joining the person and have the patience to listen to their life stories.

Many readers can benefit from this book. With an accessible style, health care workers, pastors, chaplains and interested people can benefit from the reading and develop a better understanding and openness of their clients and bystanders, of themselves, and reduce unfair criticism and demeaning attitudes.

Therapist Stories of Inspiration, Passion, and Renewal: What’s Love Got To Do With It?

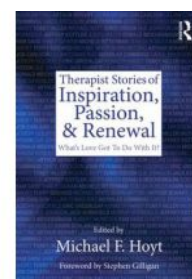
Edited by Michael F. Hoyt

Routledge, New York, NY

ISBN: 978-0-415-50084-5

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by John Lentz



From time to time all of us need a little bit of inspiration, or to have our passion in the business renewed. This book has it in spades, because it is written from 30 different perspectives. Each chapter is written by leaders in the field addressing the reasons that they find value and purpose through the act of therapy. What is surprising is that because of Hoyt's excellent editing each chapter makes you want to read the next one, and anticipating the next person's inspiring perspective. It is 30 perspectives on how folks have dealt with the questions of inspiration, passion and renewal.

While many of these master therapists like Sue Johnson, Rubin Battino, Jeffry Kottler, Teresa Robles, Michelle Ritterman, John Frykman and Eric Greeneaf, are all people who I thought I knew a lot about, their stories and perspectives are so compelling it made me want to know what about Donald Meichenbaum, Michael White, or even Dan Short. Each story was so compelling and so open and engaging that it was an act of love by the author, to the reader. I marveled at the depth of insight, love and wisdom offered.

This book made me laugh, cry and feel very affirmed as a therapist. Not only did I learn about the great courage and obstacles that many folks have been through that was encouraging, and inspiring in its own right. I got to learn more about some folks that I like to think of as friends. However, what perhaps made it so useful and helpful was not how wonderful and inspiring the stories were, it was the amazing breadth of the perspectives that expanded my thinking in ways that I didn't even know I wanted, but am so glad that it happened. For instance, from Judith Mazza I got the best definition of meaning that I ever heard. "Meaning arises from loving objects worthy of love and engaging with them in a positive way". While this review is too short to mention everyone, the chapter written by Nicholas Cummings and the one by John Carlson will open your eyes in a good way. Carlson's chapter is Helping Clients Heal Broken Hearts, and Cummings chapter is Psychotherapy's Soothsayer, and neither are what you might think they are by the titles. They offer you wonderful surprises and delightful insights.

Children's Corner

Interview with Daniel P. Kohen

by Maria Escalante de Smith



MEdS: First of all I would like to thank you for giving me the opportunity to interview you. I got interested in your work recently because I also love working with children. How did you hear about hypnosis the first time?

DK: As best as I recall, my first encounter with hypnosis

was with what I later would come to understand was "stage hypnosis". I was in my 3rd year of undergraduate /pre-med at the University (Wayne State University, Detroit, Michigan) when I was invited to a "Rush Party" (Recruitment social event to consider joining a Fraternity). The "Entertainment" was a "stage hypnotist", indeed a PhD clinical psychologist. I don't remember much of his "act" but I do remember going into (what I called then!) a relaxed state quite quickly and some time shortly thereafter I "found myself" up at the front of the audience of about 60-75 people as one of 5 picked out of the audience, apparently because I was "such a good subject". I have a clear memory of doing "silly" things, like responding to the suggestion that we were all riding on a bus on a very bumpy road – and bouncing about in my chair; and I also remember being asked if I "drank", said I liked "gin and tonic", and he gave me a glass of what he said was gin and tonic and asked me to drink it and then sing a song. I have a clear memory of singing "My Bonnie lies over the Ocean" and sounding "drunk" and also feeling embarrassed. The following day my picture – looking "asleep" in the audience – was on the front page of the University newspaper (no one asked permission in those days.)

So, it was not a particularly positive experience. I did in fact end up joining that fraternity. Then, some 4 years later I was actively involved in our professional medical fraternity while I was in Medical School and we were having a recruiting event and several of us thought of inviting this same clinical psychologist – I remembered then and do today recall his name, Tony Rogers, Ph.D. – a very large fellow, 6'5" tall (1.95). He came to the home of one of the medical alumni who hosted the social event, and he was much less flamboyant and more subdued (likely because of the "medical audience") and did a number of demonstrations including one on smoking cessation with the post-hypnotic suggestion that from that time forward the lighting of a cigarette would smell like burning rubber and be impossible to tolerate. He did not present any data.

