

# ESH The Newsletter

Continuity and Innovation



March 2021

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2021

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# President's Letter

## Kathleen Long



At the beginning of the pandemic, I was looking out at my uninspiring garden fence, and I decided to get a painting done and put it on the fence.

The idea came to me from a community garden I used to pass most mornings on my way to work.

On one of the garden walls was a mural of a young girl with some brightly coloured flowers in her hand.

She looked totally fascinated and enthralled by the beauty of the flowers she held.

It did not have the chaos of a Picasso or the refinement of Rembrandt. It was a simple painting of a simple everyday scene.

For some reason seeing this picture made me smile.

Perhaps it reminded me of my own childhood playing in the farmer's fields nearby with my friends.

Perhaps it just reminded me of a more care free time. I have no idea why it made me feel happy, I just accepted that it did.

We all know that emotions often arrive without warning and without any verbal or logical explanation.

I was delighted to accept the happy feelings that this painting awoke in me and



I needed no convoluted explanation to enjoy them.

My own painting was firmly attached to my garden fence and all of my neighbours were very impressed and a few said they loved to look at it and it cheered them up during the lockdown.

I also loved to look at it through the glass patio doors as I had my morning coffee. The painting more recently has started to give me a different feeling as I look at it in the cold days with the late winter sun and early dark evenings. That feeling is hope.

At the moment it is surrounded by snow but it reminds me that, after even the harshest of winter weather, spring and summer will soon be here.

I think of a world being vaccinated in the hope that this pandemic can be defeated and we can once again have the freedoms we once enjoyed.

The painting now makes me realize that even during the hardest times we can and must hope for something better and take joy from the simple, often ignored and unappreciated, things in life.

Most importantly it still makes me smile. Stay safe and stay hopeful for the future.





# Translated into French by Gérard Fitoussi

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Au début de la pandémie, alors que je regardais la clôture de mon jardin qui m'apparut sans intérêt j'ai décidé de faire une peinture et de la mettre sur la clôture.

L'idée m'en est venue en passant les matins devant un jardin communautaire en me rendant à mon travail. Sur l'un des murs du jardin, il y avait la peinture murale d'une jeune fille tenant dans ses mains des fleurs aux couleurs vives. Elle avait l'air totalement fascinée et enthousiasmée par la beauté des fleurs qu'elle tenait. La peinture n'avait ni l'aspect chaotique d'un Picasso ni le raffinement de Rembrandt. C'était une simple peinture d'une scène simple de tous les jours.

Sans que je ne me l'explique, voire cette photo m'a fait sourire. Cela m'a peut-être rappelé ma propre enfance jouant dans les champs du fermier voisin avec mes amis. Peut-être que cela m'a juste rappelé un temps sans souci. Je ne sais pas pourquoi cela m'a fait me sentir heureuse, j'ai simplement accepté cet instant.

Nous savons tous que les émotions arrivent souvent sans prévenir et sans aucune explication verbale ou logique. J'étais ravi d'accepter les sentiments heureux que cette peinture a réveillés en moi et je n'avais besoin d'aucune explication alambiquée pour en profiter.

Ma propre peinture était fermement attachée à ma clôture de jardin et tous mes voisins ont été très

impressionnés et quelques-uns ont dit qu'ils adoraient le regarder et que cela leur a remonté le moral pendant le confinement. J'ai aussi adoré la regarder à travers les porte-fenêtre de mon patio en prenant mon café du matin.

Plus récemment, la peinture a commencé à m'emplir d'une sensation différente lorsque je la regarde pendant les jours froids et ensoleillés de la fin de l'hiver et pendant les premières heures sombres à la nuit tombée. Ce sentiment est l'espoir.

Pour le moment, il est entouré de neige, mais cela me rappelle que, même après les conditions hivernales les plus rudes, le printemps et l'été seront bientôt là.

Je pense à un monde vacciné dans l'espoir que cette pandémie puisse être vaincue et que nous pourrions à nouveau avoir les libertés dont nous jouissions autrefois.

La peinture me permet de réaliser que même dans les moments les plus difficiles, vous pouvez et devez espérer quelque chose de mieux et jouir des choses simples, souvent ignorées et méconnues de la vie. Et de façon plus important encore, cela me fait toujours sourire. Restez en sécurité et gardez espoir en l'avenir.



# Translated into German by Stella Nkenke

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*Als ich am Anfang der Pandemie immer wieder im eigenen Garten auf meinen einfallslosen Zaun blickte, beschloss ich ein schönes Gemälde dort anzubringen. Die Idee dazu kam mir morgens auf meinem Weg zur Arbeit, bei dem ich an einer öffentlichen Parkanlage vorbei kam. Dort war an einer der Mauern ein Wandbild eines jungen Mädchens mit bunten Blumen in der Hand. Sie sah völlig fasziniert und begeistert von der Schönheit der Blumen aus, die sie in der Hand hielt. Dieses Bild hatte nicht das Chaos eines Picassos oder die Raffinesse eines Rembrandts. Es war ein schlichtes Gemälde einer einfachen Alltagsszene.*

*Aus irgendeinem Grund brachte mich aber der Anblick dieses Bildes zum Lächeln. Vielleicht erinnerte es mich an meine eigene Kindheit, als ich mit meinen Freunden auf den nahgelegenen Feldern der Bauern spielte. Vielleicht erinnerte es mich einfach auch an eine sorglosere Zeit. Warum auch immer, es machte mich glücklich. Wir alle wissen, dass Emotionen oft ohne Vorwarnung und ohne jegliche verbale oder logische Erklärungen eintreffen. Ich konnte mich einfach über die Gefühle erfreuen, die dieses Bild in mir weckten und suchte keine umständliche Erklärung. Mein eigenes Gemälde war fest an meinem Gartenzaun angebracht und alle meine Nachbarn waren sehr beeindruckt und*

*einige sagten, dass sie es gerne anschauten und dass es sie während des Lockdowns aufmunterte.*

*Ich genoss es, meinen Blick durch die Terrassentüre zu dem Bild schweifen zu lassen, während ich meinen morgendlichen Kaffee trank. In letzter Zeit hat das Bild in mir aber ein neues Gefühl erweckt. Wenn ich es an den kalten Tagen mit der späten Wintersonne und den frühen dunklen Abenden betrachte kommt das Gefühl der Hoffnung auf. Im Moment ist es noch von Schnee umgeben, aber es erinnert mich daran, dass selbst nach dem härtesten Winterwetter bald der Frühling und der Sommer kommen werden. Und dann denke ich an eine Welt, die gerade geimpft wird, in der Hoffnung, dass diese Pandemie besiegt werden kann, damit wir wieder die Freiheiten haben können, die wir einst genossen haben.*

*Das Bild lässt mich jetzt erkennen, dass man selbst in den schwersten Zeiten auf etwas Besseres hoffen darf und sich an den einfachen, oft ignorierten und nicht geschätzten Dingen des Lebens erfreuen kann. Aber das wichtigste ist, dass dieses Bild mich immer noch zum Lächeln bringt. Bleiben Sie bitte auch in der Zukunft gesund und voller Hoffnung.*



# Translated into Spanish by José Cava

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Al comienzo de la pandemia, estaba mirando a la poco inspiradora verja de mi jardín, y decidí hacer una pintura y ponerla en la verja. La idea me vino de un jardín comunitario por el que solía pasar la mayoría de las mañanas camino al trabajo. En una de los muros del jardín había un mural de una niña con unas flores de colores brillantes en la mano. Parecía totalmente fascinada y cautivada por la belleza de las flores que sostenía. No tenía el caos de un Picasso ni el refinamiento de Rembrandt. Era una simple pintura de una simple escena cotidiana.

Por alguna razón, ver esta foto me hizo sonreír. Quizás me recordó a mi propia infancia jugando con mis amigos en los campos de cultivo cercanos. Quizás simplemente me recordó un tiempo más libre de preocupaciones. No tengo idea de por qué me hizo sentir feliz, simplemente acepté que así fue.

Todos sabemos que las emociones suelen llegar sin previo aviso y sin ninguna explicación verbal o lógica. Me encantó aceptar los felices sentimientos que despertó en mí este cuadro y no necesité una explicación complicada para disfrutarlos.

Mi propia pintura estaba firmemente puesta en la verja de mi jardín y todos mis vecinos quedaron muy impresionados y algunos dijeron que les encantaba mirarla y que les animaba durante el confinamiento. También a mi me encantaba mirarla a través de las puertas de cristal del patio mientras tomaba mi café de la mañana. Más recientemente, la pintura ha empezado a darme una sensación diferente cuando la miro en los días fríos con el sol de finales de invierno y cuando comienza a oscurecer pronto por la tarde. Ese sentimiento es esperanza.

Ahora, está rodeado de nieve, pero me recuerda que, incluso después de lo más duro del invierno, pronto llegarán la primavera y el verano. Pienso en un mundo que está siendo vacunado con la esperanza de que esta pandemia pueda ser derrotada y podamos volver a tener las libertades que antes disfrutábamos.

La pintura ahora me hace darme cuenta de que incluso durante los momentos más difíciles se puede y se debe esperar algo mejor y disfrutar de las, a menudo ignoradas y despreciadas, cosas simples de la vida. Lo más importante es que todavía me hace sonreír. Cuídense y mantengan la esperanza en el futuro.



# Translated into Italian by Fabio Carnevale

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All'inizio della pandemia, mi sono ritrovata a guardare il recinto del mio giardino e a pensare che fosse davvero poco interessante, così ho deciso di dipingerlo.

L'idea mi è venuta da un orto comunitario vicino al quale mi capitava di passare quasi tutte le mattine, andando al lavoro.

Su uno dei muri del giardino c'era un murale che raffigurava una giovane ragazza con dei fiori dai colori vivaci in mano.

Sembrava totalmente affascinata e rapita dalla bellezza dei fiori che portava. Non aveva il caos di un Picasso o la raffinatezza di Rembrandt. Era un semplice dipinto di una semplice scena quotidiana.

Per qualche motivo vedere quella immagine mi ha fatto sorridere. Forse mi ha ricordato la mia infanzia, quando giocavo nei campi di un contadino lì vicino insieme ai miei amici. Forse mi ha solo ricordato un tempo libero più spensierato. Non ho idea del motivo per cui mi abbia fatto sentire felice, ho semplicemente accettato che lo facesse.

Sappiamo tutti che le emozioni spesso arrivano senza preavviso e senza alcuna spiegazione verbale o logica. Sono stata felice di accogliere i sentimenti che questo dipinto ha risvegliato in me e non avevo bisogno di spiegazioni contorte per godermeli.

Il mio dipinto era saldamente attaccato al recinto del mio giardino e tutti i miei vicini sono rimasti molto colpiti e alcuni hanno detto che gli piaceva guardarlo e li ha rallegrati durante il lockdown. Mi piaceva anche guardarlo attraverso le porte del patio di vetro mentre prendevo il caffè del mattino.

