



# The International Society of Hypnosis

## NEWSLETTER

*Building Bridges of Understanding*

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### Letter from the President

**Julie H. Linden, PhD**

Spring is here. Where I live we have had a long and intense winter. There has been both extreme cold and unusually big snowfalls. Now, I am watching the small plants find their way through the soil and the buds emerge on the branches of trees. It is joyful

and heartening to experience the rhythm of seasons, and the tenacity of nature. This feeling parallels that of resilience, the theme for the upcoming ESH congress in Sorrento. (If you haven't already registered for that congress, check it out at <http://www.eshcongress2014.org/congress/>)

Resilient might well be one of the best adjectives for the ISH and the field of hypnosis. In a world of countless psychological theories, models for changing human health and behavior, and research findings that often follow (rather than lead) creative solutions to human suffering, hypnosis has remained afloat in the sea of ideas. Like the neuroplastic brain, hypnosis as a field has reinvented itself under many guises (mindfulness; meditation; EMDR; brain spotting) each one confirming the innate nature of our survival functions. Like hypnosis, the ISH is also a survivor. Our society is thriving. Membership continues to climb, financial resources are stable, and the benefits to our members are increasing. We continue to enhance and add benefits for our members and Constituent Societies (CS).

ISH has established itself as the world headquarters for the professional field of clinical hypnosis. The Board of Directors is nearing the completion of its review of the constitution and by-laws and will soon be sending them to our members for a vote. It has been very useful to review these documents and to see the timelessness and foresight of our founders. Our constitution states our commitment to establishing standards for training and adequacy in hypnosis.

One of the interesting complexities that faces ISH, especially when we review membership applications from all over the world, is how to evaluate the variation among our CS's with regard to training standards. The ISH and each of its constituent societies share a common ground in tirelessly championing the education and training of health care professionals in the nature of hypnosis and its applications. How they do so varies greatly. Europe has been a leader in in-depth training and employing a variety of models to extend the reach of hypnosis into health care. Many CS's require some 300 hours of training in hypnosis. And many have found innovative methods for bringing hypnosis principles and skills to an ever-growing audience of health care professionals. This flexible and creative range of solutions to enhancing the field is what contributes to its resilience.

Enjoy spring, nature's resilience and celebrate what the field of hypnosis is capable of doing for humanity.

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## Lettre de la présidente –Translator: Nicole Ruyschaert, French

Le printemps est arrivé. Là, où moi j'habite nous avons eu un hiver long et intense. Du froid extrême et de la neige exceptionnelle. Voilà que maintenant j'observe les petites plantes qui se forment un chemin pour traverser la terre et des arbres bourgeonnants. Comme c'est agréable et réconfortant de faire l'expérience des rythmes des saisons, de la ténacité de la nature. Cette sensation a rapport à la résilience, le thème du prochain congrès de l'ESH à Sorrento. (Si vous n'avez pas encore enregistré, vous trouvez tous les infos en suivant le lien <http://www.eshcongress2014.org/congress/>)

Résilient, peut être un des meilleurs adjectifs pour l'ISH et le domaine de l'hypnose. Dans le monde plein de théories psychologiques, de modèles pour modifier la santé et le comportement, les recherches souvent résultent (plutôt que de précéder) des solutions créatives procurées à la souffrance humaine. Dans ce monde, l'hypnose est resté à surface dans la mer d'idées. Comme le cerveau neuro-plastique, le domaine de l'hypnose s'est réinventé sous plusieurs apparences (mindfulness, méditation, EMDR, brain-spotting), et chaque approche corrobore notre nature innée de fonction de survie. Comme l'hypnose, l'ISH est aussi un survivant. Notre société est fleurissante. Le nombre de membres augmente continuellement, nos ressources financières sont stables, et les avantages de nos membres augmentent. Nous continuons à augmenter et à ajouter des avantages pour nos membres et les sociétés membres.

L'ISH s'est installé comme le quartier principal dans le domaine professionnel de l'hypnose clinique. Le Conseil d'Administration est sur le point de terminer la révision de la constitution et du règlement intérieur, et va les envoyer prochainement aux membres pour voter. C'était utile de réviser ces documents et de se rendre compte de l'intemporalité et de la prévoyance de nos fondateurs. Notre constitution fait preuve de notre engagement pour installer les critères de formation et veiller à la qualité de l'hypnose.

Un des phénomènes complexes que l'ISH fait face, particulièrement quand nous vérifions les applications d'adhésion de partout dans le monde, est d'évaluer la variation de formation parmi nos sociétés membres. L'ISH et chaque société membre ont en commun les efforts pour soutenir en permanence l'éducation et la formation des professionnels de santé dans la nature de l'hypnose et ses applications. Ils le font de manière très diversifiée. L'Europe a été un leader dans le domaine de formations et dans l'utilisation de plusieurs modèles pour élargir le champ de l'hypnose dans les services de santé. Beaucoup de sociétés demandent environ 300 heures de formation en hypnose. Et beaucoup d'entre eux ont trouvé des méthodes innovantes pour introduire les principes d'hypnose et les compétences auprès d'une audience en expansion de professionnels de santé. La flexibilité et la créativité des solutions pour améliorer le domaine de l'hypnose, c'est ce qui contribue à sa résilience. Profitons du printemps, la résilience de la nature, et célébrons ce que l'hypnose peut faire pour l'humanité.

## Gedanken der Präsidentin, Translator: Reinhild Draeger-Muenke, German

Der Frühling ist hier. Wo ich wohne, hatten wir einen langen und intensiven Winter mit extremer Kälte und ungewöhnlich viel Schneefall. Aber jetzt sehe ich den kleinen Pflanzen zu, wie sie ihren Weg aus der Erde heraus finden, und wie die Bäume zu knospen anfangen. Es gibt mir Freude und frischen Mut, den Rhythmus der Jahreszeiten und die Beharrlichkeit der Natur mitzuerleben. Dieses Gefühl geht einher mit dem der Unverwüstlichkeit, dem Thema des kommenden ESH Kongresses in Sorrento. (Falls Sie sich noch nicht angemeldet haben, lassen Sie sich unter <http://www.eshcongress2014.org/congress/> weiter informieren.)

“Unverwüstlich” ist wahrscheinlich eins der treffendsten Adjektive für die ISH und das Gebiet der Hypnose. In einer Welt unzähliger psychologischer

Theorien, unzähliger Modelle zur Veränderung von menschlicher Gesundheit und Verhalten, und wissenschaftlichen Ergebnissen, welche oft kreativen Lösungen zur Linderung von menschlichem Leid folgen (anstelle ihnen voranzugehen), hat die Hypnose sich im Ideenmeer gut behauptet.

Ähnlich dem neuroplastischen Gehirn hat die Hypnose sich als ein Fachgebiet immer wieder unter vielen Tarnungen neu erfunden (Achtsamkeit; Meditation; EMDR; Brain Spotting), von denen jede die angeborene Natur unserer Überlebensfunktionen bestätigt. Wie die Hypnose ist die ISH eine Überlebenskünstlerin. Unsere Gesellschaft gedeiht wunderbar. Mitgliederzahlen steigen kontinuierlich an, die finanziellen Ressourcen sind stabil, und die Leistungen für unsere Mitglieder wachsen ständig. Zudem verbessern und vergrößern wir die Anzahl der Leistungen für unsere Mitglieder und unsere Mitgliedsgesellschaften. *Fortsetzung nächste Seite*

Die ISH hat sich als der Welt-Hauptsitz fuer das Fachgebiet der Klinischen Hypnose etabliert. Das Direktorenngremium hat die Überprüfung der ISH Verfassung und ihrer Satzung fast beendet, und wird sie bald den Mitgliedern zur Wahlabstimmung zusenden. Es hat sich als sehr nützlich erwiesen diese Dokumente zu sichten, und die Zeitlosigkeit und Voraussicht unserer Gründer in ihnen zu sehen. Die Satzung etabliert unser Engagement für die Einführung von Standards für Ausbildung und Kompetenz in Hypnose.

Eine interessante aber komplizierte Situation stellt sich für die ISH, wenn Mitgliedsbewerbungen von aller Welt eingehen, und die verschiedenen Ausbildungsstandards unserer Mitgliedsgesellschaften bewertet werden müssen. Die ISH und jede ihrer Mitgliedsgesellschaften zeigt denselben unermüdlichen Einsatz für die theoretische und klinisch-praktische Ausbildung in Hypnose von Berufssparten im

Gesundheitswesen. Wie sie das tun, ist sehr unterschiedlich.

Europa ist ein Vorreiter für ein sehr in die Tiefe gehendes, umfangreiches Training, und für eine Vielzahl von Modellen, mit dem Ziel, die Reichweite der Hypnose in der Gesundheitsversorgung zu vergrößern. Viele Mitgliedsgesellschaften verlangen etwa 300 Trainingsstunden in Hypnose. Und viele haben innovative Methoden gefunden, um hypnotische Prinzipien und Skills einem sich ständig erweiternden Publikum von Angehörigen der Berufe im Gesundheitswesen nahe zu bringen. Solch eine flexible und kreative Bandbreite von Lösungen um das Feld der Hypnose vorwärtszubringen trägt massgeblich zu seiner Unverwüstlichkeit bei.

Freuen Sie sich am Frühling, an der Beharrlichkeit der Natur, und feiern Sie den Beitrag der Hypnose zum Wohlergehen der Menschheit.