I had no contact with or information about hypnosis for about 10 years. Then, in 1977 I was interviewing for a new position at the Minneapolis Children's Hospital, to be the associate Director of Medical Education and as such, the partner of a woman named Karen Olness, M.D. At that time I had no idea who she was or how famous she was. The rest, as the joke goes, "is history". Our interview got interrupted while she took a phone call and I waited patiently. I noted on her desk a several page document titled "Hypnosis in Children – Selected References." I immediately thought "Uh-oh, what am I getting myself into?!" After she finished her phone call I asked her "Do you do this...?" and she casually said "Yes", and offered me a copy of the references. I thanked her, enjoyed

the rest of the interview and went back to my home in Arizona. I obtained several of the key references and began reading. Two months later she called and offered me the position to be her Associate; and we have been close friends and collaborators in teaching and writing for the 36 years since then

MEdS: Would you like to tell us what do you like about working with children?

DK: I became a pediatrician and then shifted into being a developmental-behavioral pediatrician because I love children and love having the opportunity to witness, be part of, and perhaps influence the joy of their learning as their developmental maturation proceeds – relentlessly!! Children are generally refreshingly honest, open, and eager to learn. Most have not been socialized out of their fine and rich imaginations, and when given the opportunity, most are eager to learn to use their mind/their imagination/their “inside brain” especially if they hear that in so doing they could help whatever problem they happen to be having.

MEdS: A long time ago I got the book named: Handbook of Hypnotic Suggestions and Metaphors and I was delighted to find a contribution that you wrote titled “Hypnosis with Children” where you talk about “daydreaming”. How do you introduce children to hypnosis using the idea of daydreaming?

DK: This is a more complicated question than it seems!! The quick answer is “It depends!” On what? How I introduce hypnosis depends upon many “ingredients” – such as: Is this someone I already know – e.g. who is already my general pediatric patient, or someone whom I know because we have worked together therapeutically but not (yet!) with hypnosis? If I know them and they know me, then it is of course easier to introduce something new, as we already have the *rapport* essential to any new hypnotic (or any) therapeutic relationship. If I don’t know them, and they are referred to me then I must develop rapport long before I introduce hypnosis, with or without “daydreaming” as an example. If they are referred to me for hypnosis, then it depends a bit on how I find this out and when. Most often I will “discover” that during a first encounter, when about 1/3 to ½ way through an initial hour appointment I may ask “So, how come you came to meet me today?” Sometimes children know, sometimes their parents have not told them. Sometimes parents have been referred to me “for help with _____ (this problem or that problem) but the referring therapist, doctor, nurse, teacher has not said anything about hypnosis but only that “he’ll help you”. When the word “hypnosis” is mentioned – by parent or by child – I almost always respond with [purposeful] surprise, and I say something like “Really? What is that?” And then I find out what they think, have seen, have heard about what “hypnosis” or “hypnotizing” is and “how they show it on TV or in

the movies...or on You Tube”. While of course there is variation, very commonly children will wave an imaginary watch in front of their face (and mine!) and say that is how they show hypnosis. I continue the conversation: And then what happens? >> “Then the person being hypnotized goes to sleep!” And then what happens next? >> “The hypnotist tells them what to do!” Like what? >> “dance or sing or bark like a dog whatever...”Really? Wow...and then what? >> “Then he (the hypnotist) snaps his fingers and they wake up and they don’t remember anything!” That’s it? >> “Yep!” Do you believe that is true? >> “Nah, not really” and some say that “It’s still funny...” How about you, Mom, Dad? What do you think? What have you heard or seen about hypnosis?” >> Sometimes the answers are decidedly similar to the child’s, and other times there are positive responses like “My friend had hypnosis for her cancer pain and it helped her a lot” or “My uncle is a dentist and he taught me hypnosis when I was a teenager and it made going to the dentist a lot easier...”

These conversations are essential as they guide us to know what to say to whom rather than just starting out with our own lecture and agenda about what hypnosis is and is not. Often I will say something then like: “Thank-you so much for telling me what you have heard and think. I would like to tell you what I know, and I want you to know that I’m sort of an expert – you know what that is, right? – So, even though they show it on TV, a lot of what you said is not the way it really is. So, hypnosis is not sleep, people who are being hypnotized or are “in” hypnosis are not asleep even though they might look like it. And even though learning self-hypnosis is a great way to solve a falling asleep problem, hypnosis is not sleep. So, that means when you stop being in hypnosis you don’t “Wake up” because you were not asleep!” See? And that part about not remembering? That’s not true very much either. And that stuff about making someone do something that they don’t want to do? Not true.