Quel dipinto, più di recente, ha iniziato a darmi una sensazione diversa, mentre lo guardo nelle giornate fredde con il sole di fine inverno e le prime serate buie. Una sensazione di speranza.

Al momento è circondato dalla neve ma mi ricorda che, anche dopo l'inverno più rigido, presto arriverà la primavera e l'estate.

Penso a un mondo che viene vaccinato nella speranza che questa pandemia possa essere sconfitta e che possiamo ancora una volta avere le libertà di cui godevamo un tempo.

Il dipinto ora mi fa capire che anche nei momenti più difficili possiamo e dobbiamo sperare in qualcosa di migliore e trarre gioia dalle cose semplici, spesso ignorate e non apprezzate, della vita. Soprattutto, mi fa ancora sorridere.

State al sicuro e abbiate fiducia nel futuro.



# Editor's Letter

Consuelo Casula



Image by F.C.



We have been living for a year now with the pandemic that has changed our lives but not diminished our hope for the future and our commitment to helping others with loving kindness.

From the content of this issue it is evident that we continue to be involved in our health care profession and to innovate and update our knowledge adding our passion, expressing our talents, exercising our creativity, and surrounding ourselves with beauty. The letter from our president Kathleen Long offers a true example of the benefits of following her own talent for painting, and her incurable and contagious optimism.

On the wave of continuity and innovation, Gerard Fitoussi offers a synthesis of the tireless efforts of some French publishers in releasing new French books and translating others. The editorial work of writing and reading emphasizes the benefit to the mind and body of an intelligent escape from the worries caused by Covid.

In the name of continuity, Peter Naish explains the research around the Necker Cube game proposed in the special Christmas issue of ESHNL, and Stella Nkenke gives the solution of her crossword puzzle.

Peter also stimulates readers' curiosity by diverging for a while our attention adding

interesting information about crocodiles and chickens. Stella shows us the therapeutic power of a metaphor, reinforced by the trustful collaboration of the patient who relies on the care of his physician reinforced by his motivation to run on the beach without any pain.

The interview with Mike Gow shows both the consolidated artistry of Randi Abrahanson in asking questions able to elicit the long lasting passion of the Scottish hypno-dentist for going deeper into the roots of theoretical and practical hypnosis, following in the footsteps of James Braid in Manchester, as well as in discovering his ancestors.

The interview with Julie Linden and Laurence Sugarman reveals the secret of their way of writing together combining their hypnotic knowledge with their ability to follow the music behind the words as a dancer (Julie) and as a musician (Laurence). Their interview offers a model for those who are tempted to write a book with a colleague.

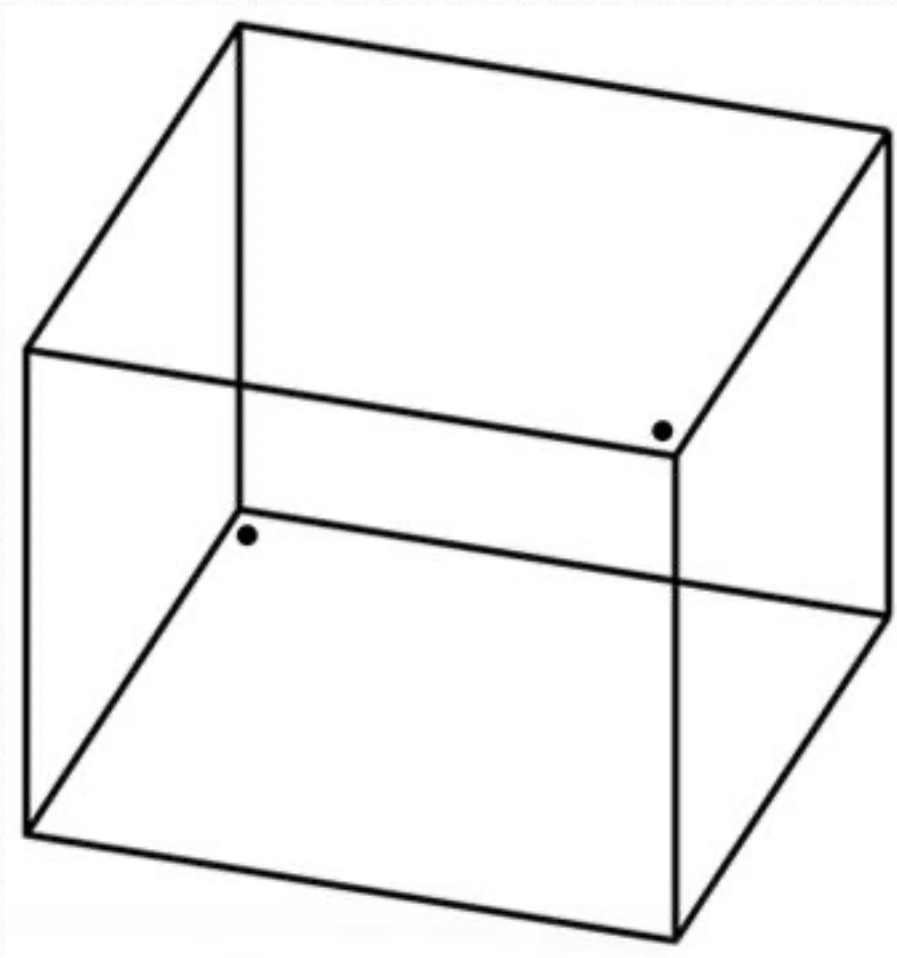
Marie-Jeanne Bremer invites the reader to intervene and remove dangerous remnants of ambiguity that are harmful to people who have different skin colours or profess a different religion reminding us that we all belong to the human race and we all are interconnected.



# 11

## Research Reflections

By  
Peter  
Naish



At the end of last year, in the Christmas Newsletter, I invited you to see how frequently this ambiguous figure seemed to change its orientation. I will now explain why it changes, what it tells us about our brains and the connection with hypnosis.

This simple drawing has stimulated a great deal of research; as I expect many of you

know, it's called the Necker Cube. If one looks at it for a while it flips back and forth, between two possible interpretations. Just a few people don't get that effect, so I will take a moment to explain what I'm talking about.

Most observers see this figure as looking like a cube; perhaps a better description



would be that it is like an empty fish tank, because it would not be possible to see the rear edges of a solid cube. You will notice that I have placed a small dot against two of the corners. These are the key parts of the drawing, because one corner will appear to be the point on the cube nearest to you, while the one that is not nearest will seem to be the furthest. When the left-hand corner is nearest, you will feel that you are looking up from underneath the cube, whereas when it is the right which is nearer, then the cube is seen as if from above. As people continue to stare at the cube, they usually experience it alternating between the two interpretations. For some this happens infrequently, but others may find it happening every three or four seconds. Interestingly, it changes more often for people who are more highly hypnotically susceptible.

I will return to the Necker Cube, but first I want to tell you about birds and crocodiles! A friend in my hypnosis society got in touch just before last Christmas, to tell me that he had been watching an interesting programme about crocodiles. Apparently, these creatures can let one half of their brain go to sleep, while the other half stays alert and watching for prey. When the sleeping side has had

sufficient rest, it wakes and allows the other side to sleep. My friend told me all this, because he knows of my interest in switching hemispheres in hypnosis. Since we have inherited elements of the reptilian brain, he wondered whether we use the same switch to become hypnotised. We do not actually switch off one hemisphere in hypnosis, but it does seem to be the case, for most people, that a larger proportion of activity takes place in the right hemisphere when they become hypnotised.

I had not heard about the crocodiles before, but I did know that long-distance migratory birds did it, while continuing to fly - I hope no one has mentioned this to any airline pilots! Since birds and reptiles are both descended from dinosaurs, it seems highly likely that their common ancestor used the same way of sleeping.

It would have been a useful trick when Tyrannosaurus Rex might have been wide awake and hungry! It is tempting to think that it would be better still not to switch off any of the brain; rest the body by all means, but stay on full alert at all times. The problem is, the brain needs to go into sleep mode (not really switched off) in order to clear out the waste products of



metabolism, and to consolidate memories initiated while awake.

Since vertebrates are bilaterally symmetrical, it is unsurprising that brains evolved in the same way. However, if one side was capable of functioning without the other, this meant that, to some extent, the sides could specialise in different tasks. Evolution so often results in compromise. For example, the antelope's eyes on the sides of its head are great for eliminating the blind spots that could be exploited by a predator, but the advantages of stereo vision are sacrificed. This sort of trade-off need not be imposed upon a brain that comes in two halves. What kind of mental skills might need to be separated in this way? Well, the basic skill that neural architecture is so good at is to learn how to discriminate between stimuli and to categorise.

Then, having done so, the brain selects the correct behavioural response, appropriate to the situation. The trouble is, the more this skill is honed the more rigid it becomes. It will end up rather like the toddler's toy comprising a box of different shaped bricks, with appropriately shaped holes in the lid, through which those bricks can be posted. If you placed a new,

differently shaped brick into the child's pile he or she would be at a loss as to what to do. Sometimes an animal's world presents a new stimulus. This will demand a different, more flexible kind of response - a less rigid 'if this, then that' kind of analysis is needed, so that various possibilities can be entertained simultaneously and evaluated.

The above is more than idle speculation; lateralisation of certain brain functions is common across the vertebrates, and the puzzle is less that we observe specialisation and more how the developing brain becomes differentiated in this way. In birds (the domestic chick is subjected to lots of research) light seems to play a part. As the chick develops in the egg it is curled in such a way that one eye is covered by its own body, while the other faces the shell. Generally, it is the right eye that faces outward and, since shells are translucent, this is the eye that first receives stimulation by light.

The bird's optic nerves connect to the brain contralaterally, so it is the left hemisphere that gets this head start. After hatching, the chick runs around and starts to learn about its world. Studies show that when the bird encounters a familiar



stimulus its left hemisphere is active, but the right comes to the fore when something novel is encountered.

In the natural world, novelty needs to evoke caution; a new object or situation might pose a threat. From what you have read so far, you can probably guess which hemisphere is particularly active in people who suffer from post traumatic stress disorder. Yes, it's the right. In fact, it doesn't require a dreadful trauma to observe this effect; even students about to take an exam are sufficiently nervous to exhibit a modest rightward shift. You will recall that I mentioned the right-shift observed in hypnosis; it comes as no surprise that PTSD patients tend to be highly hypnotically susceptible. We may also have a ready-made solution for a common, but hard-to-explain, little observation.

Nicely controlled laboratory testing shows that hypnotic susceptibility in the general population covers a wide spectrum, with many people not particularly responsive. However, doctors and dentists report that the vast majority of the people they see respond quite well, as if nearly everyone is at least moderately susceptible. This is easily explained, if we assume that the average person who volunteers for a

hypnosis experiment is not likely to be very anxious; they would not volunteer if they were. In contrast, many people undergoing medical interventions will be full of anxiety. This will lead to them activating their right hemispheres more than usual, and that appears to be a situation which favours hypnosis.