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## Lettera Della Presidente, Translator: Consuelo Casula, Italian

La primavera è arrivata. Dove vivo io vi è stato un lungo e intenso inverno. Abbiamo avuto freddo intenso e copiose e inusuali nevicate. Ora guardo le piccole piante che trovano la loro strada attraverso il terreno e i germogli che sbocciano sui rami degli alberi. E' piacevole e incoraggiante vivere seguendo il ritmo delle stagioni e la tenacia della natura. Questa sensazione è parallela a quella della resilienza, il tema del prossimo convegno ESH a Sorrento. (Se non vi siete ancora registrati fatelo visitando il sito <http://www.eshcongress2014.org/congress/> )

Resiliente potrebbe essere uno dei migliori aggettivi per la ISH e per il campo dell'ipnosi. In un mondo di innumerevoli teorie psicologiche, di modelli di cambiamento della salute e del comportamento umani, e di risultati di ricerche che spesso seguono (invece di guidare) soluzioni creative per la sofferenza umana, l'ipnosi è rimasta a galla nel mare delle idee. Così come la neuro plasticità del cervello, l'ipnosi come disciplina si è reinventata sotto diverse forme (*mindfulness*; meditazione; *EMDR*; *brain spotting*) ognuna confermando la natura innata dei nostri meccanismi di sopravvivenza.

Come l'ipnosi, anche la nostra società sta prosperando. Le iscrizioni continuano a salire, le risorse finanziarie sono stabili, e i benefici per i nostri associati stanno aumentando. Noi continuiamo a migliorare e ad aggiungere benefici per i nostri associati e per le società costituenti (CS).

ISH si è affermata come il quartiere generale mondiale per il settore professionale dell'ipnosi clinica. Il consiglio direttivo sta per completare la revisione della costituzione e dello statuto e presto li invierà agli associati affinché votino. È stato molto utile rileggere quei documenti e vedere la atemporalità e la lungimiranza dei nostri fondatori. La nostra costituzione afferma il nostro impegno per la definizione delle norme per la formazione e l'adeguatezza dell'ipnosi.

Uno dei temi complessi che ISH affronta, specialmente quando valutiamo le richieste di adesione provenienti da tutto il mondo, è come valutare le variazioni tra le CS per ciò che riguarda gli standard per la formazione. La ISH e ogni società costituente condividono un terreno comune ponendosi come instancabili difensori dell'istruzione formazione degli operatori sanitari sulla natura dell'ipnosi e delle sue applicazioni. Come lo fanno varia notevolmente. L'Europa è stata leader nella formazione approfondita e nell'impiego di una varietà di modelli per estendere la portata dell'ipnosi nella sanità. Molte CS richiedono circa 300 ore di formazione in ipnosi. E molte hanno trovato metodi innovativi per rivolgere i principi e le competenze dell'ipnosi a un pubblico sempre più crescente di operatori sanitari. Questa gamma flessibile e creativa di soluzioni per rafforzare questo campo è ciò che contribuisce alla sua resilienza.

Godetevi la primavera, la resilienza della natura e celebrate ciò che il campo dell'ipnosi è capace di fare per l'umanità.

## Columna de la Presidencia, Translator: Maria Escalante, Spanish

La primavera está aquí. Donde yo vivo nosotros hemos tenido un invierno largo e intenso. Ha habido frío extremo y nevadas inusualmente grandes. Ahora estoy mirando las plantas pequeñas que van encontrando su camino a través de la tierra y los brotes salen en las ramas de los árboles. Es una gran alegría y gozo experimentar el ritmo de las estaciones, y la tenacidad de la naturaleza. Este sentimiento hace un paralelo con la resiliencia, el tema para el próximo congreso de la ESH en Sorrento. (Si no os habéis registrado para ese congreso, consultad la página web <http://www.eshcongress2014.org/congress/> )

Resilente podría bien ser uno de los mejores adjetivos para la ISH y el campo de la hipnosis. En un mundo donde existe una enorme cantidad de teorías psicológicas, modelos para cambiar la salud y el comportamiento humanos y los hallazgos de las investigaciones que frecuentemente los siguen (en lugar de llevarlos a ellos), las soluciones creativas para el sufrimiento humano, la hipnosis ha permanecido a flote en un mar de ideas. Al igual que el cerebro que posee neuroplasticidad, la hipnosis como disciplina se ha reinventado bajo muchos disfraces (mindfulness, meditación; EMDR; BRAIN SPOTTING), cada uno de ellos confirmando la naturaleza innata de nuestros mecanismos de sobrevivencia. Al igual que la hipnosis, la ISH es también, un sobreviviente. Nuestra sociedad está prosperando. La membresía sigue incrementando, los recursos

### NEW OFFER FOR GRADUATE STUDENTS

ISH is offering free non-voting membership to master level and above students in Dentistry, Medicine and Psychology for the calendar year 2014. Students must either be members of a constituent society of ISH or submit a recommendation from an ISH member. The year's free membership is offered as an incentive to students to learn about ISH and to be connected to the worldwide hypnosis community and does not give the right to practice clinical hypnosis.

This free membership will allow students to receive reduced fees for the ISH Paris congress in 2015, as well as other member benefits such as the newsletter, membership directory and video library. For interested students, they may also purchase a one year membership (for 2014) which provides online access to the International Journal of Clinical and Experimental Hypnosis (IJCEH) at the cost of \$35.

financieros están estables y los beneficios para nuestros integrantes están aumentando. Seguimos mejorando y añadiendo beneficios para nuestros integrantes y Sociedades Constituyentes (CS por sus siglas en inglés).

La ISH se ha establecido como la sede mundial en el campo de la hipnosis clínica. La Mesa Directiva se está acercando a la terminación de la revisión de la Constitución y los estatutos y pronto los estará enviando a nuestros integrantes para votación. Ha sido muy útil revisar estos documentos y mirar la atemporalidad y la capacidad de previsión de nuestros fundadores. Nuestra constitución afirma nuestro compromiso para el establecimiento de estándares para el entrenamiento y adecuación en la hipnosis.

Uno de los asuntos complejos que la ISH enfrenta, especialmente cuando nosotros revisamos las solicitudes de membresía de todo el mundo, es cómo evaluar las variaciones entre nuestras Sociedades Constituyentes en cuanto a los estándares para el entrenamiento. La ISH y cada una de sus sociedades constituyentes

comparten un terreno común siendo campeones incansables en la educación y entrenamiento de los profesionales de la salud sobre la naturaleza de la hipnosis y sus aplicaciones. Cómo lo hacen varía enormemente. Europa ha sido un líder en el entrenamiento profundo y empleando una variedad de modelos para ampliar el alcance de la hipnosis en el cuidado de la salud. Muchas SC (Sociedades Constituyentes), requieren 300 horas de entrenamiento en hipnosis. Y muchas han encontrado métodos innovadores para traer los principios y habilidades de la hipnosis a un público siempre en crecimiento de profesionales de la salud. Este flexible y creativo rango de soluciones para mejorar este campo es lo que contribuye con su resiliencia.

Disfrutad de la primavera, la resiliencia de la naturaleza y celebrad lo que el campo de la hipnosis es capaz de hacer por la humanidad.



ISH President Linden (center) meets with members of the Norwegian Hypnosis Society, Gunnar Rosen and Inger Helene Vandvik, for fine dining at a Japanese Restaurant in Oslo.



## Letter from the Editor

### Consuelo Casula



This spring issue blooms with the interviews of three persons who are making history in the field of hypnosis. The first one is Giuseppe de Benedittis, Vice-Chairperson of the Council of Representatives and Chairperson of the Research Committee of the ISH board and winner of the Ernest R. Hilgard Award for Scientific Excellence in 2009. His wit and humor are evident and make the reading pleasant. It is interesting to know what he is doing in the field of pain and hypnosis, especially in Italy, where he created postgraduate training in hypnosis for the relief of pain.

Another Italian hypnotist, Angelico Brugnoli, has been interviewed by his daughter Paola, also a hypnotist and anesthesiologist. The young 85-year-old Brugnoli is one of the witnesses and founders of the ISH since he participated in the first congress held in Uppsala in 1973, where the ISH was created.

The third interview is of a hypnotist couple, Norma and Phil Barretta, well known all over the world for their teaching style that is full of humor. They have been married for 67 years and still walk hand in hand, looking toward the future with a smile on their faces: a smile of satisfaction for their life full of recognition and a smile of trust for the new adventures to come.

This edition also invites the reader to go back in time to meet Ericka Fromm who tells us how she first

became interested in psychoanalysis and how she combined it with hypnosis.

Thanks to the inspiration of Katalin Varga, this issue also presents a scientific article written by Lilla Benczur. In her article Benczur presents research conducted by the Hungarian Research Group on the Scope of Positive Suggestions in an Intensive Care Unit. This research shows that the timing of the suggestion is very important: the sooner we begin to give positive suggestions, the better the healing.

This issue is a continuation of the previous one, where there was a commentary on alert and walking hypnosis, written by Lars -Eric Unestahl: this commentary stimulated comments and concerns about style and content. Some readers found the article inaccurate.

Unestahl expressed doubt as to whether the work of a serious researcher, Capafons, was hypnosis or not. His opinions are based on what he had read in the interview published in the ISHNL. An international newsletter is happy to open a debate on different opinions and knowledge, based on one's own cultural and experiential background. For these reasons Mark Jensen has written his comments on Capafons' work, based not only on the interview, but also on the personal knowledge of the man and of his scientific production in the field of hypnosis. Other colleagues, who work with Capafons, have written a letter to the editor to re-establish the scientific truth free from subjective attribution.

I leave the reader the curiosity of reading this issue and hope s/he will enjoy it as well as the spring and its flourishing of flowers and ideas.



## 20 Years Ago at ISH

*from the ISH newsletter,  
May, 1994, May Vol #17*

### Confessions of a Psychoanalyst Who Became a Hypnosis Researcher and a Hypnoanalyst

*By Ericka Fromm, PhD University of Chicago, USA*

I grew up in a very Orthodox Jewish home. One of the many rituals of Jewish orthodoxy is that during the week of Pesach (Jewish Easter) no bread could be in

the house not even a crumb. That requires very thorough spring house cleaning. But it also necessitated that every book in my parents library had to be shaken out so that no crumbs remained. After all, someone might have read a book while eating a sandwich, and a crumb might have fallen into the book. So one spring, when I was fifteen, I was delegated by my parents to cleanup the whole large library, carefully dust each book, and shake out any crumb that might still stick between pages. In the process, I "discovered" psychoanalysis.