I don’t know how to “hypnotize” anyone except myself...but I am a very good teacher and if someone wants to learn self-hypnosis I can sure teach them and guide them through learning and doing hypnosis to help with all sorts of different problems.

Most people are surprised when they first learn about hypnosis that they have already been doing it but didn’t know they were doing it! Most kids I have ever met have been in hypnosis a lot but didn’t know that it was hypnosis ‘cause no one ever told them. Isn’t that interesting? When kids play, and especially when they pretend stuff and *daydream* stuff, that’s the same feeling in your inside mind as when you learn and do hypnosis. Another name for that is your imagination, and I’ll bet you already knew that, didn’t you?”

At some point along the way in this conversation I often will say “Hey, let’s do an experiment, okay?” ALL kids love experiments and especially if parents are there too...And I invite them all in a quick and easy hypnosis experience to “everyone just close your eyes and pretend or daydream that you’re not here...imagine or daydream that you are somewhere you really like, where nothing bugs or bothers you, where you’re having fun: and notice in your daydream who is there with you, what you see there, maybe people, maybe you’re outside, I don’t know, but you’ll know because it’s your daydream, your imagination and you are the boss of that...and hear the sounds there, maybe music, or people talking or laughing, or the sounds of the weather, and feel the feelings, like the wind blowing in your hair, or your legs pedaling your bike, or petting your cat, or whatever, and smell the smells and taste the tastes there in your daydream, maybe you’ll imagine having a snack or your favorite dinner and you can taste it and smell it now just as though you were really having it, because you are really having it in your daydream.” This is a common, naturalistic hypnotic induction, deepening with permissive suggestions, built-in multisensory imagery and choice-based.

MEds: I really liked learning about how you “include” parents during the child’s treatment, as I was reading another contribution that you wrote in Handbook of Hypnotic Suggestions and Metaphors, about “Hypnosis with Enuresis” I noticed that there you emphasized the importance of rapport. Why do you think it is important? And, what are the differences between “children rapport” and “adult rapport”?

DK: Ooops, I answered some of this in the questions above. So, I’ll continue. Rapport is essential to any therapeutic relationship. If I go to my doctor or dentist –no matter what the problem, no matter how long I’ve had it, how minor or how severe – I expect them to be interested in and knowledgeable about me as a person and about my problem, one without the other is not okay with me. With a new doctor, I expect them to be kind, interested in me and my life, and to inquire about the problem, my thoughts and perspectives about the problem and, of course, my “worries”. I probably won’t go back to see them again if they don’t take those into consideration.

I think it is wrong (and unethical) of me (or anyone) as a clinician to even think of providing a therapeutic intervention without spending quality time (that does not have to be a long time, rapport building can happen quite rapidly when needed, such as in an emergency room) with the patient/client. This is especially true with a child. Sadly, many adults have been socialized out of expecting that “human touch” of caring/concern, and some will even say “I didn’t want to bother the doctor or take up too much of their time...” but I believe they are entitled to time for rapport.

Children need to know that the clinician is interested in them at least as much as, if not more than, they are interested in their problem. I think that people who work with children who do not share this belief should probably stop working with children!

They will be less effective if they are not genuinely (authentically!!) interested in the children with whom they work, the children will know if they are not interested, and in turn they will be less cooperative, less engaged, less attentive, and won’t learn as well nor will they likely follow many (any?!) of the doctor’s / therapist’s suggestions, at least not for very long.

Building rapport with children comes from genuine interest. Milton Erickson said that hypnosis is done with a child, not on them; and we extrapolate that to mean what Erickson implied...i.e. “Go with the child”. Rapport comes from paying attention and greeting the child “where they are”. I want to know who this child is long before I want to talk about how come they came over, or about the details of their bedwetting, their tummy aches, their worries about going to sleep, etc. That comes from asking if they go to school, who lives in their house, drawing a picture of their family (a ‘pedigree’), learning about their pets, their best friends, their favorite thing(s) to do, what they are best at playing as well as what they are best in at school.

MEds: As an Ericksonian psychotherapist, I am aware of the advantages of using hypnosis with children. I have had the opportunity to read some transcripts about interactions you have had with children during emergencies and their good outcome. Could you please tell us about the advantages of using hypnosis during these situations?