Regarding the 'hemisphere switch' for hypnosis, I don't think it is very likely, not in the sense that a hemi-sleeping crocodile has its two hemispheres in very distinct states; our shifts are not nearly so all-or-nothing. Even the crocodiles seem not to have a switch; the two hemispheres are interconnected and the side most fatigued wins the race to sleep. When its needs have been reasonably met it can no longer force the other to remain wakeful, so the situation reverses.

I said that our brain states are not all-or-nothing, but that is not true of our perceptions of the Necker Cube; we never see it in some half-way state, only in one configuration or the other. It turns out that one hemisphere holds one interpretation, while the other hemisphere sees things in their alternate form. There's a rather uncomfortable way of demonstrating this. The study in question counted how often people switched views, after having one



ear irrigated with ice-cold water. A blood vessel on each side, feeding the corresponding hemisphere, runs close to the adjacent ear. If that ear is being chilled, it cools the blood and hence lowers the temperature of one hemisphere, making it less active. The result is that the proportions of the two orientations of the cube become skewed, with the version belonging to the warm hemisphere grabbing the lion's share of the viewing time. This is perhaps something you shouldn't try at home!

Temperature aside, how does the system decide when to swap between the interpretations? Well, there probably is a switch of sorts, and it looks as if it is located in the right hemisphere. This hemisphere is not there just for when things are frightening; it gets discretely involved in many of the tasks that we tend to think of as belonging to the left. For example, language is seen as a left hemisphere activity, but this fast-acting hemisphere, trying rapidly to extract meaning, quickly leaps to the familiar conclusion.

This is good, because anything that speeds processing can be valuable, but some sentences are not exactly what was

predicted; there's a pun or double entendre perhaps. The interpretation reached by the left hemisphere doesn't make sense.

Fortunately, the right hemisphere has also monitored the incoming information and, instead of letting all the evidence point one way, it has another interpretation available. As its opposite number struggles, the right just feeds across the correct analysis and, after our momentary double-take, we enjoy the joke.

With the Necker Cube it is as if the right hemisphere is saying, "You've been looking at that interpretation for a while; perhaps this one is better." It has always seemed to me that the hypnotisable brain is a particularly versatile, flexible brain, so perhaps we should not be surprised that it switches more frequently between cube interpretations.

I think we are left with just one little loose end now: to explain why hypnosis seems to favour the right hemisphere. On the face of it this is a strange juxtaposition: calm, relaxing hypnosis using the hemisphere that waits for threats to come along.

The explanation highlights another aspect of the distinction between the two



hemispheres. The left's style of processing is very dependent on the information arriving from the senses; this is sometimes referred to as data-driven or bottom-up processing. The right hemisphere's role is to make sense of difficult material – in terms of that toy, these are the bricks that cannot find the right shaped hole. If the answer could be found in the sensory information alone, the left would have found it.

Thus, there is little to be gained by continuing to focus upon the raw data; if a solution is to be found it will be generated by incorporating existing material, including previous experiences.

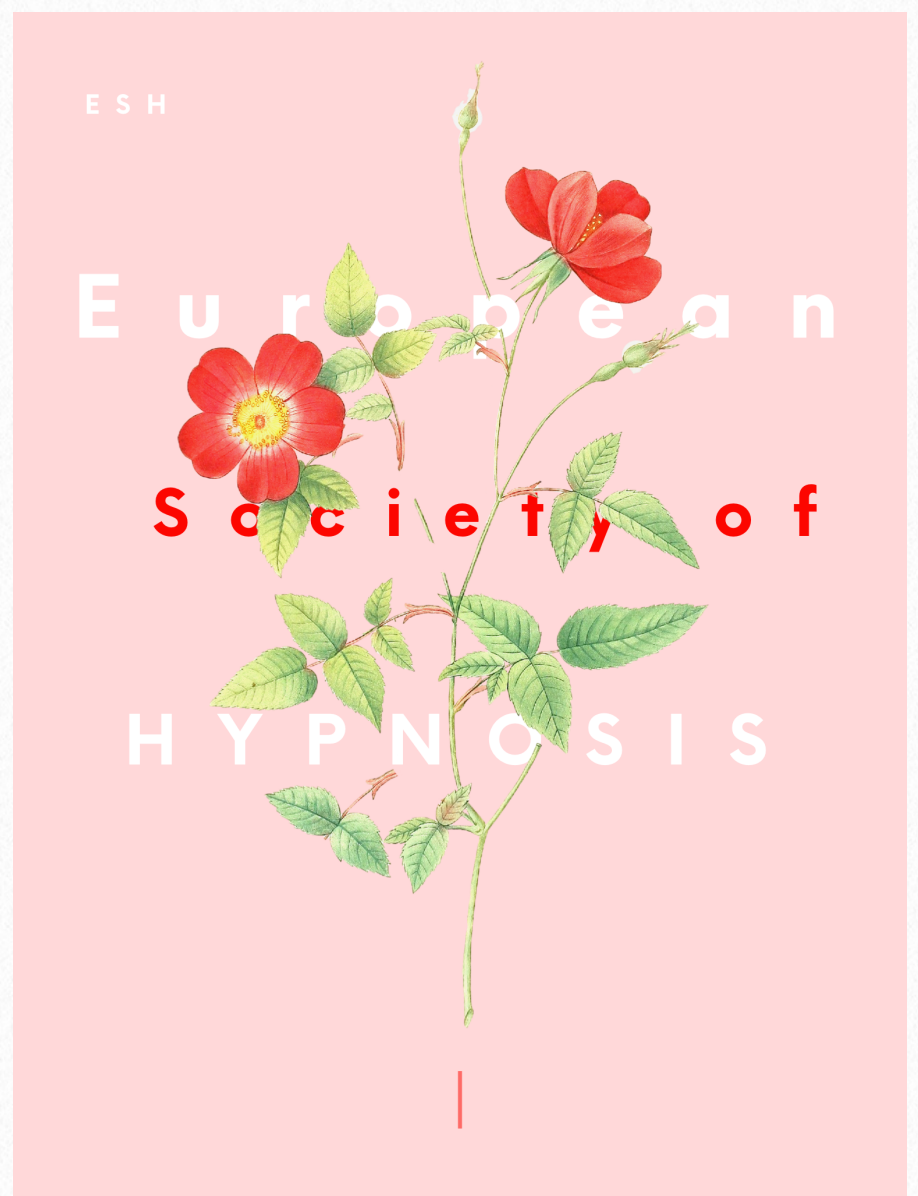
This is information that is already inside the head, not coming from the outside world; the processing is termed top-down or concept driven. It is likely to involve picturing past scenarios or imagining variations on them. This skill of generating imagery, independently of the real stimuli outside in the here-and-now, is exactly what is so often required in hypnosis.

So, could it be that humans are able to achieve hypnosis because 70 million years ago dinosaurs learned to sleep with one eye open? Well, that won't quite work

because, to be precise, dinosaurs are not our direct ancestors.

We must rephrase the question. Did our common ancestor, from some 270 million years ago, perform the same trick with its brain? I don't suppose we will ever know, but I hope you have enjoyed the speculation.

I wish you a happy, healthy and far easier year in 2021.





17

# French Continuity and Innovation

By Gérard Fitoussi



ESH

European  
Society of  
Hypnosis

Picture by F.C.



In France 2020 and since the start of 2021 there has been nothing but cancellations and postponements of seminars and congresses due to the Covid epidemic. This is why the CFHTB forum scheduled for Luxembourg in May 2021 will probably be as I write this be postponed by a year, as have other congresses in France. The isolation and confinement that was imposed by the government as we awaited the arrival of masks, then of the vaccine, however, had the positive effect of encouraging many authors to publish several works that we will list in this article from Anfortas, Dunod, Interéditions and Satas editors. The most prolific is without contest the publishing house Satas with no less than six books received.

We will begin with it and first of all with the book of Delzangles, *Martial Hypnosis, the moving way*. Bernard Delzangles an odontologist cleverly associates his long experience of martial arts and their philosophy with the practice of hypnosis in what he calls a hypno-martial dynamic to put readers back in motion.

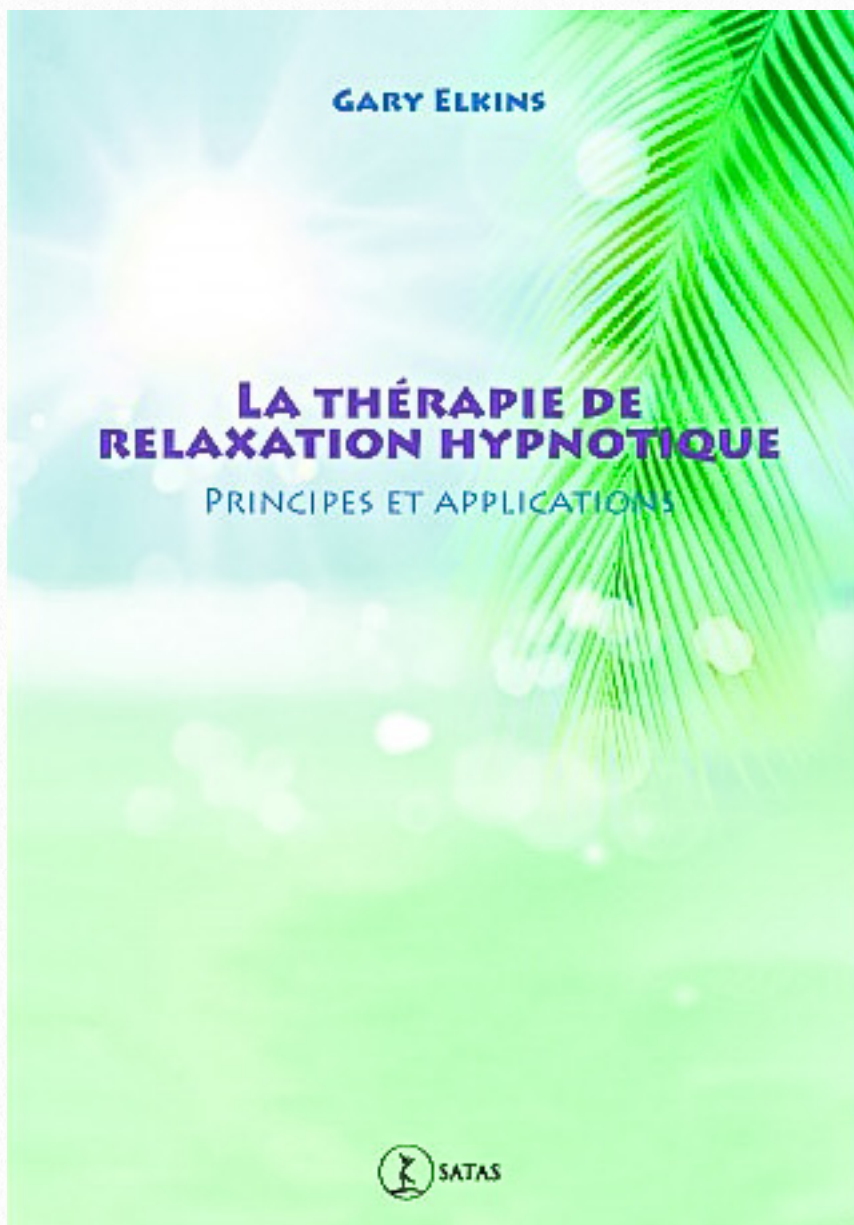
More classic but no less interesting is the translation of Gary Elkins' book, *Hypnotic Relaxation Therapy, Principles and Applications*. He prefers to use the term Hypnotic Relaxation Therapy, which for him

better describes the approach used in clinical practice. This book discusses the historical and theoretical foundations of hypnosis as well as many practical applications and it advances the reader



from session one to session two then to the third, fourth session and beyond. The book discusses the different types of pathology, insomnia, anxiety but also hot flushes that Elkins was one of the first to explore. The book allows us to benefit from the very long clinical experience of Elkins.