It was a large library with many bookshelves. On each shelf there was one row of books. On one of the

*Continued on page 6*

highest shelves, quite out of reach of children, there were five or six books, behind that row, hidden from view. That was intriguing. I looked at them and found that the word sexuality appeared over and over again in the books. They were books by Sigmund Freud and other psychoanalysts. Clearly they were “forbidden” books which my father, a physician, did not want his children to read. That, of course, made it so much more intriguing. One after the other, I sneaked them to my bedroom and read them at night from cover to cover. This is where my fascination with psychoanalysis started, at age fifteen. It has remained a deep interest my whole life long. I got part of my psychoanalytic training in Holland, and full training in the United States, at the Chicago Institute for Psychoanalysis, and have been a psychoanalyst for a good 40 years. A psychologist I have been now for 60 solid years (starting out as an experimental researcher) and I have enjoyed all of it for all of this time.

How did I become a Hypnosis researcher and a Hypnotherapist? In 1958 the American Psychological Association considered giving Continuing Education Workshops to people who already were psychologists but wanted to learn and expand more. A committee of five, of which I was a member, was appointed to set up these first workshops. We were told to use our own best judgment and set up 5 concurrently running one-week workshops.

There was no precedent. We discussed various possibilities, kind of brain-storming together, and at one point I said: “Well, let's send a letter to a representative sample of the American Psychological Association membership and ask them what topics they would like to be taught in these workshops. For the five that come out on top and get more votes than any other, we will find experts in the field to teach them.”

High among the replies that came back was a repeat request to have a workshop on Hypnosis. I was amazed and said: “Hypnosis is for the birds. It is quackery. We will not have such a workshop taught. My colleagues pointed out that I had come up with a democratic idea of asking the membership what they wanted and could not in an authoritarian way now say that we would not do it. “But”, they said, “each one of us will be delegated to sit in on one of the workshops for the whole five days and afterwards will report to the Committee about the quality of this particular workshop and about the desirability of having such workshops in the future. We will delegate you,” they said, “to sit in on the hypnosis workshop.”

The Committee invited Dr. John Watkins to teach the workshop. He was a psychologist who had worked in the field of hypnosis since World War II and had an excellent book on hypnotherapy (Hypnotherapy for War Neuroses, 1949). He taught a very good Workshop, in a scientific way, with a good deal of demonstration. I became convinced of the reality of the phenomena; phenomena such as regression, hypermnnesia, positive and negative hallucinations, hypnotic amnesia, etc. it also became apparent to me that hypnosis was an area wide open to do interesting research in; and in addition I realized that in hypnotherapy one could make close contact with the unconscious much faster than one can do in psychoanalysis. Thus, by using a combination of hypnosis and psychoanalytic methods of therapy, one probably could achieve therapeutic results much faster with hypnosis than with psychoanalysis alone.

I had felt for a number of years already, during the 1950s, that only the rich and the poor, but not the large middle class could afford psychoanalysis. The rich could afford to pay for it, and with the poor, it was frequently used in clinics by psychiatric residents who wanted to learn if and were well supervised. My social conscience had always revolted against the M.D.'s high fees and against the great frequency of psychoanalytic hours. With hypnoanalysis, it seemed to me, one could greatly reduce the number of hours needed, and save the patient much money. John G. Watkins' own orientation was psychodynamic. He, too, worked with psychoanalytic methodology when he treated patients with hypnosis.

So, immediately after I had taken his course I started to do research in hypnosis. The experimentalist in me came first. After a while I used hypnosis and hypnoanalysis with patients. I have done both ever since.

In 1958 John Watkins and Bernard Ruginsky rounded the International Society of Clinical and Experimental hypnosis. Watkins was ISCEH's President from 1965-1967. This society was the predecessor of ISH.



*The organizing committee for ISH: Paris 2015 has just told us that the original Baquet of Mesmer will be on display during the congress, linking ISH back to its French roots. Just the thought of it, makes one swoon.*



## Interview with Giuseppe de Benedittis, MD, PhD

by Consuelo Casula

**C.C.:** Please describe your background. What led you to become a Neurosurgeon, and then an expert on pain? What drew you to hypnosis in particular?

**G.dB.:** I have always been fascinated by the mystery of the brain. At the beginning of my medical education, my attention was first attracted to the hardware of the brain machinery and that's why I became a neurosurgeon. I believed in the endless potential of neurosurgery, at the top of the surgical practice, in order to manage some of the most dreadful diseases of the brain and the spinal cord. But I soon realized that my unrealistic expectations failed to fulfill my narcissistic omnipotent delirium, by the way a very common characteristic among surgeons. In addition I became more and more interested over time in human suffering and its mechanisms. Consequently, I gradually shifted my interests to the field of pain management. At the same time, I also became a psychiatrist, which I found very useful in tackling psychopathological problems, so common in pain patients. Quite easily I found hypnosis on my way. It was love at first sight.

**C.C.:** You are an expert on pain management. How did you become an expert in this field, and what is your main expertise?

**G.dB.:** Serendipity was the way I discovered the roots of human suffering and the way to relieve it. John Bonica, the pioneer of pain therapy in the world, was my mentor. I visited his world famous Anesthesia Research Center in Seattle as visiting professor, and I realized that I too wanted to become a pain specialist. On my return home, I founded the first Multidisciplinary Pain Center in Italy in 1980, focused on diagnosing and managing chronic pain with a multi-modal approach, including hypnosis.

**C.C.:** How did you start utilizing hypnosis in pain management?

**G.dB.:** Hypnosis has been known as one the most ancient and effective ways to relieve pain, but its efficacy was largely empirical and the mechanisms of hypnotic analgesia were poorly understood. But in the '70s and '80s Hilgard's seminal studies at Stanford on hypnotic analgesia dramatically boosted interest in the field and hypnosis started to be recognized as a scientifically based, viable and effective way to treat pain. In addition, Hilgard shed new light on the

mechanisms of hypnotic analgesia (i.e., the psychobiological metaphor of the "hidden observer"). The paramount importance of these studies contributed to the development of a new theory of consciousness (i.e., the neo-dissociation theory or the divided consciousness) proposed by Hilgard. All these exciting discoveries pushed me to use hypnosis extensively in clinical practice and also to explore the mechanisms of hypnosis for pain relief.

**C.C.:** You are also well known for your research. Can you tell us some recent discovery you made and something about a new research project?

**G.dB.:** Even though research on hypnosis is still anecdotal in my country, I have focused my attention mainly on the neurophysiological mechanisms of hypnotic analgesia and the evidence-based efficacy of hypnosis in the pain field. More recently I have emphasized what I called the "Copernican Revolution" in hypnosis. Broadly speaking, hypnosis is no longer a disputed and controversial issue in the scientific community, but it has been recognized as a physiological, viable and effective tool to study the functions of the Central Nervous System and the Mind-Brain interface. This was really a turning-point in the field and we should be particularly proud of this achievement. Our most recent research projects concern the clinical efficacy of hypnosis in one of the most dreadful and refractory, widespread pain syndrome (i.e., fibromyalgia) and its possible relationship with Post-Traumatic Stress Disorder (PTSD). In addition, a new line of research is currently investigating the role of oxytocin (the so called "trust hormone) in hypnotic susceptibility and rapport.

**C.C.:** I know you met Milton Erickson; What strong memories do you have of these meetings, and of the man? Tell us some anecdotes.

**G.dB.:** I met Erickson twice, the first time in 1978 for just one week and the following year for an entire month. As far as I remember, I was the only Italian there at that time. I was impressed by so many aspects in experiencing Erickson. First of all, the unconventional way Erickson conducted his seminars, so far away from academic arrogance, in a sort of twilight state very close to hypnotic trance (probably due also to his needs to control severe, post-polio neuropathic pain). This teaching set forced me to change my learning attitudes, shifting from the conscious to the unconscious level. As a consequence, a new model of knowledge and experiential insight developed instead. This learning path might explain the reason why I fell into a deep trance for the first time in my life, during a dinner at Erickson's home. *Continued*

This unique experience happened to me one more time, many years later, with Kay Thompson in Rome.

I was also impressed by the fact that despite Erickson being pleased to appear as a self-taught man, unaware of the most important contributions of literature in the field, his library and books told another story, as the most relevant literature in different fields (psychoanalysis, behavioral therapy, etc.) were present in his library.

But experiencing Erickson, I also realized that he was always “on the stage” and it was almost impossible to separate Mr. Hypnosis from his private counterpart. That’s why I had a very strong impression (shared also by Jay Haley) that Erickson was definitely a lonely man. His solitude was probably the price he intended to pay for playing his role.

**C.C.:** *Since 1994, you have organized in Milan a short course on hypnosis in pain management. Can you describe for the reader this experience? What do you like best, what is the feedback of the participants?*

**G.dB.:** To the best of my knowledge, the post-graduate course on “Hypnosis in the Relief of Pain” was the first and still the only course in Italy. It has been a successful challenge so far, as it has been attended by hundreds of physicians (anesthesiologists, neurologists, psychiatrists, etc.), psychologists and dentists from all over Italy and also from other European countries (i.e., Switzerland, France). It has contributed immensely to the cross-fertilization of interest in hypnotic pain relief among a wide variety of professionals. The enthusiastic feedback has been of paramount importance to improving the teaching level of the course year after year and to confer authority to the faculty.

**C.C.:** *You have won several awards, among them, in 2009, the ISH Ernest R. Hilgard Award for Scientific Excellence. What does this award represent to you?*

**G.dB.:** I feel very honored and proud about the Ernest R. Hilgard Award for Scientific Excellence, given to me in 2009 during the International Congress of Hypnosis in Rome. I consider this prestigious award not only as a personal achievement for my scientific research career, but also as recognition of the entire Italian scientific community.