DK: People, and especially child-type people (!) are typically, predictably terrified in an emergency and rightfully so as their normalcy, their well-being, their comfort, and sometimes their very existence are threatened. People – and especially children – in emergencies are spontaneously, naturally, already in a hypnotic state. To be sure, this trance is a “negative” one, i.e. narrowly focused and absorbed but, sadly and frighteningly, narrowly focused upon and absorbed - even perhaps “overcome” – by the injury, or the bleeding, or the displaced bone, or the difficulty breathing, or multiple injuries, or intractable pain or vomiting, or a myriad of other symptoms. This negative trance has a relentlessness about it that is indeed self-fulfilling, i.e. “the worse it gets, the worse it gets!” Children (or anyone) in emergencies are not only narrowly focused, but they also – as in other trances – often have tuned out / don’t easily hear “outside” or “extraneous” voices, sounds, or notice other things visually. They are, predictably, literal, and so it is even more true in emergencies that we must think about what we say and how we say it before we

speak because virtually everything we can/will say is in fact heard as a hypnotic suggestion. So, one advantage of first recognizing and then utilizing hypnosis in emergencies is there is no need to think of 'introducing hypnosis' as it's already there. There is no need to think of "What induction might be appropriate?" because the illness/injury was the "induction" and the trance is there in front of us! Another is that inasmuch as the person is in trance – albeit a negative one – they are also very highly motivated to make a change, a key and positive ingredient in deciding about use and implementation of hypnosis/hypnotic suggestion in any encounter. Do we know of any one more motivated to make a change than a person in an emergency situation with acute severe pain, or devastating grief, or massive anxiety, etc? Therefore, I have been fond of saying for many years that there is no one easier to help with Hypnosis than the patient in acute pain in the ER whom I have never met. The "only" thing we are challenged with, then, is to come up with the right language and strategy that will allow us to quickly gain the patient's attention en route to their trust and to their ultimate paying of attention to what we say, how we say it and what we suggest. Erickson has many examples of this in his writings (e.g. see Pediatric Hypnotherapy article in first issue of American Journal of Clinical Hypnosis, 1958 – available on/through the ASCH or SCEH website; see Jay Haley's Uncommon Therapy, see my paper on Hypnosis in Emergencies in Intl Journal of Clinical and Experimental Hypnosis, 1986). I find that "Truisms" are very helpful in developing attention and then helping it to shift. For example, a child is screaming, staring at his fractured and dislocated forearm while parents are trying to demand he stop screaming. Upon entering the room I am likely to introduce myself and say something obvious like "I am really glad you came over ... that was really smart. Boy, that sure seems to hurt a lot...and it's going to keep right on hurting until it stops. (He hears "It stops", or, the implication "it will stop"). I wonder what you're going to do first when you get home later". This implies clearly that he will be going home, and "Later" implies today whereas it's likely that amidst the Pain and Fear that he was terrified that he'd be staying in the hospital.

MEdS: This kind of interventions reminds me Dr. Kay Thompson.

DK: Dr. Kay Thompson, Dr. Erickson's close friend, student, and colleague was my first and most beloved hypnosis teacher, and my first small group leader at my first Workshop. Thereafter we invited Kay to teach for our Minnesota Society of Clinical Hypnosis Annual Advanced Workshop as often as her schedule would permit, and she came here every 3 or 4 years. In every one of our many, many conversations Kay personified and taught Erickson, and I was privileged to listen.

MEdS: Would you like to talk about your first encounter with Milton H. Erickson?

DK: Well, I never had a face-to-face personal encounter with Dr. Erickson but I did have the pleasure of being in his presence when he was teaching at an ASCH Conference in Phoenix, AZ in February, 1979. I was amazed to see this elderly man wheeled into the room in his wheel chair, wearing his purple satin jacket. Several faculty hoisted his chair onto the presenter's platform and he spoke slowly and methodically as he said he needed some volunteers, and then proceeded to hand pick 5 women from the audience, all by gaining direct eye contact and saying "Yes, that's right, you" and "You, uh-huh" and "Yes, come on up here now..." etc. He proceeded to "just talk" to each one. I remember feeling amazed and in awe of how he had so quickly developed a connection and I began wondering how exactly that had occurred, including wondering if they somehow had been pre-selected, though of course I was told that was not so and never would be. I suppose as best explained by [my own] state-dependent memory and the significance of the experience for me, I remember precisely where I was sitting, and what he said to one of the women when it was seemingly "her turn" for him to address. He said hello to her and then said "What on earth is your head doing across the room way over there at the back?!" I immediately went into trance, leaning against the wall on my left, hearing everything he said, which I was sure was addressed to ME. It couldn't have been more than 5 minutes on the clock, but seemed more like ½ hour or an hour to me, and afterwards it took me quite some time to fully alert, I remember feeling quite tired, and contemplative for hours after that. I never saw him teach again, but I began reading everything I could by him and about him; and continue to do so. His ideas, theories, experiences, cases, and wisdom inform most of what I do on a daily basis.