Quite different is the little work of Marc Galy, entitled, *L'attente* (the wait), which is both a rêverie but also a reflection on this moment before, on this little period which during this lapse of time, whether few minutes, few hours or even longer the person is in the hope or the fear of what will happen or what has happened. A moment favourable to the thoughts, evocation, memories and projections which are, more or less, indeterminate.

Another work from the Satas Editions is the translation of Rob McNeilly's book,

*Learn Hypnosis, a Post-Ericksonian Approach*, which incorporates the approach of Milton Erickson with whom he worked in the late 1970s and the forty years of practice of McNeilly. Among the many proposals in the book, I like this one when he asked the patient "what do you like?" and "what do you like about what you like?"

Daniel Quin is also a general practitioner and submerged himself in the study of hypnosis almost thirty years ago. In this book, *Rencontres hypnotique*, he shares with us his practice and experience and integration of many other approaches but also techniques or tips he uses in his practice of hypnosis. Above all, we discover a practitioner who combines techniques and humanism, who is devoted to his patients and who does not hesitate to treat difficult everyday problems, such as tinnitus or insomnia.

Paul Sidoun is a psychiatrist and tackles what he calls, *L'hypnose onirique*, which is the title of his book. This was previously known by the term "waking dream" developed by Robert Desoille (1890-1966) which is curiously not cited in this book.

Thierry Servillat, also a psychiatrist, wrote this little book, *Pratiquer facilement*,

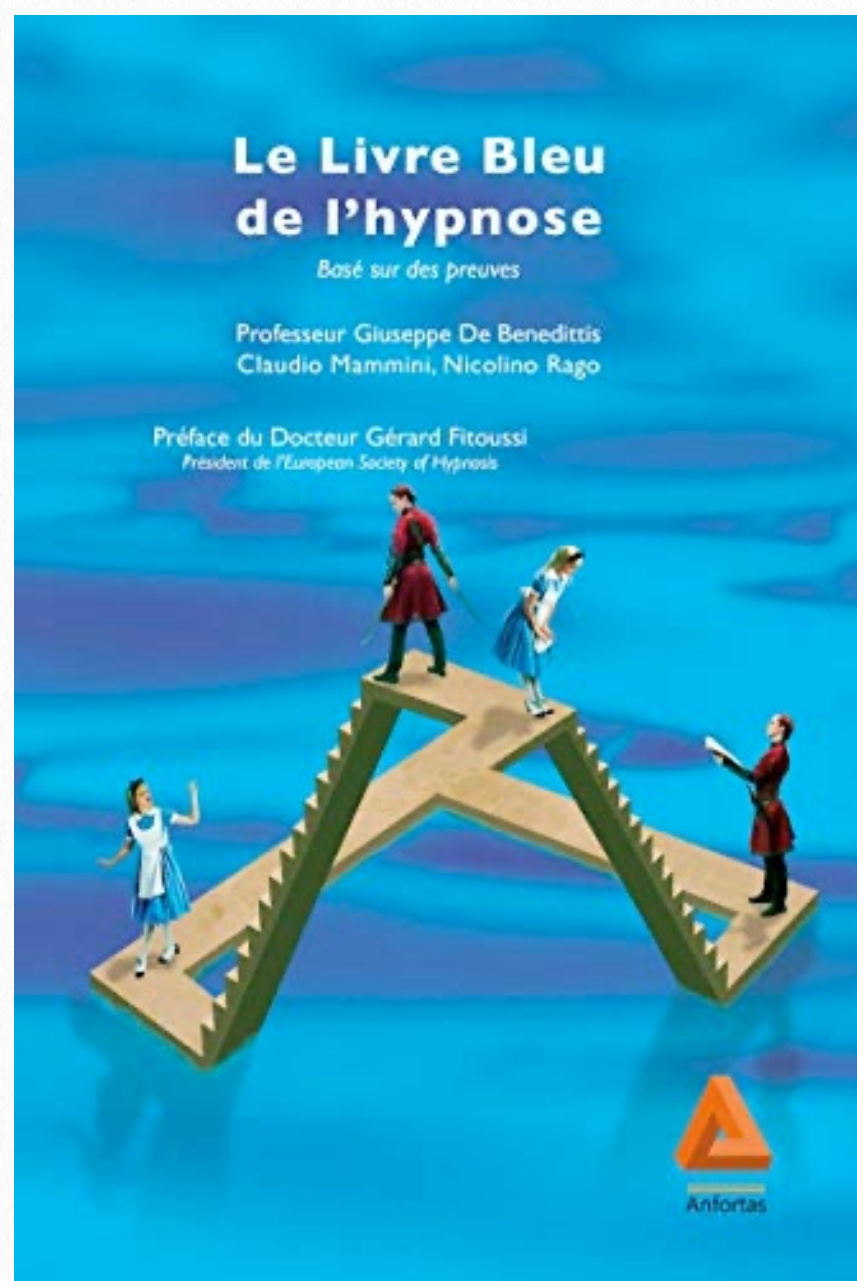


*l'autohypnose* (Practicing self-hypnosis easily) at Interéditions in which we find all his knowledge and experience of hypnosis and also of self-hypnosis. The book is punctuated with do-it-yourself exercises. It is written in simple and approachable language and is primarily intended for the general public, but the informed reader can take advantage of it to discuss self-hypnosis with patients.

Dunod pursues his activities of editing books in the realm of hypnosis, focusing on specific target like these 15 Case Cliniques en *Hypnose Pédiatrique*, under the direction of Antoine Bioy, Chantal Wood, Bernadette Audrain-Servillat. In 16 chapters the reader will go through the different situations one could encounter in pediatrics and the specifics of working with children and adolescents. Each chapter presents a case, the treatment done, a commentary and a bibliography.

Finally we end with Anfortas, who had the excellent idea of publishing the French edition *Le Livre Bleu de l'hypnose* (The Blue book of hypnosis) by Prof. de Benedittis and his colleagues. This book, which in my opinion deserves a translation into other main languages, is a relatively small

number of pages, around 250. It summarizes the indications of hypnosis based on the results of evidence-based-medicine. It allows both practitioners and patients to know with certainty what they can expect from a hypnosis session. A high quality work that is useful on a daily basis to find a quick answer to such questions.





# 21

## Continuity and Innovation in Social Issues

By Marie-Jeanne Bremer

# ESH

## 2021

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*European Society of Hypnosis*

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Picture by F.C.



Besides the Covid-19 pandemic, issues of racism dominated the year 2020. There is a growing awareness of the extent of racism against people of color in USA and of anti-Semitic or anti-Muslim tendencies in Europe. What about the racial issue in therapy? Some patients in search of a therapist with racial sensitivity report their disappointment about therapist's statements: "You know, we're all the same. You are just a person like everyone to me". "I was told not to be upset by racism, because I was very bright anyway" or "Why can't you just ignore that?" According to the psychotherapist Lucia Muriel, born in Ecuador and living in Germany since she was a child, "Racism is always linked to experience not to belong" and she mentions the blind spot in therapy (interview at [www.ze.tt](http://www.ze.tt)). The blind spot seems familiar to me. Years ago, a young French Jewish woman living and working in a Luxembourg company complained about apparently increasing anti-Semitic attitudes against her. My blind spot began to stir. As a post-world-war 2 child, growing up in an environment where Nazi atrocities were deeply condemned, I felt the urge to present myself as non-racist. But this would be in conflict with the need to "see" the suffering of the patient and to acknowledge his/her suffering.

Fortunately, training in hypnosis helped me to maintain the rapport with the client. The

interpersonal space of hypnotherapy, in compliance with Erickson's principles of cooperation and utilization, enable patient and therapist to respectfully explore their various attitudes. On the part of the therapist: antiracist ideals, but perhaps also more or less overt discriminatory concerns, or victimized parts. In front of him/her is a victimized client or may be a perpetrator.

Egos-State therapy teaches us to accept our different parts with the whole range of emotions that belong to them; such as fear, anger, shame, helplessness, hate etc. One target of therapy is to initiate a cooperative dialogue between these parts. Addressing trauma is another target and good emotional-regulation skills are an important prerequisite to this work. Incidentally, the therapist may introduce an anecdote which illustrates the enrichment through being different. And I would like to stress the benefit of developing a caring empathy or compassion; compassion for the personal suffering and compassion for suffering of others. Finally I refer the reader to the book *"My grandmother's hands"* on racialized trauma in which Resmaa Menakem explains in a very touching and impressive way how trauma is imprinted in the body, even over generations and how it shapes our behavior. And a reference to the EMDR International Association EMDRIA with a well-filled antiracism-resource page should not be missing ([emdria.org](http://emdria.org)).



# Continuity and Innovation in Hypnosis in Medicine

## A Case Report: How to Treat Warts

By Stella Nkenke

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ESH



Since viruses are currently being discussed worldwide on a daily basis, it is interesting to know that warts are also caused by viruses and are known to respond very well to direct suggestions and hypnosis.

Leo, 10 years old, had already been applying various tinctures to treat a large plantar wart (*verruca plantares*) on his left forefoot for several months.

Nevertheless, the wart was getting bigger and bigger and caused him pain when walking. Leo is a rather quiet, very intelligent boy who is interested in nature. He especially likes to watch birds through his binoculars.

I explained to Leo that warts are viruses that have crept in through his skin at a weak spot and have broken through the protective membrane of his skin to multiply there.

You could compare it with knights attacking a castle entering through the castle gate and being inside the castle walls. When asked when he would like the wart to be gone, Leo said that he would go on holiday in four weeks and he would like to run on the beach without pain.

Then I explained to him that we could do an imagination exercise for which we would need his good powers of observation to find out what the inside of his wart looks like and what exactly is going on there.

He was a little unsure what exactly he was supposed to do, but said that it sounds quite interesting and that he would like to try it out.

I asked him to imagine his foot with his eyes open or closed, exactly where his wart is, perhaps with binoculars or a magnifying glass, and to look from the inside exactly where his wart is on the outside.