**C.C.:** *You are an ISH board member since 2009, so you are now in your second 3-year term. What can you tell us about your experience within the board? What is your main contribution? What do you think the ISH board is doing for hypnosis in general and in the field of research in particular?*

**G.dB.:** During my two terms as a board member of the ISH, particularly as Chairperson of the Research Committee, I have been committed to mapping the “state of the art” of scientific research in hypnosis worldwide and also to building bridges of understanding by trying to fill the gap between basic research and clinical practice. It is hard work to be done, but also an exciting goal to achieve. In addition, we need to attract and encourage new generations of researchers and clinicians to work together in an innovative and evidence-based approach. Last but not least, I think that the ISH board should act effectively toward an integration of hypnosis with other related disciplines (e.g., neuroscience, psychotherapy, medicine, etc.).

**C.C.:** *You are also the representative for the Italian Society, SII, to the ESH.*

**G.dB.:** I don’t see significant differences between the Italian Society of Hypnosis and the ESH, apart from the obvious differential context, national (Italian) in the first case and European in the second one. Both societies need to better cooperate to develop and implement the hypnotic mission within and across different European countries. The incoming ESH Sorrento Congress will be an exciting test in this respect.

**C.C.:** *You are also vice president of Società Italiana Milton Erickson (SIME). What does this recognition imply to you, and how do you exercise your role in the SIME society?*

**G.dB.:** I consider myself as a part of a very cohesive team staff within SIME and we try to work hard and very close together. Personally, I am committed to share and seed my enthusiasm among younger generations, while strictly adhering to scientific methods and evidence.

**C.C.:** *What is the main message you send to the young students learning the basics of hypnosis?*

**G.dB.:** My take-home message to young students could be this: try to better understand the mechanisms of this wonderful “Healer-within-us” (i.e., hypnosis) and be proud to practice it with honesty and integrity. This is our mission and premier goal and this is also my legacy to younger generations.

**C.C.:** *What are your plans, projects and dreams for your future?*

**G.dB.:** I cannot ignore being an older person, but since I still have plans, projects and dreams, this means that I am still betting on my future. And of course hypnosis will be an important part of this future. My most ambitious dream in this field could be to represent, at the end of my day, a not-negligible part of the eternal destiny of hypnosis.





## Interview with Angelico Brugnoli

by Paola Brugnoli, MD

**P.B.:** Please describe your background. What led you to become a medical doctor, an expert in psychosomatic disorders, and what drew you to hypnosis in particular?

**A.B.:** I was born in Verona, Italy, the 15th June 1929, and I had my degree in Medicine and Surgery the 20th November 1953. I have worked as a family doctor for 40 years, through many kinds of illnesses: psychosomatic diseases, disabled patients, cancer diseases and patients at the end of life, that make me understand that man is not only a body, but much more. In 1960 I began to study, with some friends' psychiatrists and neurologists, how to overcome these sufferings in everyday life and I improved my study of the modified states of consciousness and clinical hypnosis.

In 1965, I founded the Italian Institute for the Study of Psychotherapy and Clinical Hypnosis "H. Bernheim", in Verona, Italy, with some colleagues, psychiatrists, neurologists and medical doctors like: Dr. Gualtiero Guantieri, Piero Parietti, Werter Ferioli, Walter De Stavola, Gastone Benatti and Bruno Caldironi.

Later, we were in touch with the Italian Hypnosis Associations AMISI and CIICS (this founded from our friend Dr. Franco Granone, MD) to improve our knowledge of, and teachings in, clinical hypnosis.

**P.B.:** During the congress in Uppsala, Sweden 1973, you and Ernest and Josephine Hilgard, Martin Orne, Herbert Spiegel, Per-Olaf Wilkstrom, Kay Thompson, Erika Fromm just to name a few, created the International Society of Hypnosis (ISH) and elected Ernest Hilgard as the first president of this new society. What memory do you have of this specific event?

**A.B.:** I was a presenter at the Uppsala Congress with the work: 'Clinical Hypnosis and the ways of meditation', where I have studied the relationship between mind, clinical hypnosis, and what today is called 'mindfulness'. Many colleagues, especially of East Europe, were very interested in it. I was very joyful because the American colleagues at the Congress in Uppsala, decided to establish The International Society of Hypnosis (ISH).

I greatly appreciated attending the Congress, because it was not only an exemplary technical meeting between researchers, but also a very welcoming collaboration between good friends who didn't know barriers between North and South, East and West, and posed better cooperation for the future of hypnosis.

**P.B.:** Tell us some anecdote about the two women of

the group, Kay Thompson and Erika Fromm. How do you remember them, what did they have that made them so special.

**A.B.:** I remember especially Erika Fromm, that considered hypnosis, like the dream, to be a road to the unconscious; she had a special interest in self-hypnosis, and in using the hypnotic state as a means of teaching patients skills in self-management and self-exploration. I very appreciated her teaching that I applied with my cancer patients, and the human warmth with, she has told us her experiences in hypnosis.

**P.B.:** What happened after Uppsala in your life?

**A.B.:** After that founding Congress, I have participated and organized many Congresses in Italy, and courses for medical doctors and psychologists with our Society of Psychotherapy and Hypnosis 'H. Bernheim' (that is now a constituent society of ESH) and with a new society, AIST Italian Association for the Study of Pain therapy and Clinical Hypnosis, that I founded in 2005 with my daughter, Dr. M. Paola Brugnoli, MD and Dr. Alessandro Norsa, PsyD. Also AIST is now a constituent society of ESH.

I started to publish my scientific papers on hypnosis in 1971; I have published more than 35 scientific papers and 12 books on hypnosis and modified states of consciousness, in Italian, and the PDF are available on my website: <http://angelico80.jimdo.com/angelico-lavori/>

**P.B.:** You have seen hypnosis grow and prosper, how do you consider its development in Italy and all over the world?

**A.B.:** The last century has witnessed the rehabilitation of hypnosis to assume its rightful scientific place among the traditional and now almost universally accepted therapeutic procedures, for the treatment of a wide range of problems. Even so, clinical hypnosis, however good the results, will never be fully accepted unless validated by scientific and experimental evidence. It is essential that the clinical therapists work together with neurophysiologists and psychologists, and in the next few years, I hope that a good relationship between these scientists will be reinforced, with the application of hypnosis in considerable more areas of medical conditions.

**P.B.:** What kind of suggestions or advice can you give a young scholar of hypnosis, how can you encourage a young psychologist to study hypnosis?

**A.B.:** In the future, I know we will see hypnotherapy take a further giant step forward, for the benefits of our patients and the relief of suffering in our respective fields of medicine, psychology and psychiatry.



## Interview with Norma Barretta, PhD and Phil Barretta, MS

By Consuelo Casula

**C.C.:** Please describe your background. What led you to study psychology, NLP and then become an expert in Ericksonian hypnosis?

**N.B. (Norma):** I was a Music Major at the University of Pennsylvania (all those voice lessons did matter!) and spent 17 years as a teacher of elementary school. I woke up one morning and said, "I have to go back to school." I went to the University of Southern California and after one semester in the Education Department, I discovered Dr. Leo Buscaglia and the Psychological Department and the choice was clear.

**P.B. (Phil):** I left the United States Marine Corps and completed college at Rutgers University Camden and taught school at the Junior High level for 7 years. Then I went back to school for a Master's degree in Counseling thinking to make a significant difference in people's lives. There was little- so I continued my education at University of California Los Angeles and at University of Southern California and earned my certification as an Administrator and found that also made little difference. So more school to earn the Marriage Family Therapy license and into private practice with Norma I went.

**C.C.:** Tell us about your discovery of Bandler and Grinder and NLP.

**N&P.B.:** In the mid 1970's we discovered Bandler and Grinder and the NLP model, and they eventually split we decided to work with Grinder and became Trainers for Grinder DeLozier until the late 1980's. When we first began our teaching travels (mainly in Italy) it was doing workshops on NLP, which is strongly based on Dr. Erickson's magnificent mastery of the language. Grinder, the linguist, was able to identify what Erickson did, thus making the Erickson hypnosis model teachable. That's what we do really, really well.

**C.C.:** When did you have your first experience with hypnosis?

**N&P.B.:** Our first experience of hypnosis occurred in 1973 with a retired stage hypnotist - Harry Arons - who was presenting seminars for medical and psychological practitioners. After watching our practice, Harry invited Norma to come teach with him. He apologized to Phil who did not have a Ph.D. and so could not teach hypnosis. So, Norma taught with Harry's

group for a short time. UNTIL Dr. Erickson found out and told her to "disassociate from this person at once." He did not like Harry. Of course that was the end of work with Harry's group.

**C.C.:** When did you have your first experience with Milton Erickson?

**N&P.B.:** After a weeklong residential seminar, John Grinder arranged a meeting with Dr. Erickson and thus began our serious use of hypnosis in our work. Until he died, we saw Dr. Erickson as often as we could, usually spending a week at a time with him. We began working together after our first week with Dr. Erickson. Something he said to us, when we were sitting with him in the living room after the rest of the group had left, changed our lives. We can't clearly recall what he said. We both recall that we were different after that and we began our "joint venture."

**C.C.:** Tell us the reason why Dr. Erickson asked you to disassociate from the lay hypnotist and why you accepted his request.

**N&P.B.:** The lay hypnotist had been a stage hypnotist for many years before he began to hold seminars for medical and dental professionals. He also taught stage hypnosis and Dr. Erickson thought that to be unethical. Once we learned about that, we both agreed it was best to end the relationship with the stage hypnotist, even though he held the professional courses separately. We agreed with Dr. Erickson. Later we learned that Erickson particularly disliked the guy because he taught hypnosis skills to untrained lay people. Erickson had a deep respect for the benefits of using hypnosis and felt that it was too powerful a skill to put into untrained hands. I still have the letters we exchanged about this matter and both of us think Dr. Erickson was justified!