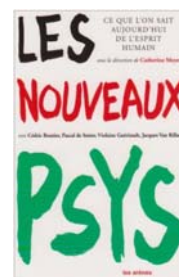
MEdS: Thank you Dr. Kohen

DK: You are welcome. I appreciate the opportunity to remember and write about this!!

French Corner

by Christine Guilloux

Les nouveaux Psys:
Ce que l'on sait
aujourd'hui de l'esprit humain
 sous la direction de Catherine Meyer
 Éditions Les Arènes, Paris, 2008
 ISBN 978- 2 35204 054 5
 by Christine Guilloux



Belle ambition que de questionner la psy d'aujourd'hui, « celle qui avance », que de veiller à éclairer nos lanternes, nos gouvernes. Les travaux de 37 pys éminents et de renommée internationale sont mis en pâture et offerts à notre glotonnerie et à notre perspicacité par les Éditions des Arènes. Catherine Meyer a envoyé de jeunes apprentis pys, des compagnons faire leur Tour de France, non, leur Tour du Monde! Un Tour du Monde à la rencontre de ces maîtres pys, de ces « trésors vivants » pour leur faire se raconter et raconter leurs recherches, leurs élaborations, leurs découvertes. Cédric Routier, Pascal de Sutter, Violaine Guérirault, Jacques Van Rillaer nous tracent la route.

Mais de quels pys s'agit-il? De chercheurs et de thérapeutes qui étudient, qui sondent par les neurosciences, par la psychologie expérimentale cognitive, l'humain et l'esprit sous toutes ses coutures. Si tant est qu'ils aient des coutures!

L'ouvrage nous rend tout d'abord voyageurs dans les méandres de nos histoires, de notre histoire de primates, faite d'empathies, de sympathies, d'antipathies. « Nous ne descendons pas du singe, nous sommes des singes. » L'ouvrage se veut synthèse, présentation en éventail, panoplie de connaissances accumulées sur la mémoire, l'intelligence, les émotions, les psychothérapies, la personnalité, etc., questionnant l'inné et l'acquis, les liens corps-esprit.

Vaste programme, ou vaste nébuleuse, étonnamment active où il est tant de pierres à l'édifice. Tant de pierres et pas toutes les pierres. Sans prétention ni souci d'exhaustivité.

Sont décrites des expériences menées comme « les raisins et le concombre », l'effet Pygmalion, « l'enfant perdu dans un centre commercial », « la poupée Bobo », « le chien masqué », « le rejet d'une paie inégale ». « l'expérience du *chamallow* », « Elliott, l'homme sans émotion ». Catherine Meyer nous avait bâti un livre blanc, un fastidieux livre de la psychanalyse. Elle nous a bâti un ouvrage où le plongeon, l'immersion, l'exploration sont en eaux pétillantes, agitées, vibrantes, tourbillonnantes. Le paysage est vaste, contrasté, riche d'apports. La psychothérapie du XXIème siècle se bâtit sur de nouvelles hypothèses scientifiques.

Vous êtes familier des travaux de Noam Chomsky, de Howard Gardner, de Michel Jovet, d'Antonio Damasio, de Joseph Ledoux, d'Aaron T. Beck, mais connaissez-vous ceux de Robert Sternberg, de Steven Hayes, de James McClelland, d'Albert Ellis, de Jean-Claude Dreher?

Les Chemins de la mémoire

Francis EUSTACHE &
Béatrice DESGRANGES
Éditions Le Pommier/Inserm,
Paris, 2010
ISBN 978-2-7465-0240-6
by Christine Guilloux



Mémoires pour capter du présent, pour engranger des souvenirs, pour se projeter dans le futur... Mémoires pour se raconter, se retrouver, se structurer. Mémoires pour apprendre les « nouveaux » chemins de la mémoire?

Aujourd'hui la mémoire n'est plus seulement à court et à long terme: elle se décline, se décompose, se compose de différents mémoires, de différents systèmes qui fonctionnent de concert ou indépendamment les uns des autres selon trois étapes d'encodage, de stockage et de récupération. La mémoire de travail traite et conserve temporairement les informations nécessaires à la réalisation d'activités aussi diverses que la compréhension, l'apprentissage et le raisonnement; boucle phonologique et calepin visio-spatial, deux systèmes de stockage coordonnés et supervisés par un administrateur central. La mémoire épisodique concerne les événements personnels vécus situés dans leur espace spatio-temporel et se caractérise par l'expérience subjective, par l'impression de revivre l'événement: c'est la seule mémoire qui, au moment du rappel, dans son « voyage mental dans le temps » est orientée vers le passé. La mémoire sémantique est la conscience de l'existence du monde, des objets, des événements et de diverses régulations, « conscience noétique ». C'est elle qui nous permet la connaissance générale de nous-mêmes et dont nous usons pour la conduite introspective. La mémoire procédurale concerne l'acquisition des habiletés avec l'entraînement, de les stocker et de les resituer sans faire référence aux expériences antérieures; mémoire automatique, elle s'exprime dans l'activité sans être accessible à la conscience. D'autres concepts de mémoire peuvent être évoqués pour les modes de récupération de l'information comme la mémoire explicite, la mémoire implicite...