"What does that look like exactly? What can you see there? Colours? Shapes? Is there a layer broken through? Or does everything look normal there?" Leo reports that it looks to him like a wall of a house where the red bricks have been broken in. And that he could see strange yellow faces that have broken it.

When asked what could be done about it, he says that he sees construction workers rebuilding the wall from the inside with new bricks and re-plastering it so that everything is stable again.

When asked if this will secure everything and they can now stay outside, he replies, "No, that's not enough. I also see birds that come flying, peck out part of the wart with their beaks and fly away again."

I explained to him that all these repairs are now being done for him by the builders and the birds, and that he doesn't really have to do anything except monitor the work regularly.



Leo suggests that, for example, every evening before going to bed, he could take a close look at whether the construction workers are hard at work and whether the birds continue to peck away the remains of the wart, whether the wall is being built in a stable manner, whether old broken bricks are being removed and thus whether the wart is getting smaller and smaller.

After about 3 weeks we had a talk, the wart was already much smaller, Leo now reported that he sometimes forgets his daily check up in the evening, but he would like to take it up again to see what the builders and the birds were doing, as he wants the rest of the wart go away as well.

After a total of 6 weeks it was all gone. I praised him for doing a great job with the help of his builders and the birds. Although he was a bit sceptical at first, he is now very happy that it all went so quickly.

"I'm sure it can also help me with other diseases, because if a virus, such as Corona, get into my body from somewhere else, the builders could also build a prison, in which the virus would simply die."

Leo has not developed any more warts so far.

Keeping in mind that "a goal without steps is merely a wish" is also true for treating warts, Leo quickly had a goal, but he didn't know

how to get there. But he was able to find intermediate steps quickly thanks to his openness to focus inwards and to engage with his inner images.

I think treating warts is also fascinating for the therapists, because it is a topic where you can see the change and result visually in only a few weeks.

Here we are again with Milton Erickson, who once wrote to Jeff Zeig: "The really important thing is the motivation for change and the fact that no human being ever really knows his/her capabilities".



Picture S.N.



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# Interviews



European Society of  
Hypnosis

ESH

Image by F.C.



# Interview with the Scottish Dentist Mike Gow

by Randi Abrahamsen

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1999 graduated at Glasgow University's Dental School. 'Student elective' study on dental hypnosis.

2000 Hypnosis training with Geoff Graham and The British Society of Medical and Dental Hypnosis. 2001 Hypnosis training with James Auld, Australia. 2005 Master in

Hypnosis Applied to Dentistry, University College, London, awarded a 'distinction' for the Diploma. Postgraduate Certificate in the Management of Dental Anxiety from the University of Edinburgh. Published many articles, case studies and book chapters on hypnosis and dental anxiety management.

Demonstrated use of hypnosis in dental pain control on TV (including BBC's Horizon). 2004 Council member of The British Society of Medical and Dental Hypnosis (BSMDH) Scotland and its Past President (2008, 2014).

**Please let our readers know a little about your dental practice, your family, and interests?**

I have been with The Berkeley Clinic in Glasgow for about 14 years, and a partner for over 10. It is a fabulous dental clinic, with a phenomenal team of people.



I have been married to Juliet since 2003 and we have four wonderful children together. Family life now takes up most of my free time however I enjoy fly fishing and researching my family tree when I can. I have discovered (among many other fascinating things) that I am descended from Hungarian royalty, am the 6th dentist in the family, have shipyard owners and watch/clock makers as ancestors and that the Scottish folk hero Rob Roy MacGregor was my Great x 8 grandfather! I am interested in the history of dentistry and the history of hypnosis. I am actually in the process of making a documentary film about the life of James Braid!

I support Glasgow Rangers Football Club and attend games when I can. I also have a passion for whisky, and in particular Single Malt Scotch! My collection is now at over 100 bottles! I even have a Diploma in Single Malt whisky!

I created [www.interdental.tv](http://www.interdental.tv), a social media channel producing content for dentists on YouTube and Facebook etc., and helped to set up a website to help dental professionals [www.yourdentistrecommends.com](http://www.yourdentistrecommends.com)

**You are a member of the British Society of Medical and Dental Hypnosis Scotland (BSMDH), which our ESH president Kathleen Long also comes from. Please tell a little of your society.**

The BSMDH Scotland began life as a branch of the BSMDH in 1959. In the 1980s it became an independent society. I have been involved with the BSMDH Scotland for about 20 years. It is a comparatively small society however it is active with regular training and workshop events.

The society is fortunate to have some highly skilled professionals who have been dedicated to it over the years. Kathleen Long in particular has done a huge amount of work to ensure that not only does the society survive, but that it thrives, and continues to share important skills and techniques with as many of our colleagues as possible.

For many years one of the honorary presidents of BSMDH Scotland was Prof Dabney Ewin. Dabney visited Scotland on several occasions to give workshops and research his Scottish ancestry. He was well loved by our members and we were very sorry about his recent passing. BSMDH Scotland recently welcomed Dr Pat McCarthy (originally a Scot, but now of New Zealand) as our new honorary president.

**On a personal level, when and how did you start with hypnosis?**

My father is a retired medical doctor, now living in British Columbia, Canada. When I



was 12, I went to visit him in Canada. I recall him talking about hypnosis and I found it fascinating. I asked him questions and he gave me my first hypnotic experience! He used hypnosis for a variety of things such as helping people who were recovering from drug addictions and helping people with the side effects of chemotherapy and radiotherapy in a weekly group setting.

I was fortunate enough to be able to attend one of these sessions at a young age, and witnessed first-hand what a difference hypnosis made to the people in the group. Interestingly the group was open to both patients and also their family/friends.

My dad also talked about his work with forensic hypnosis. A decade later, when I was able to choose the topic for my student 'elective' study, hypnosis seemed the natural choice. Jim Gall was well known in Glasgow for his work with dental hypnosis and he mentored me in this project. I travelled to Canada to carry out the elective and spent time with my father and also some dentists who were using hypnosis such as Lance Rucker, Ralph Yorsh and also Gary Lunn.

After graduating in dentistry, I knew I wanted to travel and experience working abroad before settling down. I also wanted to train in hypnosis as soon as I could. Due to timing issues, I therefore ended up doing my first training in hypnosis in England with dentist Geoff Graham. I still use and teach techniques that I learned from him. I ended up working in Australia for a year. I managed to time my travel plans so that I could attend the Australian Society of Hypnosis Conference in Melbourne in 2001.

It was there that I met dentist James Auld, and I was fortunate enough to be offered a 3 month long associate position to work in his practice in Inverell, a rural, remote town in New South Wales.

While there, I had the vastly beneficial opportunity to learn directly from him both within his clinic and also over many hours of discussions. It was on my return to Scotland in 2002 that my involvement with BSMDH Scotland then truly began. I attended every meeting for many years and learned from some fantastic people.

### **How do you integrate hypnosis in your daily dental practice?**

I use hypnosis for most 'dental' applications, however most of my cases



are related to dental or needle phobia, bruxism (teeth clenching/grinding), gag reflex/appliance intolerance, smoking, and pain control. I have a dedicated quiet room with a reclining chair for 'therapy' cases, and obviously otherwise use the dental chair if the hypnosis is during treatment. The latter can either be 'formal' hypnosis during treatment, or as is often the case, simply utilizing techniques and skills day to day with every patient to make their visit as easy as possible for them.

### **Your best experience with a patient and hypnosis?**

This is a hard question as there have been so many excellent experiences that immediately come to mind! Helping any patient overcome their phobia is always a fantastic privilege. Certainly, the most dramatic cases have been the pain control cases that I have been involved with.

One early case really impacted on me was that of a lady I helped who had been told that her facial pain was 'psychogenic'. I had only recently trained in hypnosis and in a single session had taught her a technique that I hoped may help her manage the pain.

The technique was the 'pain dial' (which I renamed the 'comfort dial' to avoid negative suggestions!). To my genuine surprise, she returned for the next session to tell me that when she practiced her self-hypnosis with the dial, it had 'clicked' at zero and the pain had not returned. She asked me if that was 'meant to happen'? Of course I said yes, but it left me hungry for more knowledge. This case actually inspired me to sign up for and ultimately gain my Masters in Hypnosis Applied to Dentistry from University College London. Since then, I have been filmed on several occasions demonstrating hypnosis for pain control in the dental setting for various documentaries including BBC's 'Horizon'.

I carried out the hypnosis for the first sinus lift and implant placement case to be completed using hypnosis in place of any other analgesic/anaesthetic for a documentary called 'Hypnosurgery Live' which aired in 2006.

The following year in 2007, I carried out the hypnosis for the first dental extractions followed by immediate implant placement for a documentary called 'Alternative Therapies'.

My intent for being involved in these documentaries was to bring hypnosis to



the attention of the public and healthcare professions, with the message of 'if we can do this, imagine how powerful it is when we combine it with conventional medicine'.

Indeed, this attitude that hypnotism should be used as part of a range of techniques available in healthcare and not a panacea was one of the very messages that Dr James Braid himself conveyed as early as 1843!

### **Your best experience with teaching hypnosis?**

Again, this is a really hard question to answer! I love teaching and have had the great privilege to teach on many occasions. It is always a pleasure to teach workshops at ESH congresses, something I have now done on a few occasions and would highly recommend.

These congresses are a great opportunity to meet like minded colleagues and to venture to and explore wonderful locations. I believe that ESH congresses have also been a platform for my being invited to teach elsewhere.

I taught recently for example in Berlin with the fantastic DGZH. One of my favorite teaching experiences was at the ESH

Congress in Manchester. I will give more details later!

I love introducing young clinicians to hypnosis and offering them techniques that they can use straight away. It is a wonderful feeling to get an email from a young dentist to thank me for the technique that they have just effectively used!

One 'stand out' teaching experience was when I was invited to present a two-day workshop in Austria for ÖGZH. The venue was a beautiful old monastery in Traunsee, east of Salzburg.

It was undoubtedly the most beautiful location I have ever taught in and we were most fortunate to experience fantastic weather as well as fantastic food and company. The group of delegates were extremely welcoming and a pleasure to teach, making this a wonderful experience.

If I really had to choose my 'best experience' with teaching hypnosis, however, I would probably have to say when I presented at 'The first world congress of hypnodontics' in Mashhad, Iran in 2016.

I admit that I was initially concerned about going. The hospitality we received



however was outstanding and the people we met were without exception welcoming and friendly. It was fascinating to visit Iran and learn more about its culture and people.



The delegates at the congress were enthusiastic and keen to learn. The thing that really made this my 'best' experience with teaching hypnosis was the fact that the group of presenters spent so much time in each other's company, while exploring some beautiful and fascinating historical locations.

Usually at conferences, while there are great social elements, there is also a tendency to go off and do your own thing during your free time.

In Iran, the presenter delegation all took part in a guided pre-congress tour programme, which meant we spent far more time together in each-others company than perhaps might be the case usually at a congress. This reminded me of the great benefit that I had many years earlier with the time I spent in conversation with James Auld in Australia. There is huge merit in spending time socially with our colleagues, and a lot we can learn through the experience of story-telling and conversation with them.