**C.C.:** Tell us some other anecdotes of being with Dr. Erickson.

**N&P.B.:** During the Sorrento ESH conference there will be a panel "MOMENTS WITH MILTON" - so you will hear of some Erickson-Barretta exchanges there.

**C.C.:** Then what happened, how did you start teaching hypnosis?

**N.B.:** When I began teaching for ASCH, Phil was excluded for not having a Ph.D. until one day he joined me at a "grand rounds" demonstration during a conference in Las Vegas, where we got a standing ovation.

**P.B.:** After that, ASCH invited me, too, and finally gave me a “Special” membership years before they finally accepted Master’s level members.

**C.C.:** *You travel a lot teaching, do you find some difference between Europe and USA in the practice of hypnosis.*

**N&P.B.:** Europeans were and still are more open to accepting hypnosis. We found Australians to be very accepting as well. Not so easy in the U.S.A. There is still a lot of skepticism and negativity. Some Americans think of stage hypnosis when they hear the word. That has made it difficult for those of us who use “medical” hypnosis.

**C.C.:** *Do you find any difference between ISH and ESH?*

**N&P.B.:** It was through ESH that we began working in Spain, so we are happy with ESH. ISH has offered us lots of opportunity to expand our influence as well. It is the people we meet in both ISH and ESH that we treasure a lot.

**C.C.:** *You are known as a couple that works together, travels together, teaches together and lives together. What is the secret of your long lasting relationship?*

**N&P.B.:** We have been together for 67 years and have worked together professionally for 38 years. Sometimes it is as if we can read each other’s thoughts especially when we are teaching. We’ve been told by several people that separately our auras are different. When we stand together the auras change to the color GOLD, the color of the teacher! As traveling companions we are perfectly matched, we enjoy the same things. Teaching together is a precious joy, we love it!

**C.C.:** *How do you share, collaborate and split the workload and the chores in the business field?*

**N&P.B.:** How we split the work/responsibilities/collaboration has evolved over the years. Norma will come up with an idea for a workshop, discussion follows and Phil elaborates and expands the original concept. Then he creates a Power Point which we both then edit and complete. Phil often “dresses-up” the final product. A one-hour workshop often has 15 to 30 hours of preparation.

**C.C.:** *You are also a creative couple, tell us something about your recent successes.*

**N&P.B.:** We have just this past year created a new workshop on Personal Growth and Self differentiation. We presented it in Madrid where the group loved it. They stood and applauded for more than 5 minutes. The same occurred in Milano. We hope to do that one in other venues soon.

**C.C.:** *What happens at home, as husband and wife?*

**N.B.:** I could not cook when we first married except for grilled cheese sandwiches and Campbell’s soups, which Phil seemed to enjoy. Until one day he said: “If you ever give me another grilled cheese sandwich, I’ll divorce you.” And I believed him.

**P.B.:** I learned to cook in self-defense and at the same time my skills in the kitchen improved. We discovered that we both liked to prepare food and it has become a cooperative venture.

**N.B.:** Since I (Norma) continue to see patients, Phil does most of the cooking and I help out. We now have two (2) kitchens (really) which helps us to avoid any conflict. While we eat dinner Phil will offer alternative thoughts in the role of a consultant with some of the patients with whom I work. Phil has developed excellent lateral thinking skills through the NLP process and observing Dr. Erickson.

**C.C.:** *What are the secrets of your long lasting relationship in life and work?*

**N&P.B.:** The secrets of “Lasting” is his remarkable sense of humor and our mutual admiration and respect for each other. The fact that I laugh at his jokes helps. When we argue we often agree to disagree. We both feel life is too short to spend time arguing.

**C.C.:** *Tell us something about your family.*

**N&P.B.:** We have three offspring. Bruce is a medically retired Marine. He served honorably in Vietnam, came home severely injured and ALIVE, for which we are grateful. He finished college and worked as a Real Estate Broker. He has retired from full timework. He is a great grand father which makes us great-great grandparents. Five generations sat at our table on Christmas Eve. His wife Wanda stopped smoking years ago with a single hypnotic suggestion.

Margaret Shannon (Peggi) teaches school at the elementary level. She was an actress. In college she won the Best Actress in College Theatre award two times. She has a daughter who just graduated from college Magna Cum Laude. Livia is in graduate school headed toward a Ph.D. Jolie (our gift to the Universe) is now assisting us when we travel. All three of our offspring are concerned about all the traveling we do at our age. Jolie does “Sound Work” “Cymatics”, knows a lot about the use of crystals and creates beautiful necklaces for her clients. Her husband is a CFO for several companies and has an accounting practice. Their son, Evan – a straight A senior at Santa Cruz University, and a daughter, Kyra – a freshman at Santa Monica College – are the youngest of our grandchildren.

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**C.C.:** *Tell us some anecdotes on the use of hypnosis with your grandchildren.*

**N&P.B.:** When Livia was 3 or 4, if her mother avoided her for some time, Livia would say, “Momma you don’t HAVE TO come be with me right now.” That is an Ericksonian “imbedded command.” That kind of hypnotic language was Very useful with our children until they began to recognize it, but still, it obviously worked. They all turned out well.

**C.C.:** *How are you dealing with aging, since now you are over 80, and you are still traveling and teaching with wisdom and grace.*

**N&P.B.:** There is an old Polish saying – “STAROSC NIE RADOSC” which translates to: “No joy in old age” – UNLESS you create it. Love and Life, like bread need to be made fresh every single day. We do that. So having “experiences for 80+ years has given us some bits of wisdom and considerable knowledge, which we love to share with others. We have a lot to look forward to and we’ll be here!

**C.C.:** *What do you say to a young student that wants to start to study hypnosis?*

**N&P.B.:** To newcomers at the end of a basic hypnosis session we say – “Good Judgment comes from experience. Experience comes from bad judgment” “Go and have some experiences” “Remember, there are no mistakes only delayed outcomes.”

**C.C.:** *What are your projects and plans for the future?*

**N&P.B.:** We’ll be in Krakow, probably doing something on Creativity and the MOMENTS WITH MILTON panel along with Eric Greenleaf, Betty Alice Erickson, and Jeff Zeig.

Sorrento is one of our HDD’S (highly desirable destinations), so we will be there. We would like to do a workshop on “TAPPING INTO RESOURCES YOU NEVER KNEW YOU HAD” Using Your Personal Power. We would also like to do a demonstration of a hypnotic anchoring of resources.

**C.C.:** *Thank you for your inspiring contribution and see you in Sorrento!*

## Building Bridges of Understanding: Clinical Relevance of Research Findings

*By Katalin Varga PhD*

In this section of the newsletter we introduce you to a summary of recent research with short and easy explanations of some research concepts.

Scientific reports are more and more complex and complicated, only a small portion of hypnosis experts enjoy them. For the majority of professionals it can

even be frightening or boring. The aim of these letters is to bring researchers and clinicians closer together, to highlight the clinical relevance of research findings of hypnosis in a very simple *user-friendly* way.

Clinicians are also encouraged to propose questions to be studied, clinically relevant phenomena to analyze, and hypnotic processes to be understood.

Let’s build the bridges of understanding together...



### When and What? On the Scope of Positive Suggestions

*by Lilla Benczur\* PhD.*

*\*KRE University Budapest, Secretary of Hungarian association of Hypnosis*

In 2006 May on the Barcelona-Zürich flight after some turbulences we heard the following: „Please, take off your shoes and lean forward. Keep calm, and follow the staff’s directions”. The air froze, people were staring at each other scared. After some minutes spent in fear, the steward took the microphone and said: „Excuse us, it was accidental, it was just a joke”.

However this letter does not deal with suggestions for being in the air, but really tries to go “beyond the words” and shows some interesting findings about timing and content factors of suggestion.

Numerous studies have shown the effectiveness of suggestion in many different fields of medical practice (Barsky, Saintfort, Rogers, and Borus, 2002; Leigh, MacQueen, Tougas, Hargreave, Bienenstock, 2003; Put et al, 2004; for overview see Kekecs, 2011), but there is less information about the further influential factors, e.g. the specific *content* and *timing* of the suggestion procedure. Clinical professionals craft their suggestions mainly on the basis of personal

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experiences and anecdotal information. Systematic empirical data rarely shed light on the good content and timing of suggestions. In this summary we will focus on these factors in order to gain some further general rules for the more proper use of positive suggestions.

## Laws of suggestions

As many things in the world, the hypnotic suggestions also have their laws that we have to keep in our mind when working with them. Dabney Ewin (Ewin, 2011; Ewin and Eimer, 2006) published these basic laws: the first five based on the work of Emile Coué, and Ewin added three more to the list. These laws are in short: 1. Law of Dominant Effect, 2. Law of Reversed Effort (or effect), 3. Law of Concentrated Attention, 4. Law of Auxiliary Emotion, 5. Law of Autosuggestion, 6. Law of Pessimistic Interpretation, 7. Law of Perceived Reality, 8. Law of Hypnotic Depth.

Maybe the above list can be extended with other laws for special cases, based on the result of a study that was conducted by the Hungarian Research Group on Suggestion. The study guides us to a special field, the world of intensive care units (ICU).