Jeux de taquet ou de jacquet de nos mémoires, souci de découper, de classer pour mieux penser/panser la mémoire qui ne sont pas sans rappeler les prémisses d'un art de la mémoire attribué au poète grec, Simonide de Céos, et au théâtre de mémoire de la Renaissance, devenant « structure harmonique de l'univers ». Frances Yates nous avait déjà brillamment décrit les méandres de l'évolution de cette structure architecturale et dramatique qu'est la mémoire et qui, au fil des siècles, dans un souci d'ordre, de méthode et d'apprentissage opérant, a dépassé les simples principes d'une mnémotechnique.

Francis Eustache, directeur à l'École Pratique des Hautes Études et Béatrice Desgranges, directrice de recherche à l'INSERM se sont associés dans leurs recherches sur la mémoire et ses troubles au sein de l'Université de Caen et nous livrent un état des lieux des plus vertigineux.

L'étude des divers symptômes amnésiques joue un rôle majeur dans l'élaboration des modèles de la mémoire humaine. Les maladies dégénératives comme la maladie d'Alzheimer contribuent à modifier les méthodes d'évaluation et les conceptions théoriques de la mémoire. L'imagerie par résonance magnétique et l'imagerie fonctionnelle permettent de réaliser une cartographie des troubles de la mémoire, de mesurer l'atrophie cérébrale et les altérations fonctionnelles, d'identifier les mécanismes compensatoires qui se mettent parfois en œuvre pour combler un déficit... Perspectives possibles de diagnostic et

de prévention autant pour les maladies dégénératives que pour les stress post-traumatiques, que pour les dépressions, que pour la schizophrénie et l'autisme.

Les chemins de la mémoire, un ouvrage dense, une synthèse panoramique des connaissances actuelles, une invitation à vagabonder dans les aspects reconstructifs du souvenir, remodelés sans cesse au fur et à mesure du temps, gardant cependant véracité et précision, une invitation à penser nos mémoires du futur sans nous y perdre. Au-delà des portes de la perception, au-delà de nos investigations et de nos interrogations à mobiliser les ressources en réservoir et les richesses en mémoire de nos patients, au-delà de nos fragilités et de nos émotions, une invitation à explorer et à nous activer. Une invitation à nous rafraîchir la mémoire?

L'hypnotiseur

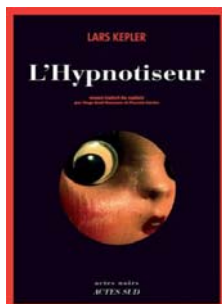
Lars KEPLER

Actes Sud, Paris, 2010

ISBN 978-2-7427-9222-1

by Christine Guilloux

Que donner en pâture à un thérapeute spécialisé en PTSD pour se divertir et s'engager dans des voies de traverse? L'ouvrage écrit à quatre mains sous le pseudo de Lars Kepler, «*L'hypnotiseur*», saura-t-il nous emballer ?



Formé à l'hypnose médicale par des instances européennes, entretenant des rapports circonstanciés avec notre collègue américaine Karen Olness, le psychiatre – héros, Erik Maria Bark, fait promesse après une séance qui tourne mal et se jure de ne plus recommencer.

Mais une tâche interrompue ne se doit-elle pas d'être achevée ? Personne ne peut renoncer à abandonner. Les séances de thérapie de groupe, expérimentales, demandent à être poursuivies, même des années plus tard. Un inspecteur vient déloger notre hypnotiseur en sommeil pour l'impliquer et l'engager dans une aventure aux rebondissements multiples : l'hypnose se voudrait le support de réminiscences de l'unique témoin survivant d'un carnage, un fil ténu pour sauver une vie, la clé de voûte d'une intrigue où se mêlent et s'emmêlent instigateurs et protagonistes. L'hypnose, héroïne fascinante d'une histoire au rythme effréné. Héroïne qui voudrait faire retrouver la mémoire de la vérité, qui pourrait l'altérer et s'avérer créative de faux vrais souvenirs et de vrais faux souvenirs. Tout feu tout flamme, drogue douce ou drogue dure. Le danger ne viendrait-il pas de là où on ne l'attend pas ? L'hypnose comme méthode d'investigation, d'interrogatoire. L'hypnose pour farfouiller les inconscients. L'hypnose menacée de mille maux. L'hypnose captivante, ensorcelante, de l'activation à la dépotentialisation du conscient.