So, my advice is that at the next ESH Congress you attend, rather than going off to explore tourist sites or to dine alone, go in a group with some of your fellow hypnosis delegates who you have never met before. It will enhance your congress experience and your hypnosis knowledge as well as forging or strengthening friendships and ultimately will help you create some life-long memories!

### **Any advice for a young dentist just starting to learn hypnosis?**

I think the best advice is to say that the sooner you learn hypnosis in your career the better! Most hypnosis techniques are simple to learn, easy to use and can be surprisingly effective. You can employ simple, fast techniques even in the busiest



of dental practices and they will make your work easier and make the patient experience better.

Once you have learned the basic foundations of hypnosis, there is a lot of good you can do. As with any technique or skill, as you learn and develop your style, you become more experienced and able to work in more complex cases, but the core skills you learn from the very first day will remain with you throughout your career. As I mentioned earlier, I still use and teach techniques I learned on my very first day when I was learning hypnosis!

**I know you collect old hypnosis books and have studied the life of James Braid. Please, tell some more about this?**

Yes, I have quite a sizeable collection now of old hypnosis books, with many first editions and books signed by the author! Pride of place in my collection is a copy of Braid's 1843 book, inscribed by him, gifting it to Dr James Simpson, who has also signed the inside cover. I find history fascinating.

I am a member of the Executive on The Henry Noble History of Dentistry Research Group and have written papers about the history of dentistry in my family tree.

I am continually surprised when looking at historical dental and hypnosis texts by how much of what we consider to be 'new' thinking or techniques, has actually been around for a long time. Braid is a great example of this. I initially researched Braid's life after a strange coincidence. I had been asked to give a hypnosis lecture by The British Dental Association in Neston, The Wirral, south of Liverpool in England.

I knew that Dr Braid had lived and worked in Manchester, and it dawned on me that I could find out where he was buried and visit his grave on the way to Neston. To my disbelief, I discovered that he was buried in Neston, about half a mile from my lecture venue! I contacted the church and was met by a member who had a map of the graveyard.

After a fruitless search that afternoon, determined to find it, I returned to the graveyard at dawn the following day to resume the search before my lecture.

Not only did we discover Dr Braid's grave, but I realized that I had found it on the anniversary of his very first lecture on hypnosis in Manchester! Braid had been buried in Neston as his son had become the local doctor.



When the ESH congress was to be held in Manchester, I contacted the organizers to ask if, since Braid had lived and made his hypnosis discoveries in Manchester, there would be a lecture about his life. By asking the question, I had inadvertently volunteered!

After starting to plan my lecture about James Braid, it dawned on me that an interesting approach would be to present the lecture 'in character' as James Braid! I borrowed appropriate 1840s clothes from the costume department of a theatre, and as Braid was Scottish as well, I fell into the role with surprising ease!

It was a lot of fun. On presenting the details of his life, and having visited his grave, I wanted to visit more of the locations of where he lived and worked.

As I have done so, I have been filming and plan to release a documentary about his life in the near future! I only have two locations to visit and film. The global Covid19 pandemic has slowed my progress however you can find out more at [www.facebook.com/drjamesbraid](https://www.facebook.com/drjamesbraid)

**You also host a Facebook group Dental hypnosis, wishes for the future of this group?**

I would love to see the group grow with experienced practitioners and also those

who are new to dental hypnosis and are keen to learn. I am keen for hypnodontists to keep in touch with each other and ensure that we can all still communicate and share ideas, especially just now as we cannot meet in person at conferences.

**A few words about Covid 19. How did you cope with it in your professional life, any good piece of advice for colleagues?**

It has certainly been a very hard year with concern about personal and family health during the pandemic and also running the business. I think my advice to colleagues is to remember that this time will pass, and that things will eventually get easier. In the meantime, stay focused on the important things in life!

**What do you think about The European Society Certificate of Hypnosis?**

Gaining 'European Society Certificate of Hypnosis' should be something that every ESH member aspires to, if they do not already hold it. It demonstrates experience and dedication to ongoing professional development in hypnosis. I think that the certificate is a hugely valuable initiative of the ESH.

**About European Society of Hypnosis, any ideas or wishes for the future?**



I am aware that ESH is increasing its profile on social media. It has a great Facebook page which I think more members should 'like'! Perhaps a Private Facebook Group for ESH members only would be a great way to help connect members and share ideas and details of constituent society workshops and courses! It is always encouraging to see younger dentists with enthusiasm for dental hypnosis.

I think we can perhaps learn more from those younger dentists already within the ESH as to how we could encourage even more of our younger dental colleagues to learn hypnotic techniques which would be beneficial to them and their patients and to thus ensure these skills are carried forwards into future generations of dentists.

I think ESH is doing a great job to be honest. I appreciate the amount of hard work that goes into the organizing and management of such a large organization and am incredibly grateful for the work that is done. I am looking forward to the first post-Covid congress!

**Can you suggest another European dentist you would like to read an interview from in our ESH newsletter?**

Once again, this is a hard question to answer as I could give you a long list of wonderful hypnodontists from whom I have learned so much over the years who would give fascinating interviews!

I do think it would be interesting to read an interview with Thomas Wolf from Bern who I first met at the ESH congress in Manchester, and then again in Berlin. He seems to be doing a lot of very interesting research as well as working clinically with hypnosis.



ESH CONGRESS		
XIV	2017	Manchester (UK)
XIII	2014	Sorrento (Italy)
XII	2011	Istanbul (Turkey)
XI	2008	Vienna (Austria)
X	2005	Gozo (Malta)
IX	2002	Rome (Italy)
VIII	1999	Noordwijkerhout (Netherlands)
VII	1996	Budapest (Hungary)
VI	1993	Vienna (Austria)
V	1990	Konstanz (Germany)
IV	1987	Oxford (UK)
III	1984	Abano Terme (Italy)
II	1981	Dubrovnik (Yugoslavia)
I	1978	Malmö (Sweden)



Continuity and Innovation  
in Writing Books

By  
Consuelo Casula







SPRING 2021

# EUROPEAN SOCIETY OF HYPNOSIS

ESH

## Interview with

### Laurence Sugarman and Julie Linden

By Consuelo Casula

**Dear Laurence and Julie, you are the authors, with Lee Brooks, of the book *Changing minds with clinical hypnosis: Narratives and discourse for a new health care paradigm*. A man and a woman, a paediatrician and a psychologist, each one with his/her background, with his/her own personal and professional experiences. Are you willing to present yourselves to the ESHNL readers? Please give a brief background of yourself.**

Julie Linden: I am a clinical psychologist working with children of all ages. My therapeutic style has been shaped by my introduction to hypnosis 45 years ago in order to assist burn patients in managing pain. I have been active in local and international hypnosis societies and served as the president of ISH. I have enjoyed the good fortune of writing, teaching and working together with colleagues from all over the globe to advance the understanding of and application of hypnosis skills and principles.

Laurence Sugarman: Julie doesn't mention that her work is also influenced by her background in education, as a dancer, and as a pianist. Those parts of who she is snuck into our work together.

I started out as a general community pediatrician which is a primary care role in the USA. Over my first 20 years of practice, I found a calling in integrating primary mental health care with primary medical care. This led me to explore skills in hypnosis, biofeedback, family therapy, and a broad range of practices for helping individuals help themselves.

I left primary care pediatric practice 15 years ago to focus on researching, writing, teaching, and creatively practicing mind-body care. Currently, I run a research and education center in the College of Health Sciences and Technology at the Rochester Institute of Technology. I have a part time practice in which I work with young people and families with developmental differences and mental health conditions.

Julie: And Laurence left out that he has been playing traditional American music on the banjo and fiddle for most his life, much longer than he has been a doctor. So, that added rhythm to our work together, too.



**What I would like to know is when your friendship started. I use the word friendship underlining the value of being friends, not simply colleagues and collaborators. Your book seems to be a result of a friendly collaboration as well. You have both demonstrated this by adding onto the other's answers with some personal details that the other missed out..**

Julie & Laurence: We would like to thank you, Consuelo, for your wonderful questions. They convey the curiosity you possess, a quality we deem important for conversational hypnosis.

We first met through one of our USA national societies, the American Society of Clinical Hypnosis (ASCH), where we saw each other teach. We admired one another's teaching styles, although they were quite different. Since we both worked with children and teens, we decided to find out if we could teach together.

Laurence then invited Julie to contribute to the book he edited with William Wester, *Therapeutic Hypnosis with Children and Adolescents*. That allowed us to become more familiar with each other's quite different writing styles. Through all of this collaboration and despite or because of our stylistic and differences, we discovered our shared values and interests. Our friendship was truly an outgrowth of the trust we placed in one another during these interactions. Our trusting foundation is the key. It allows us to argue, disagree, and accept. Writing our new book deepened our friendship...and gave Julie a chance to hear a lot of banjo music... whether she wanted to or not.

**When were the seeds of writing a book together first sewn, and who is the sower and who is the gardener. Also, how did you decide the main content and its subdivision into chapters?**

Julie & Laurence: We'll respond sequentially to these questions because we conceived the book sequentially.

Laurence: The main content, its subdivision into chapters, and the idea of writing a book together happened, for me, in that order. I tend to find inspiration on long walks with our dogs. Sometimes I wonder if they know everything and decide to let me know during walks.

I had prepared a three-day workshop for the Institut Milton H. Erickson Toulouse-Occitane (IMHETO). It was on how the science of mind, development, and relationships informed therapeutic hypnosis practice.

Day one was on characteristics of the mind—embodied, systemic, dynamic, liminal—and how that informed trance (the process of changing our minds), and so the practice of hypnosis. Day two was about how the mind develops itself over the lifespan. Day three was how relationships impact that development.

I was thinking of mind, development, and relationships like concentric nesting dolls, building from individual minds, the smallest doll, through development, and expanding to social ecology, the biggest. I was excited to find out if this conceptualization, this model, would both make sense and transform the understanding of the workshop participants to make room in their practices for more creativity and responsiveness.

That's when three things hit me, or perhaps the dogs told me three things. First, there really ought to be a fourth, all-inclusive doll that addresses the question: What does this mind-development-relationship thing have to do with changing health care? That was exciting and intimidating. Second, maybe this ought to be a book about how hypnosis changes health and care. That was even more



intimidating. Third: I really ought not do this myself. That's when the dogs added, "So, call Julie."

Julie knew more about development and attachment research and the application of that understanding in clinical practice than I did. More than that, as a psychologist, she was trained to think differently than I was as a physician. Even more than that, I knew we could struggle, argue, teach, and write together. And she is a woman who has professed and written about the role of women in the clinical sciences. I'm not.

So, I called her, there in my garden, with the dogs romping after their walk, as they celebrated their accomplishment. Julie will tell you what happened next for her part. But I will add we agreed that, after I tried this model out the next month in Toulouse—if it went well—I would draft a book outline for her to consider.