## Processing style in critical state

Before we start to explain the study it is worth to think about the information processing style of patients undergoing any kind of medical procedure. We know that the cognitive style of medical patients differs from normal, everyday-life information processing, and patients tend to switch to an alternative information processing style (Unestahl, 1981; Ludwig, 1966; Varga and Diószeghy, 2001, 2004); and in most cases negative trance (Cheek, 1969) also occurs. Characteristics of this alternative information processing are: increase in primary process thinking, decrease in reality checking and self-control, time and space distortions, occurrence of body image changes; subjective experiences become more important (see Ewin's laws: Ewin, 2011, Ewin and Eimer, 2006). Patients take every word literally, apply every comment to themselves, interpret everything in a pessimistic way, and language nuances vanish or become too important (Bejenke, 1996a,b, 2011; K. Szilágyi, 2011, Varga, 2011). In this state suggestibility increases, and it means that all the events, the environmental elements around the patients (including words they hear, things

they see) can work as potential suggestion, "effective messages" (Varga and Diószeghy, 2001. p. 10). These changes in the information processing have increased significance among intensive care unit patients.

## Stress factors in ICU

Several studies have provided evidence about the extreme emotional stress experienced by intensive care unit (ICU) patients (Benczúr, Mohácsi, Varga, 2005; Bennun, 2001; Cochran and Ganong, 1989; Diószeghy and Péntzes, 2003; Griffith and Jones, 2005; Rondoni et al., 2002, Van de Leur et al., 2004). Patients are in a life-threatening state, and they find themselves in an unknown, frightening environment, so usually they feel a high level of anxiety. They are in an artificial and strange world 24 hours per day, and almost all the stimuli around them are incomprehensible, unexpected and painful. Studies on perceptual deprivation have shown that even healthy persons experience hallucinations, cognitive distortion, emotional lability and disorientation after a relatively short period of sensory deprivation (Heron, 1957; Cropp, Woods, Raney, Bredle, 1994; Topf, 2000). However, the ICU is more than just a perceptual deprivation-situation, because patients experience the effects of perceptual deprivation AND overflow at the same time, continuously (Benczúr, Mohácsi and Varga, 2005; Benczúr, 2012).

Being mechanically ventilated increases patients' general stress caused by the ICU environment (discussed above). The idea of the study originates from the clinical reality of the intensive care units. Being weaned off a ventilator machine is often very difficult for ICU patients, especially when they have become accustomed to the machine (too long ventilation). Studies have shown that the psychological factors behind this phenomenon are very important, so the question emerged for the therapists working with positive suggestions: how can positive suggestive communication help these patients during the mechanical ventilation therapy and the weaning process. Beyond these general helping possibilities it is worth paying attention not only to the style (the „how”) but also to the quantitative aspect of communication.

<sup>1</sup> The founder and leader of the hungarian research group on suggestion is Katalin Varga. Members are (in alphabetical order): Lilla Benczúr, Csaba Diószeghy, Gábor Fritűz, Zoltán Kekecs, Adrienn K. Szilágyi.

## Our Study on Ventilated Patients

The study examined data of 63 ICU-patients randomly divided into two groups: the experimental (suggestion) group (N=35) received 20 minutes positive suggestions daily from well-trained professional of suggestive communication. Suggestions were given in person at the bedside. The control group (N=28) received the usual ICU-treatment without positive suggestions. The main results were published elsewhere (Benczúr, Fritúz, Szilágyi and Varga, 2006; K. Szilágyi, Diószeghy, Benczúr and Varga, 2011; Benczúr, 2012), here we just show an overview. The main results showed shorter duration of mechanical ventilation (MVH) in the suggestion group ( $p=0,04$ ), but no difference between the groups in length of stay (LOS). The chance of survival was higher in the suggestion group

[(tendency: Fischer's exact test  $p = 0,07$ , OR = 6,25 0,69 - 55,5)] than in the control group. Mortality rates were 46.42% in the control group and 25.71% in the suggestion group. The suggestion group needed less amount of reintubation ( $t=2,07$ ,  $p=0,04$ ) than the control group. These main findings agree with the results of the general studies on the effectiveness of suggestions in the medical field.

Now we will concentrate on the further analysis of the possible influential factors behind this well-known effect of suggestive communication. We analyzed the effect of time (e.g. *time* spent with the patient and elapsed time from hospitalization to the first suggestion) and also the *content* of the given suggestions. Our analysis revealed that the amount of suggestions given per se has no effect; it means that the amount of time per se spent bedside has no effect on the MVH, LOS or the chance of survival (See Table 1.).

Average time of suggestion		Alive at discharge	Age	Gender	SAPS	LOS	MVH
suggestion group only N = 35	every day	,146	,077	-,272	-,197	-,167	-,039
	on ventilator	,045	,063	-,114	-,029	-,313	-,231

Table 1. *Spearman rank correlation of the daily average suggestion time with six variables, both for the entire hospitalization at ICU and during ventilation only.*

However, the timing data show that the sooner we begin to give the suggestions the less MVH is needed (see Table 2.).

Time elapsed until the first suggestion (minutes) N = 35 (suggestion group only)	Alive at discharge	Age	Gender	SAPS	LOS	MVH
	-,246	-,117	-,035	,067	,394	,387

Table 2. *Spearman rank correlation between elapsed time until the first suggestion and six variables*

The analysis of the content aspect of the given suggestions revealed that suggestions make valid scales according to the theoretical psychological phases of ventilation (Varga, Diószeghy and Fritúz, 2007). Factor analysis of the daily given suggestions revealed five valid factors which explain the 43% of the variance. We composed scales and examined the reliability of scales. The strongest factors were the **Ventilation initiation/Information scale** (Cronbach alpha = 0,87) and Vent-

ilation closing scale (Cronbach alpha = 0,78). The other three factors consist of suggestions regarding tracheostomy, ventilation maintenance, and these suggestions were rarely used so we concentrate on the first two scales. The **Ventilation initiation/Information scale** consists of items concerning safety, information about the ventilation process and the patient's condition. For example:

*"Now you are in a hospital, you are safe with us"*

*"You get the best treatment for healing."*

*"Your body needs some support in ventilation until it gains strength."*

*"While you relax we place a smooth, flexible tube into your trachea."*

*"The tube is connected to a machine that is sensitive for your lungs' need for fresh air."*

*"When you open your eyes and detect the tube, you know you can relax further, while the machine helps you with breathing"*

*"Steps of healing process."*

The **Ventilation closing scale** contains suggestions about patient's improvement, strength, independence and information about extubation. For example:

*"You are strong enough so we can take the tube out of your mouth."*

*"You can start breathing on your own."*

*"It is interesting to take a deep breath with your own muscles."*

*"Independent, natural breathing."*

*"With every breath, you can follow the natural way of the air moving in and out."*

*"You will know exactly when is it time for a deeper breath or coughing to make your breathing the most effective."*

*"Day by day you will be stronger and stronger."*

Our analysis revealed that the more **Ventilation initiation scale**-type suggestion is given to the patient, the less MVH is needed (rank correlation between Ventilation initiation/Information scale daily average received while on ventilator and MVH:  $r=-0,442$ , ( $p <$

$0,01$ )). No **Ventilation maintenance**-type and **Ventilation closing**-type suggestions has any effect on MVH or LOS. Another finding was that those suggestions are important regarding their content that are given during the ventilation process.

## Conclusion: When and What

Based on these results we can add three more laws to the list the laws of hypnotic communication (Ewin, 2011, Ewin and Eimer, 2006) for special cases based on the work with ICU patient:

1. Law of timing: The sooner we begin to give suggestions, the better is the healing,
2. The amount of time per se has no effect,
3. In special medical cases the information and the safety are essential regarding the content (and it is in harmony with Ewin's 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> laws).

The literature rarely discusses the timing components of the suggestions, only some of the pre- and perioperative studies refer to the importance of the preliminary information given with positive suggestions. But these studies do not analyze the proper time and the ideal length of suggestions. Bennett, DeMoris és Willitz (1988) for example conclude that the timing has no affect on the effectiveness of suggestions. However we know from Ewin's works (Ewin, 2005; Ewin and Eimer, 2006) with burned patients that the first hours are critical and essential for the healing process: the sooner the suggestions are told, the sooner the patients are cured.

For closing: further research should specify whether these factors are as universal as Ewin's laws or these are only valid in the special case of intensive care unit patients.

## References

Barsky, AJ; Saintfort, R; Rogers, MP. & Borus JF. (2002). Nonspecific medication side effects and the nocebo phenomenon. *JAMA*. 287, (5), 622-627.

Bejenke, CJ. (1996a). Painful medical procedures. In Barber J. (Ed.). *Hypnosis and suggestion in the treatment of pain*, (pp. 209-265). NY. London: W.W. Norton and Company.

Bejenke, CJ. (1996b). Preparation of patients for stressful medical interventions. Some very simple approaches. In Peter, B. et al. (Eds). *Munich lectures on hypnosis and psychotherapy*, (pp. 27-36). Munich: M.E.G. Stiftung.

Bejenke, CJ. (2011). Suggestive communication: Its wide applicability in somatic medicine. A clinician's 35 year observations, Teaching and practice. In Varga K. (Ed.). *Beyond the words: Communication and suggestion in medical practice*. (pp. 83-96). New York: Nova.

Benczúr L. (2012): Pozitív szuggesztiók szerepe az intenzív osztályon fekvő lélegeztetett betegek kezelésében. PhD disszertáció. ELTE, Budapest.

Benczúr, L.; Fritúz, G.; Szilágyi, K.A. & Varga, K. (2006). „Effectivity of positive hypnotic suggestions in the treatment of mechanically ventilated patients”. Paper presented at the XVII. International Congress on Hypnosis, Acapulco, Mexico, August, 21-26. 2006.