Voulez-vous vous laisser emporter par cette écriture endiablée où les comptes à rebours s'engagent sur des voies détournées? Voulez-vous entrer dans un décor où l'envers et l'endroit sont à contre tout? Voulez-vous vous instruire des entrelacs d'un thriller qui mérite bien son nom?

Les limites de notre pratique sont-elles dévoyées dans cet ouvrage envoûtant ou prises dans les rets de nos mémoires défaillantes?

«Dans le monde entier, il n'existe qu'une poignée de véritables experts médicaux de l'hypnose.» En êtes-vous ?

Renaissance de la Maison des Ormes

Textes et images réunis par Christine Guilloux.

La Gazette 89 Éditions, Égriselles-le-Bocage, 131 pp

ISBN 978-2-916600-22-2

by Nicole Ruyschaert



Un arbre, une maison, la vie, les chemins parcourus,... La renaissance ? La renaissance, nouvelle naissance, s'opère en tous lieux et d'abord en chacun de nous, à l'occasion d'un choc, d'un insight, d'une rencontre.

Deux journées en septembre 2012 sur le thème de la renaissance, de la renaissance des ormes, de la renaissance de La Maison des Ormes pour inviter patients, collègues, amis, voisins à se faire contributeurs, acteurs, animateurs, créateurs d'images et de mots. Une démarche tout à fait originale puisqu'il y est un mélange des genres inhabituels, une ouverture aux autres quelles que soient leurs provenances. Le livre qui nous est offert par Christine Guilloux, psychologue-psychothérapeute, Fondatrice de l'Institut Milton H. Erickson Centre-France, Vice-présidente de la Société Française d'Hypnose, est à la fois une histoire, celle de la Maison des Ormes, des histoires passées, présentes et futures, les vôtres, les nôtres. Ce livre est « un repère et une rampe de lancement pour mille lecteurs, pour mille auteurs » (p. 119).

Un ouvrage surprenant pour nous, hypnothérapeutes, qui frayons plutôt avec les manuels, les guides, les livres scientifiques, les recherches des neurosciences, là où l'hypnose est apprise, questionnée, « mise et remise en cause » comme pourrait le dire Christine. Parfois elle nous propose des lectures « à côté », ou « de côté » pour nous bousculer dans nos pratiques, stimuler nos neurones, nous inviter à plus de légèreté.

Ici, point d'approche thérapeutique décrite, expliquée mais une mise en pratique de valeurs profondes : il y a lieu d'être acteur plutôt que consommateur de sa vie, il y a à s'inciter à l'audace. C'est ainsi que 40 personnes se sont invitées et nous invitent à la visite de leur propre renaissance, de celle de cette maison, de celle d'un orme... Re-naître, naître à soi-même... Le mot nous fait réfléchir, rêver, nous fait même pousser « un arbre de la renaissance ». Les auteurs premiers étaient sur place en réalité, en imagination, peu importe puisque « entre le réel et l'imaginaire il n'y a qu'un pas (p118) ». Les auteurs premiers ont exprimé leurs émois, leurs bouleversements, leurs peurs, leurs nostalgies, leurs gênes, leurs ébauches, leurs progressions, leurs faux pas, leurs éveils, leurs danses, leurs meilleures façons de marcher, leurs manières d'être au monde. Récits, témoignages, rêveries, anecdotes,

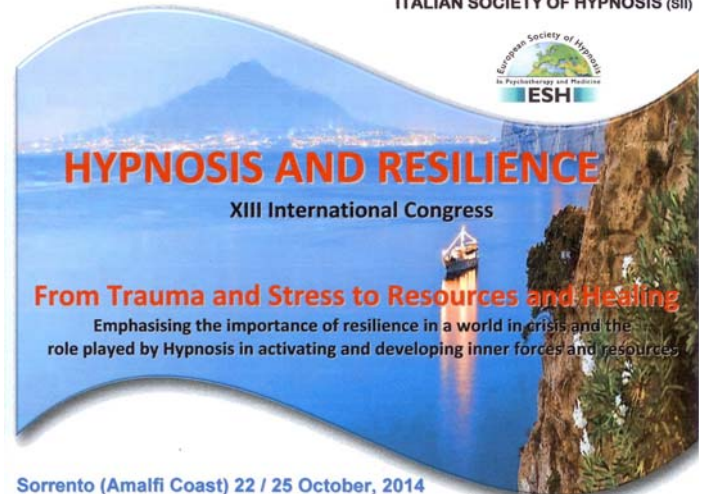
chansons, poèmes, peintures, recettes... pour nous inspirer, pour nous faire sourire, joyeusement. Il est mille chemins à la résilience.