After Toulouse I taught in Poland. I wrote the book outline on the train from Suwalki to Warsaw. It just flowed like the tracks. That was the outline we used. I think trains may be almost as good as dog-walks for inspiration.

But there is one more piece and one more author, whose contributions we will discuss later. After I got off the phone with Julie. I began to think about how the book would bind together and be more clinically relevant with some clinical cases that wove through the whole composition.

But my problem with clinical reports is that they are always told from the clinician's perspective and to serve the clinician's needs. Unless we are watching unedited video, those reports are biased. They are at least partial fictions. So I began to imagine that we could include illustrative fictions, short stories in

the book. Literature, and art in general, often knows more about life than does science.

That's when I came inside the house and found my wife eating a fortune cookie, my leftover fortune cookie from last night's take-out Chinese dinner. But she generously gave me the fortune which read, "Call an old friend today." Right then and there I called Lee Warner Brooks, one of my best childhood friends, professor of writing, poet.

Julie: I had been wanting to write a book about integrating hypnosis into child psychotherapy for a very long time. Unlike Laurence's, my dog is not so clairvoyant. Without dog guidance, I was in need of assistance. When Laurence called me, I thought he wanted to update *Therapeutic Hypnosis with Children and Adolescents*.

I was ready to tell him I had nothing new to say in those chapters and needed instead to write the book of my dreams. He never let me finish that sentence. He launched into his vision for a new book with such enthusiasm that I was curious and entranced instantaneously, not to mention incredibly flattered that he saw me as a writing partner. I loved the message about changing health and care and figured I would learn how to write a book. Seeds planted, we both embarked on learning to farm more fortune cookies.

**I am more interested in the how, in the process of collaboration, in the method you shared because the result of your book shows harmony, integration and cooperation. While I was reading your book, I was looking for who wrote what. But the only indication of who wrote what is your initials in some of the clinical vignettes. I was fascinated by the harmony it has, as if it were written by a single author. Since you are two, it seems that you agreed on what the other wrote**



**and I am curious to know your secret in working together. Usually in similar cases the author of each chapter is indicated, while you put the initials of your names only on specific occasions, when you were presenting one of your cases or a procedure you created, like Julie's five E's. How have you worked, how have you divided some content, have you supervised each other?**

Julie & Laurence: We wanted the discourse in the book to have a single voice, and also wanted to share the writing equally. The stories have their own voices.

Once we had the book outline, we roughly split the assigned first drafts of each chapter. Julie was lead writer on some chapters and Laurence took the lead on others. We made those choices based on our strengths. Once the lead writer had completed a chapter, the other could jump in and start disrupting things. Then back to the first author in an iterative process.

Our concepts of basic skills and principles for a new model of therapeutic hypnosis were presented and explored in chapter five, Hypnosis: The Healer's Art. For all of the chapters thereafter we made it a priority to incorporate examples of those skills with clinical vignettes and also references to the stories. Sometimes the lead author would leave space for the other author to fill in a story or example.

We had weekly meetings, vetting each other's ideas and reconciling our differences—mostly about style and rarely about content. We had fairly heated, but not hot, disagreements about the order and flow of the material in each chapter. We each mapped them out and navigated in our own ways. Men and women do that. Besides, Laurence as a banjo player, and Julie as a pianist/dancer meant that

there was orchestration and arrangement to be done, with differences, but not discord.

Laurence, who loves using the correct word, was often teased by Julie for finding the most complex words. They may have been accurate but they also sent her to the dictionary. Julie learned to appreciate the “red pencil” and Laurence's funny way of channeling his editor mother. Julie's voice was more organic, female, and poetic (even with her classical piano training) while Laurence's was more logical, male and research-based (contrasting with his lyrical banjo).

So we argued with and for our voices, and the shared vision kept us going. Julie sometimes felt outnumbered, with two men and one woman and, most importantly, would say so. But Lee's honest and heartfelt poetry balanced the team.

Ironically, the chapter on resistance and acceptance was hardest to write. We actually gave up on it when we were going through each chapter in order. We came back and finished it when all the rest were done. Overall, the tension in our process, the alternating resistance and acceptance, was what all the chapters, but especially that chapter, was about. That's what makes resilient relationships.

We later laughed, wryly, at how our struggle mirrored our goal of teaching and writing about hypnosis hypnotically. One of our early readers confirmed we had achieved that goal. She told us that she sat outside on a sunny summer day to read just the first chapter. Many hours later, she completed the entire manuscript in one sitting, in a mesmerized reverie.

**The title of your book is very appealing with three premises/promises: 1. hypnosis is a useful tool for changing minds; 2. there are narratives**



**and discourses for a new health care paradigm;  
3. there is a new health care paradigm. Can you share how you got to these three conceptual and pragmatic pillars?**

Julie & Laurence: We appreciate your word-play: premises/promises. Actually, the title was hard. At one point we had over 100 titles for this book. One was, *Changing Minds*. Another was simply, *Hypnosis*. Laurence was fond of *The Damn Book*. The final title was negotiated with the publisher. They are rightly concerned with searches and key-words.

So, the first promising premise, “*Changing Minds*,” is that the process of changing our embodied minds is the essence of health and care. The systemic, developmental, and relational aspects of health and our clinical care are not at the fringe of healing. They are at its heart. Further, clinical hypnosis is an interpersonal discipline that works at the level of the embodied mind. It works with and beneath medications, procedures, radiological interventions, psychotherapeutic strategies and everything else we do. So therapeutic hypnosis is at the center of how clinicians help, whether they know it or not.

The second part, “*Narratives and Discourse*,” is simply telling the reader that this book combines art and science. We literally interject episodes of four short stories—works of fiction with their own sets of characters—between each book chapter on science and clinical application of that science, which is the “discourse.” We call the stories “narratives” in part because, as we explain, narratives provide context and meaning for our lives. Their coherence influences how we make sense of things. Many have told us that the stories and their characters feel more real than the chapters. One reviewer told us that the characters “haunted” him. We intended that. We interspersed the fiction and nonfiction

because it is disruptive. Going back and forth changes our processing. So it changes our minds. It is hypnotic.

Third, about paradigm shifts. We start and end the book by engaging with Thomas Kuhn’s *Structure of Scientific Revolutions* and George Engel’s “biopsychosocial model.” Kuhn is credited with resurrecting the term “paradigm.” He defined it as the tools, methods, and beliefs with which we construct reality, or, in his thesis, a scientific discipline. Kuhn’s point was that we operate inside paradigms until they break. Then we have a revolution to make a more inclusive and functional paradigm. Paradigms break because of anomalies: phenomena that can’t be explained or understood within the prevailing paradigm. Anomalies build until we must create a new, inclusive paradigm.

Kuhn didn’t address two things in his book. The first is that science and its paradigms aren’t real. They only exist in our minds. So, paradigm change is mind change. His thesis is about how we change our minds. Scientific revolutions can be personal epiphanies. The second thing is that his book, published over 60 years ago, never mentioned health, medicine, psychology or the social sciences. He discussed chemistry and physics for the most part.

Engel introduced the biopsychosocial model 50 years ago to counter and expand the dominant, reductionist, biomedical model of health care that has dominated since the mid-19th century. He expanded the inputs into the biomedical model. He claimed that trauma, relationships, poverty, memory, all impact how each cell and system of cells functions. His thinking gave rise to psychoneuroimmunology, placebo effect research, psychosocial genomics, and expanded operating



space for mind-body therapeutics, especially hypnosis.

Nobody was dying as a result of the old chemistry paradigms in Kuhn's book. People are dying in the current biomedical paradigm. It is breaking. Opiate overdose deaths, obesity, a host of health conditions related to maladaptive behaviors, and more, all cannot be answered with more pills and procedures.

Our book manuscript was submitted three months before the COVID-19 exploded. The pandemic emphasized our thesis. So, we assert that a paradigm shift in health and care is overdue and upon us. It is a shift to a more inclusive, mind-based, systemic, psychobiological-centered care that we illustrate both in the last chapter of the book and in one of its stories ("Robinson"). Necessarily, the new paradigm has therapeutic hypnosis as its core clinical discipline. That's our primary promising premise.

**How have you decided to also involve the poet Lee Brooks? I have to confess that for me his part has been the most difficult to understand.**

Julie & Laurence: As we mentioned before, Lee's role was part of the initial conception of the book, aided by a fortune cookie. We wanted Lee to help us do three things. First, as we have said, we wanted to add a poet's voice, an artist's voice to our chorus. We knew that we could tune his fiction and the treatment of characters into the emotional and experiential embodiment of our clinical science thesis.

His stories and how they were written could bring our work to life and lives. Next, we wanted Lee to listen and process our often esoteric and theoretical discussions, wonder about them, and so integrate

them into his characters and their stories. Finally, we wanted him to question our writing of the "discourse." To give us a poet's take on our non-fiction. As we collaborated and the book evolved, we found where to include the fictional characters, George, Robinson, Lulu, Lyle, and Stevie into the discourse, and how to express the discourse in their lives.

There is another thing. We needed the stories to be bigger and beyond the healthcare system. Clinical stories and reports are centered on the history, examination, and evaluation, all from a clinical perspective. They are not about broader lived experiences. So there is little clinical interaction in the stories. Robinson is a doctor, but most of his story takes place outside of his office. Lulu is abused by a doctor. Stevie rejects the therapist. There isn't any health care in Lyle's story at all.

One of Lee's most pivotal contributions came near the completion of the book. As the pretty good chapter drafts were done and we knew where all the story episodes would go, Lee suggested an Epilog. He told us that he thought all of the separate characters should gather together, turn toward the reader, and tell what they wanted the reader to know, what they wanted the reader to learn from the book and the characters' lives within it. That's disruptively hypnotic. So, there is an Epilog.

**It is difficult for me to select the chapter I liked the most. For sure, the one on Hypnosis. The healer's art. It gave me a new perspective.**

Julie & Laurence: We are glad to know that it gave you a new perspective, since that was its purpose. That is the chapter that ends part one of the book: four chapters that build from mind (what we are) to trance (how we change) to hypnosis (how we direct that change).



The purpose was to reinvent hypnosis by first separating it from its past linear structure as a ritualistic procedure done to a person in care. That adherence to history was never based on how we build or change our minds. It was based on tradition: doing what we have always done. So, we reintroduce therapeutic hypnosis as a discipline of basic skills and principles that are based on how the mind seems to work and change and how who we are as clinicians help that to happen. We welcome the “clinician’s trance.” We shift the paradigm of hypnosis from procedure to the full range of human interactions, both verbal and non.

**I also liked the one on “Trance and Attachment.”  
Can you tell me something about that?**

Julie & Laurence: Laurence, the pediatrician, once said to Julie that he had a “lacuna” (another one of his big words) in his brain where his knowledge of development should be. Julie laughed, knowing that was not true, but took on the mantle of expert in psychological development. Attachment theory is basic to understanding psychological development. It is also basic to relational hypnosis. We taught a workshop on the child in adult bodies, highlighting that when one knows development well, then work with adults is easier.