- Benczúr, L.; Mohácsi, Á. & Varga, K. (2005). „Take a nice deep breath – if you can”. Paper presented at the X. European Congress of Hypnosis, Malta/Gozo, September, 17 – 24. 2005.
- Bennett, HL; DeMorris, KA. & Willits, NH. (1988). Acquisition of auditory information during different periods of general anesthesia. *Anesthesia and Analgesia*, 67, S12.
- Bennun I. (2001). Intensive care unit syndrome: a consideration of psychological interventions. *British Journal of Medical Psychology*, 74, 369–377.
- Cheek, DB. (1969). Communication with the critically ill. *American Journal of Clinical Hypnosis*, 12, 75–85.
- Cochran J. & Ganong LH. (1989). A comparison of nurses' and patients' perceptions of intensive care unit stressors. *Journal of Advanced Nursing*, 14, 1038–1043.
- Cropp, A; Woods, L; Raney, D. & Bredle, D. (1994). Name that tone: the proliferation of alarm sin the intensive care unit. *Chest*, 105, 1217–1220.
- Diószeghy, Cs. & Péntes, I. (2003). Kommunikáció az intenzív osztályon: a kritikus állapotú beteg psychés vezetése. In Péntes, I. and Lencz, L. (Eds.). *Az aneszteziológia és intenzív terápia tankönyve*. (pp. 571–574). Budapest: Alliter Kiadó és Oktatásfejlesztő Alapítvány.
- Ewin, DM. (2005). Burn. Workshop presented at the X. European Congress of Hypnosis, Malta/Gozo, September, 17 – 24.
- Ewin, D.M. (2011). The laws of hypnotic suggestion. In Varga K. (Ed.). *Beyond the words: Communication and suggestion in medical practice*. (pp. 75–81). New York: Nova.
- Ewin, D.M. & Eimer, B.N. (2006). Ideomotor Signals for Rapid Hypnoanalysis: A How To Manual, Springfield: Charles Thomas Publisher Ltd.
- Griffith, RD. & Jones, C (2005). Delirium and confusion: more than ICU-syndrome. In Ridley S. (Ed.). *The Psychological Challenges of Intensive Care*. (pp. 28–39). Oxford: Blackwell Publishing Ltd.
- Heron W. (1957). The pathology of boredom. *Scientific American*, 196, 52–56.
- Kekecs, Z. (2011). Scientific research on the effects of positive suggestions in somatic medicine. In Varga K (Ed.). *Beyond the words. Communication and suggestion in medical practice*. (pp. 17–34). New York: Nova
- K. Szilágyi, A. (2011). Suggestive communication at the intensive care unit. In Varga K (Ed.). *Beyond the words. Communication and suggestion in medical practice*. (pp. 223–238). New York: Nova.
- K. Szilágyi, A.; Diószeghy, Cs.; Benczúr, L. & Varga, K. (2011). Effectiveness of psychological support based on positive suggestion with the ventilated patient. In Varga K (Ed.). *Beyond the words. Communication and suggestion in medical practice*. (pp. 307–326). New York: Nova
- Leigh, R.; MacQueen, G.; Tougas, G.; Hargreave, F.E; & Bienenstock, J. (2003) .Change in forced expiratory volume in 1 second after sham bronchoconstrictor in suggestible but not suggestion-resistant athmatic subjects. A pilot study. *Psychosomatic Medicine*, 65, 791–795
- Ludwig, AM. (1966). Altered states of consciousness. In: Altered states of consciousness, ed Tart CT, Doubleday, New York.
- Put C; Van den Bergh, O; Van Ongeval, E; De Peuter; Demedts, M. & Verleden G. (2004). Negative affectivity and the influence of suggestion on asthma symptoms. *Journal of Psychosomatic Research*, 57, 249–255.
- Rotondi, AJ; Chelluri, L; Sirio, C; Mendelsohn, A; Schulz, R; Steven, B; Kelly, I; Donahoe, M & Pinsky, MR. (2002). Patient's recollections of stressful experiences while receiving prolonged mechanical ventilation in an intensive care unit. *Critical Care Medicine*, 30, (4), 746–752.
- Topf M. (2000). Hospital noise pollution: an environmental stress model to guide research and clinical interventions. *Journal of Advanced Nursing*, 31, (3), 520–528.
- Unestahl, LE. (1981). *Inner mental training*. Örebro: Veje publishing.
- Van de Leur, JP; Van der Schans, CP; Loef, BG; Deelman, BG; Geertzen, JHB. & Zwaveling, JH. (2004). Discomfort and factual recollection in intensive care unit patients. *Critical Care*, 8, R467–R473
- Varga, K. (2011) (Ed.). *Beyond the words. Communication and suggestion in medical practice*. New York: Nova.
- Varga, K. & Diószeghy, Cs (2001). *Hűtésbefizetés, avagy szuggesztiók alkalmazása az orvosi gyakorlatban*. Budapest: Pólya kiadó.
- Varga, K. & Diószeghy, Cs (2004). A szuggesztió jelentősége az orvos-beteg kommunikációban. In Pilling J. (Ed.). *Orvosi kommunikáció*, (pp. 251–260). Budapest: Medicina.
- Varga, K.; Diószeghy, Cs. & Fritúz, G. (2007). Suggestive communication with the ventilated patient. *European Journal of Mental Health*, 2, 137–147.





## Commentary: Alert and Waking Hypnosis

by Mark P. Jensen PhD

I read with great interest the interviews with David Wark and Antonio Capafons, as well as the response and commentary by Lars-Eric Unestahl on the topic of Alert and Waking Hypnosis published in the most recent issue of the ISH Newsletter. In reading this material I was struck by the significant contributions that each of these researchers and clinicians have made and continue to make to the field of hypnosis. Based on the findings cited and discussed by Dr.'s Wark and Capafons, we know that waking and alert hypnosis can be beneficial for addressing a large number of problems, including many that have been responsive to more traditional hypnosis (Iglesias, 2005; Lloret, Montesinos, & Capafons, 2014; Wark, 2006, 2011).

Through my reading of work in this area, and about the Valencia Model of Waking Hypnosis (VMWH) in particular, I have become increasingly interested in waking hypnosis, and how it might benefit individuals with chronic pain – the focus of my own research and clinical work. I am currently collaborating with Dr. M. Elena Mendoza in a study examining the efficacy of the Valencia Model of Waking Hypnosis for teaching individuals who are cancer survivors to manage pain, fatigue, and sleep interference. Although the randomization code for that study has yet to be broken, in exit interviews, the study participants have consistently described the many benefits they have experienced with the treatment program.

So the research performed to date and my own experience regarding the efficacy of waking hypnosis is very promising, but is it really “hypnosis”? This was a question raised by Dr. Unestahl in his commentary when he wrote, “...the method [of VMWH] has very little to do with hypnosis or alert hypnosis.” It is not completely clear to me whether it was the procedure (an introduction designed to demystify hypnosis followed by an the assessment of hypnotic suggestibility and then the teaching in the use of two inductions followed by therapeutic suggestions) or the theoretical approach (based on a socio-cognitive paradigm that eschews the concept of trance) of VMWH that made Dr. Unestahl question whether waking hypnosis can or should be considered hypnosis.

His asking this question reminded me of the debates over the past decades in our field between proponents of theoretical models that incorporate the concept of trance (e.g., dissociation models) and those

that do not (e.g., socio-cognitive models). While attempts to answer the question, “Which of these models is right?” has generated research – much of which has contributed to our understanding of the hypnotic phenomenon – even after decades of research and debate, both models remain viable. It continues to be possible to explain the (sometimes very powerful and very specific) neurophysiological, behavioral, and subjective responses that hypnosis can elicit from individuals from multiple theoretical perspectives (Jensen et al., in press). Along with Barnier and Nash (Barnier & Nash, 2008), I see the concept of “hypnosis” as including both something that clinicians do (“hypnosis-as-procedure”) and as what happens to people during and after hypnosis (“hypnosis-as-product”). In any case, based on my clinical experience as well as the specific components of the VMWH, the VMWH lies well within the range of what I consider the domain of “hypnosis.”

In my view, all existing theoretical models of hypnosis have something to offer to increase our understanding of the phenomenon; no model has yet been proven itself to be “right.” This is probably for at least one very good reason: no model is, in fact, “right.” Although the models that do exist in our field, whether they are classified as “trait” models or “non-trait” models continue to be viable and contribute to research and clinical work that advance our fields, they remain extreme simplifications of very complex phenomenon. And it is difficult to imagine a phenomenon that is more complex than hypnosis.

## References

- Barnier, A. J., & Nash, M. R. (2008). Introduction: a roadmap for explanation, a working definitions. In M. R. Nash & A. Barnier (Eds.), *Contemporary Hypnosis Research* (2nd ed., pp. 1-18). Oxford, UK: Oxford University Press.
- Iglesias, A. (2005). Awake-alert hypnosis in the treatment of panic disorder: a case report. *American Journal of Clinical Hypnosis*, 47(4), 249-257.
- Jensen, M. P., Adachi, T., Tomé-Pires, C., Lee, J., Osman, Z. J., & Miró, J. (in press). Mechanisms of hypnosis: Towards the development of a biopsychosocial model. *International Journal of Clinical and Experimental Hypnosis*.
- Lloret, D., Montesinos, R., & Capafons, A. (2014). Waking self-hypnosis efficacy in cognitive-behavioral treatment for pathological gambling: an effectiveness clinical assay. *International Journal of Clinical and Experimental Hypnosis*, 62(1), 50-69.
- Wark, D. M. (2006). Alert hypnosis: a review and case report. *American Journal of Clinical Hypnosis*, 48(4), 291-300.
- Wark, D. M. (2011). Traditional and alert hypnosis for education: a literature review. *American Journal of Clinical Hypnosis*, 54(2), 96-106.