Osons, partons pour ce voyage à travers le temps, tous les temps. Nous apprenons ici un peu de biologie, là, la renaissance dans la nature, les renaissances à chaque saison, la vie des ormes, leurs déploiements, leur maladie,... Nous apprenons l'orme planté à La Maison des Ormes dans la continuité et le respect de l'histoire, et le début d'une nouvelle vie. Nous naviguons dans l'art, l'histoire, la culture, l'hypnothérapie avec les contes et les métaphores qui nous ouvrent multiples portes. Nous suivons ici un vieux fleuve perdu : « *la vie est faite de métamorphoses* » ; « *le fleuve que tu es n'est qu'un corps passager* » (p. 63) ? Nous revenons à nos essentiels qui nous rappellent que « *chaque jour est une renaissance* » et que « *le moment le plus important de la vie de chacun se répète chaque matin avant d'ouvrir les yeux dans la pénombre* » (p. 99). Nous goûtons chaque jour comme un nouveau plat, une nouvelle recette que nous agrémentons également d'épices bien choisies. Nous savons créer de nouvelles recettes à partir d'erreurs de casting, de loupés de cuisson et inventer nos tartes Tatin ! Nous apprenons des témoignages authentiques des auteurs, thérapeutes, patients, touchés par la maladie et racontant l'histoire de leur résilience, mobilisant leurs ressources pour dépasser leurs limites, pour se réorienter.

A y songer, la renaissance n'est pas qu'un moment de l'histoire, n'opère pas que dans l'architecture, la cuisine, la thérapie, la peinture... La renaissance, c'est un moment de nos histoires, ce sont des moments de notre histoire. Universelle. Chacun a des talents cachés, une originalité et dispose en lui d'un milieu, d'une terre fertile. Il suffit d'une ambiance particulière pour stimuler et faciliter l'expression des talents de chacun.

Comment intégrer au mieux la renaissance dans la thérapie ? Comment inspirer les (hypno)thérapeutes à se laisser inspirer par des (hypno)thérapeutes ? Comment nous inspirer, nous laisser inspirer par les uns et les autres, par le bouquet de regards et d'écoutes de ces premiers contributeurs ? Laissons nous nous focaliser sur quelques lignes, une image, un texte, entrer en transe et (re)trouver notre créativité ? Visiter, participer, de tout près ou de très loin, aux activités de la « Maison des Ormes » n'est qu'un des chemins. Mais là, cette maison, Christine Guilloux, lui a donné un avenir radieux, qui est devenu un présent radieux en tant que creuset d'apprentissages, creuset de réflexions et de créations, creuset de « *récréation/re-création* ». En ce livre *Renaissance de la Maison des Ormes*, chaque page a été choisie, travaillée et retravaillée, tricotée méticuleusement avec le concours de Christine. De la diversité avant toute chose, mais une unité. Un livre, un événement invitant à réfléchir sur nos pratiques de thérapeutes, à repenser nos approches thérapeutiques mais aussi à voyager à travers le temps, à partir à la découverte d'une renaissance personnelle, à nous réorienter, à retrouver les racines de la résilience, à fleurir dans le nouveau printemps.

EUROPEAN SOCIETY OF HYPNOSIS (ESH)
Organised in collaboration with the
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Calendar of Upcoming Events:

For full details please visit www.esh-hypnosis.eu

28th September 2013

BSMDH-Scotland: Autumn Symposium Weekend with Guest speaker Julie H. Linden

28th September 2013

IETSP: Evaluation and Treatment of Chronic Trauma and Complex Dissociative Disorders. "Sensorimotor Psychotherapy"

3rd October 2013

NPHTI: Paediatric Hypnosis Skill Development Workshops

7th November 2013

SMSH: Annual Meeting – **Awarded 18 ESH Credit Points**

15th November 2013

DGH: Hypnosis – The Gate to the Unconscious

7th December 2013

IETSP: Complex Disorders and EMDR

With grateful thanks to our contributors: **Nicole Ruysschaert, Consuelo Casula, Christine Guilloux, Maria Escalante de Smith and John Lentz**