The process of developing neuroplasticity—our definition of trance—is shaped by our cumulative experiences with attachment. To some extent our hypnotic therapeutic work, the hypnosis skill set, recapitulates and reshapes the quality of attachment because it evokes the early experiential resources through the relational framework. Julie loved being the lead writer on this chapter as it summarized decades of her work with hypnosis.

**Can you give the young scholars some advice regarding how to become an artist, suggesting some deliberate practice?**

Julie & Laurence: While we have responded to most of your questions with a unified voice. Here we wanted to offer our thoughts separately.

Julie: I would say to young practitioners that doing less is doing more. Observe, observe, observe everything, without judgment or bias. Let your clients respond to what you observe, that way they do the important work of shifting perceptions. Keep our four principles in mind. Systems Thinking: we are each a product of systems, micro to macro, within and without our individual selves, and you see only a drop of ocean water when you meet your client.

Narrative Listening: listen to the stories with the nonverbal “ear,” watch how the telling lives in the embodied mind of the teller and realizing that we need a narrative arc to find meaning and make sense of life. Temporal Touring: together you will visit the past to move into the future, changed and resilient. Relational Being: being your authentic self and mindful of your clinician’s trance is to love the other’s journey. Without that, none of us can change.

Laurence: Well Julie left me little to add. That’s good. As she says, less is more. So, I will add this. Keep a beginner’s mind for everything you do. That does not mean wide-eyed innocence and acceptance. It means the opposite: wonder and questioning. Set aside (do not abandon) your diagnostically-based and strategically-driven training.

Start by wondering how the person in your care actually does what they do and has learned what



they know. See those in your care as people, not problems. Be curious and joyful about how they are going to change and grow and how you will facilitate that by being curious and joyful. Resist falling in love with your hypotheses and growing abilities. Instead, fall in love (platonically) with those in your care. Beyond each clinical encounter, question why we do what we do professionally and why we are trained the way we train. How much is simply perpetuation of tradition and how much is

enduring because it is true? Weed out the former. Cultivate the latter.

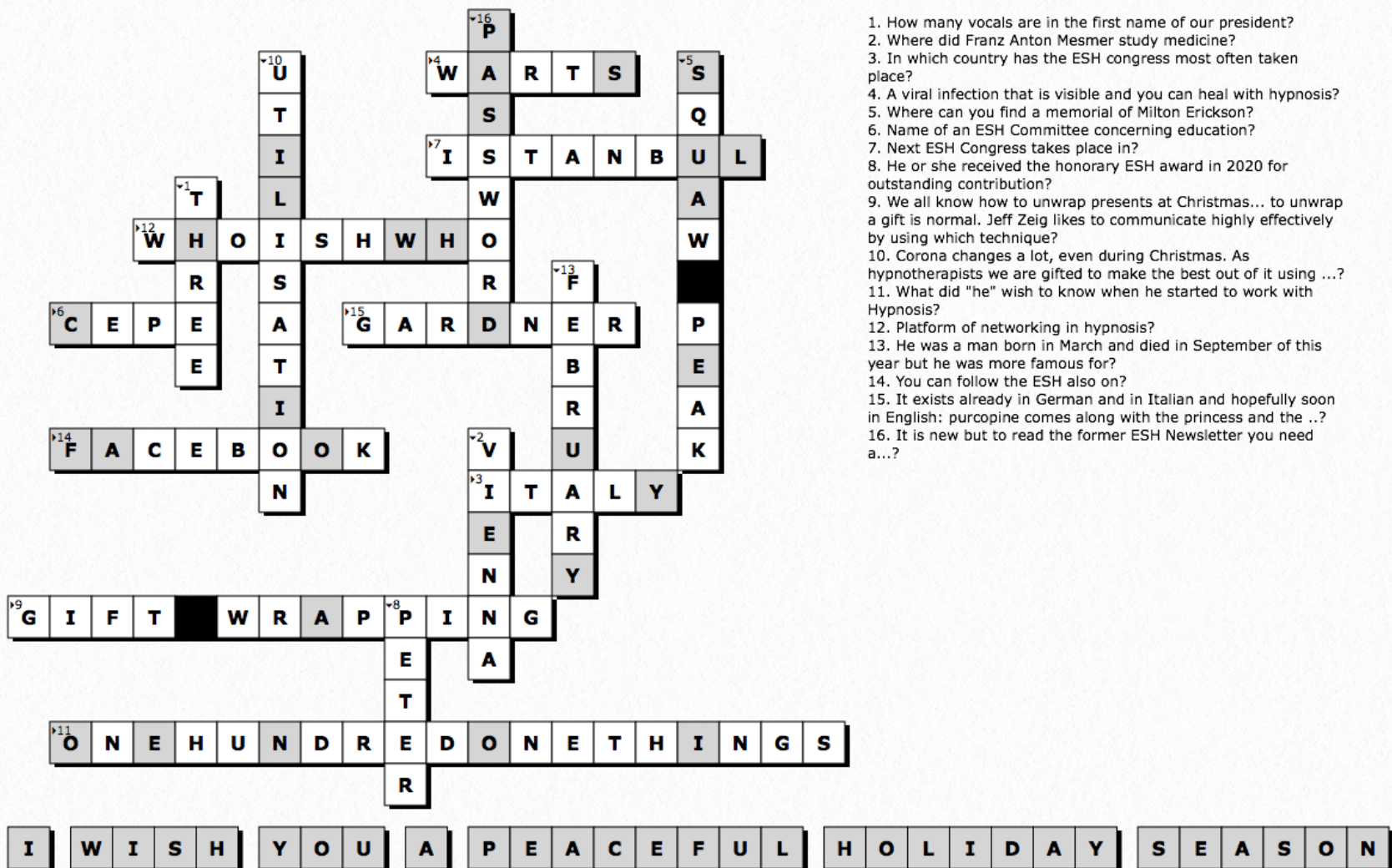
Julie & Laurence: Thank you, Consuelo, for this opportunity to share with the ESH Newsletter readers how our creative collaboration on our Changing Minds... book changed our minds. We intended it to. We hope that its readers attune to this opportunity, too.





# Solution of the Christmas Riddle

by Stella Nkenke



Erstellt mit XWords - dem kostenlosen Online-Kreuzworträtsel-Generator  
<https://www.xwords-generator.de/de>



# Calendar of Events

## DR ALLAN CYNA WEBINAR

**Date: 26/03/2021 9:30 am – 11:30 am**

This webinar is organised jointly by the RSM Hypnosis and Psychosomatic Medicine Section, the RSM Pain Medicine Section, and is in association with the British Society of Clinical & Academic Hypnosis (BSCAH).

Join in the conversation online using **#RSMHypnoPain**

Follow us on Twitter: **@RoySocMed**

This webinar will explain the power of negative suggestions often unconsciously made by the health professional and conversely, the power of simple positive suggestions. Careful choice of words can enable the clinician to reduce painful experiences.

**Dr Allan Cyna**, Consultant Anaesthetist, Women and Children's Hospital, Adelaide, Clinical Senior Lecturer, University of Adelaide, South Australia, and the Director of Studies, South Australian Society of Hypnosis, will demonstrate how the use of language can influence practice and make life easier for the patient and the professional. You will also learn easy techniques and skills to reduce the patient's experience of pain.

Dr Cyna is a very experienced anaesthetist and hypnosis teacher with expertise in various fields including managing paediatric burns and childbirth.

## SPORT AND HYPNOSIS

**Date: 22/03/2021, 8:30 pm.**

Ankara Medical Hypnosis Association –Prof. Kemal Nurl Ozerkan M.D Turkish and English Hybrid presentation – Zoom Meeting ID: 844 1248 7018 (meeting passcode not required)

## CONSUELO CASULA

**Date: 28/03/2021, 10:00 am.**

**“You're a flower, not its petals: the Five Petals of Identity Model”**

There is no charge for BSMDH(S) Members

For Non-Members and other Societies there will be a greatly reduced fee of £30 Methods-of-payment

Please contact office secretary Angela to express your interest and arrange your payment to [mail@bsmdhscotland.com](mailto:mail@bsmdhscotland.com) and Zoom registration details will be forwarded.

## THE ELLIOTSON PRIZE AND LECTURE

**10/05/2021, All Day**

This meeting will explore and debate the current state of the application and use of hypnosis and hypnotherapy in the NHS, debate the potential implications of the terms hypnotherapy and hypnosis, and examine the rationale for the use of the term hypnosis or hypnotherapy in professional work.

The Elliotson prize will be awarded and three presentations provided by the first three prize winners. The presentations will debate the implications and appropriateness of the terms hypnosis and hypnotherapy.

**The Royal Society of Medicine,**

**1 Wimpole Street, London W1G 0AE**

**+44 (0) 20 7290 2991**

## LIDERES MUNDIALES EN HIPNOSIS – 80 CONGRESO INTERNACIONAL

**Date: 22th- 24 April 2121**

Centro Ericksoniano de Mexico – On line event.

Some conferences in English, other's in French and all translated into Spanish. Price: 112 U S Dlls.

Registration – [www.grupocem.edu.mx](http://www.grupocem.edu.mx)

Email – [registro@grupocem.edu.mx](mailto:registro@grupocem.edu.mx)

## XV CONGRESS OF THE ITALIAN SOCIETY OF HYPNOSIS (SII)

**Date: 07-10 October 2021**

**Venue: Alghero + Online**

**Registration website:**

<https://www.societaipnosi.it/congressoipnosi2021/>

## XXII WORLD CONGRESS OF MEDICAL & CLINICAL HYPNOSIS – COOPERATION IN HYPNOSIS

**Dates: 8th - 11th JUNE 2022**

**Venue: Krakov. Congress Centre of Jagiellonian University.**

You can now send proposals for presentations, or you are also warmly welcomed to join our hypnosis family reunion meeting without presenting a talk or facilitating a workshop. Either way you will enjoy the congress in one of the most attractive cities in Europe.

Registration: [www.hypnosis2021.com](http://www.hypnosis2021.com)





*We would like to invite you to join the new platform for networking in the hypnosis community world-wide: [www.whoISHwho.com](http://www.whoISHwho.com).*

*Please send us your CV, photo and if you have also your publication list to us at [contact@whoishwho.com](mailto:contact@whoishwho.com).*

*This platform will also be used for organizing ISH congresses more easily.*

*In the future, for example, if the planning committee needs to see the CV to learn about the experience of a potential speaker, his or her CV would already be easily available on the whoISHwho platform. Also if you are moderator planning a symposium and want to identify potential co-presenters, you could use the whoISHwho platform to identify these individuals. Of course, there are many more possibilities for encouraging networking in our community (and getting information about you to other like-minded people) for such a system.*

*You also can upload your profile yourself, which makes it easier for us. But please - do not hesitate to just send us things by email and we will do this for you.*

**ISH President**



# Credits

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