To the editor:

We are writing to express our concern about the commentary by Lars-Eric Uneståhl on Dr. Antonio Capafon's work on alert hypnosis. In particular, we are surprised by his repeated statement that the Valencia model of waking hypnosis "has very little to do with either hypnosis or alert hypnosis." In a classic paper, E. R. Hilgard (1973) characterized the "domain of hypnosis" as a fuzzy set of characteristic phenomena, central to which is responses to the type suggestions typically measured in scales of hypnotic suggestibility. The concept of "waking hypnosis" dates back to 1924 (Wells, 1924) and is well known within the history of our field. The fact that Dr. Capafon's work on alert and waking hypnosis has been published extensively in journals of the ISH and its national affiliates (Alarcón, Capafons, Bayot & Cardena, 1999; Capafons, 2004; Capafons, Alarcón & Hemmings, 1999; Capafons, et al., 2005, 2006; Cardena Alarcón, Capafons & Bayot, 1998) as well as in handbooks of hypnosis (Capafons & Mendoza, 2009, 2010), is testimony to its acceptance as part of the domain of hypnosis by editors, peer reviewers, and hypnosis experts. As such, it is a fundamental part of scholarship on hypnosis in general and alert hypnosis in particular.

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Alarcón, A., Capafons, A., Bayot, A., & Cardena, E. (1999). Preference between two methods of active-alert hypnosis: Not all techniques are created equal. *American Journal of Clinical Hypnosis*, 41, 269-276.

Capafons, A. (2004). Clinical applications of "waking" hypnosis from a cognitive-behavioural perspective: From efficacy to efficiency. *Contemporary Hypnosis*, 21, 187-201.

Capafons, A., Alarcón, A. & Hemmings, M. (1999). A metaphor for hypnosis. *Australian Journal of Clinical and Experimental Hypnosis*, 27, 158-172.

Capafons, A., Cabañas, S., Alarcón, A., Espejo, B., Mendoza, M<sup>a</sup> E., Chaves, J., & Monje, A. (2005). Effects of different types of preparatory information on attitudes toward hypnosis. *Contemporary Hypnosis*, 22, 67-76.

Capafons, A., & Mendoza, M<sup>a</sup> E. (2009a). The Valencia model of waking hypnosis and its clinical applications. En G.D. Koester & P.R. Delisle (Eds.), *Hypnosis: Theories, research and applications* (pp. 237-270). New York: Nova Science, Publishers.

Capafons, A., & Mendoza, M<sup>a</sup> E. (2010). Waking hypnosis in clinical practice. En S.J. Lynn, J.W. Rhue, & I. Kirsch (Eds.), *Handbook of clinical hypnosis* (2<sup>a</sup> edition) (pp. 293-317). Washington, D.C: American Psychological Association.

Capafons, A., Selma, M. L., Cabañas, S., Espejo, B., Alarcón, A., Mendoza, M<sup>a</sup> E., & Nitkin-Kaner, Y. (2006). Change of attitudes toward hypnosis: effects of cognitive-behavioral and trance explanations in a setting of heterohypnosis. *Australian Journal of Clinical and Experimental Hypnosis*, 34, 119-134.

Cardena, E., Alarcón, A., Capafons, A. & Bayot, A. (1998). Effects on suggestibility of a new method of active-alert hypnosis: Alert hand. *International Journal of Clinical and Experimental Hypnosis*, 45, 280-294.

Hilgard, E. R. (1973). The domain of hypnosis: With some comments on alternate paradigms. *American Psychologist*, 28, 972-982.

Lloret, D., Montesinos, R., & Capafons, A. (2013, electronic version /2014). Waking self-hypnosis efficacy in cognitive-behavioral treatment for pathological gambling. An effectiveness clinical assay. *International Journal of Clinical and Experimental Hypnosis*, 62, 50-69, DOI 10.1080/00207144.2013.841474.

Martínez-Tendero, J., Capafons, A., Weber, V., & Cardena, E. (2001). Rapid Self-Hypnosis: A new self-hypnosis method and its comparison with the Hypnosis Induction Profile. *American Journal of Clinical Hypnosis*, 44, 3-11.

Martínez-Valero, C., Castel, A., Capafons, A., Sala, J., Espejo, B., & Cardena, E. (2008). Hypnotic treatment synergizes the psychological treatment of fibromyalgia: A single pilot study. *American Journal of Clinical Hypnosis*, 50, 311-321.

Reig, I., Capafons, A., Bayot, A., & Bustillo, A. (2001). Suggestion and degree of pleasantness of rapid self-hypnosis and its abbreviated variant. *Australian Journal of Clinical and Experimental Hypnosis*, 29, 152-164.

Wells, W. R. (1924). Experiments in waking hypnosis for instructional purposes. *Journal of Abnormal and Social Psychology*, 18, 389-404.



## The 7th Congress of Hypnosis for Children and Adolescents took place from October 31 to November 3, 2013 in Heidelberg, Germany

*By Bernhard Trenkle*

Close to 2000 participants attended this sold-out meeting. The most of the participants came from Germany, Switzerland and Austria. The teaching faculty of 115 speakers came from all over the world and included both present and former ISH Board Of Directors members including Woltemade Hartman and David Wark.

The meeting was organized by the Milton Erickson Institute of Rottweil and the Trenkle Organization, the same team that organized the very successful 19th International Hypnosis Congress in Bremen, 2012.

The Heidelberg congress is very popular in the German-speaking field of pediatric therapists. Six of the seven congresses have been sold out, in spite of expanding the congress rooms outside of the conference center.

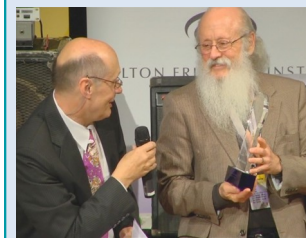
This time the organizers rented a big ship which was anchored in front of the congress center on the river Neckar.

This extra space allowed us to host close to 200 more attendees. An added delight was providing faculty lunch on the ship.

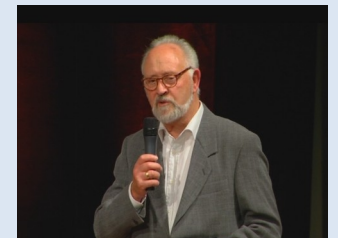
The program still can be viewed at <http://www.indertagung.de>

A special additional topic for 2013 was the multigenerational perspective of family therapy. Some of the leading family therapists in Europe and overseas addressed this special field.

The highlight of this congress was the new Daniel Kohen Award for outstanding contributions in field of child hypnosis. It was given to two of the leading German speaking pioneers of child hypnosis: Prof. Siegfried Mrochen and Prof. Karl-Ludwig Holtz.



*Bernhard Trenkle (left) Daniel Kohen (right) chat about the new Daniel Kohen award.*



Prof. Dr. Karl Ludwig Holtz is awarded the Daniel P. Kohen Award, 2013.

## Upcoming Congresses

**European Congress of Ericksonian Hypnosis and Psychotherapy plus 20 years anniversary of Milton Erickson Institute Poland. 12.-15.June.14 in Krakau.** This is the largest international psychotherapy congress in Polish history. Many well-known international hypnosis experts will teach there: Jeffrey Zeig, Susanna Carolusson, Consuelo Casula, Giuseppe de Benedittis, Betty Alice Erickson, Eva Ferstl, Brent Geary, Christine Guilloux, Nicole Ruyschaert, Susy Signer-Fischer, Claude Virot, Eric Vermetten, Gunther Schmidt and many more, <http://www.congress2014.p-i-e.pl>

**European Congress of Hypnosis ESH 21.-25.Oct.2014** in Sorrento Italy, <http://www.eshcongress2014.org/congress/>. Largest hypnosis meeting in 2014 at a beautiful place. See page 21 of this newsletter for more information.

**Congress Mentales Staerken Oct 30- Nov2 2014 in Heidelberg.** At this congress expert sin the field of mental training for sport, performing arts, business, school, study, etc. will meet and teach. Already there are 1000 registered colleagues. The majority of workshops will be in the German language but also many well-known international experts will teach in English: David Wark, Lars-Eric Unestahl, Nicole Ruyschaert, Brian Alman, Igor Ardoris, Andrew Armatas, Danie Beaulieu, Jan Blecharz, Louis Cauffman, Ben Furman, Jitendra Mohan, Michel Gagne, Natalia Stambulova, etc. [www.mentales-staerken.de](http://www.mentales-staerken.de)

**Brief Therapy Conference 11-14 Dec 2014 Orange County California USA.** This congress is organized by the Milton Erickson Foundation. Leading hypnotherapists are meeting with brief therapy experts from other approaches: Jeffrey Zeig, Steve Gilligan, Bill O'Hanlon, Ernest Rossi, Michael Yapko, Philip Zimbardo, Don Meichenbaum, Sue Johnson, Francine Shapiro, Bessel van der Kolk, Scott Miller, Reid Wilson etc. [www.brieftherapyconference.com](http://www.brieftherapyconference.com)

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Call for papers: it's time to get your thoughts down on paper!

Deadline for submissions: September 15, 2014

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The Scientific committee will focus on 8 themes:

- |  |  |
|--|--|
| 1 - Hypnosis: A Worldwide Practice                     | 5 - Hypnotherapy & Ecology   |
| 2 - Hypnosis: A Key Tool for a New Functional Medicine | 6 - The Therapist-Patient Interactions   |
| 3 - Valuable Current Conceptions about Consciousness   | 7 - Training   |
| 4 - The Role of Hypnosis in Medical Care and Society   | 8 - From Historical Hypnosis to Modern Ericksonian Hypnosis: What is the Future for the French-speaking Hypnosis ? |

*Presentations and Translations in 4 languages: English, French, German & Spanish*

### The International Scientific Committee

An international scientific committee has been created in order to help the Paris 2015 Organizing Committee.

Here are the members from all over the world:

Brian Allen (Australia)	Woltemade Hartmann (South Africa)	Nicole Ruyschaert (Belgium)
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Mikhail Ginsburg (Russia)		



We are pleased to announce that we already have 500 confirmed registrations for Paris 2015. All of them had a very attractive price for their early bird registrations. Enjoy the new rate of 485 € until June 2014, registering on the website:

[www.hypnosis2015.com](http://www.hypnosis2015.com) Please Note: The final rate will be 590 €.





Register by 21 February 2014. For more information, please visit:

<http://www.eshcongress2014.org/congress/>

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