



The International Society of Hypnosis

NEWSLETTER

Building Bridges of Understanding

Issue III, Autumn, 2013

Letter from the President

Julie Linden, PhD



ISH is pleased to bring you its second newsletter for the year 2013. We promised more communication and outreach and this year we will have three newsletters — this is one of our accomplishments. Many thanks to the energy and ideas of its editor, Consuelo Casula, who selflessly volunteers her time and creativity for the benefit of ISH.

ISH's membership is growing- we are close to 300 individual members and now have 29 Constituent Societies, with several more on the horizon. The ISH website has reported on the very successful and extremely well organized first international conference on hypnosis and medicine. During this conference the Board of Directors was able to meet and continue its work revisiting our bylaws. We have created a policy and procedures manual to add to our growing virtual office.

This year, the Board voted to begin the membership renewal drive in October so that your membership benefits and the journal subscriptions will not be interrupted. Subscriptions begin with the start of the new year, and you are entitled to all four journals of the year of your membership, but if you renew late, there will be a delay in your print subscriptions. Prompt renewal will assure your subscriptions are on time.

It has been an interesting year full of travel and training for all of the board members. Each is doing his and her part to promote ISH and the Paris Congress 2015. The Board is hoping you will do the same. Encourage your friends and colleagues to join ISH. Please send them to the ISH website to learn about us, the listserv, and the many other benefits of membership. Your help in building our membership will go a long way to support ISH. Thank you!

Julie H. Linden, PhD

Membership Renewal Drive for 2014 Launches October 2013

Renew Your Membership in ISH and Receive the Benefits you Deserve.

New Benefit: *The On-line Membership Directory*

Coming Soon: *Congress Video Presentations and Interviews*



The ISH central office wants the renewal process of membership to work easily for you, our members. We also want you to receive the journal benefit in a timely fashion.

To this end, we have been updating the website and thought it might be helpful to explain a few items to you.

1. You can now renew on-line more easily than ever. Go to the ISH website, www.ISHhypnosis.org. Then go to the menu item titled **Membership**. On the dropdown menu click **Renewals**. Then click either **Individual** or **Constituent Society** for the renewal process and follow instructions.
2. All payments are now posted in USD only. However, there are several payment options. We can now process your credit cards, if you do not want to use the convenience of PayPal. But please fax or phone this information on the form provided in order to protect

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Letter from the Editor

Consuelo Casula



I hope this issue will surprise you, at least for two reasons. The first one is that you receive it in October while you were accustomed to receive the second issue in December. This means that you will receive a new third issue in December.

The second reason is the content. I hope you like traveling with the ISH community around the world and visiting friends in their homeland such as South Africa, Iran, Budapest, the USA and Turkey.

I was very impressed by reading the answers Wollie Hartman gave to the interview dedicated to the new ISH board members. Now that we know him better, having more information on his personal and professional life, we have many more reasons to admire him. He shows that he deserves the Jay Haley career award for his innovative contributions to hypnosis. He received the award in Rome, during the 2009 ISH congress, along with Claude Virot, ISH current president-elect. The award was for his writing, teaching, leadership and clinical/scientific work which have shown substantive advances in the understanding and practice of hypnosis. I would say, also for his personal and professional commitment. In the next issue the Frenchman, Frank Garden-Brèche, will be interviewed.

Another interesting interview is the one John Lentz made with our Iranian colleague, Enayat Shahidi, Board Member, Treasurer and Chairman of the Education Committee of the Iranian Scientific Society of Clinical Hypnosis. ISHNL's readers may remember his review on ISHNL issue 4, August 2012, of the first Iranian International Conference on Hypnosis and Related Sciences, held May 26-27, 2012 in Mashhad, Iran. It is also interesting to know that Enayat is translating for the Iranian community the books of Assen Alladin on "*Cognitive Hypnotherapy*" and of Daniel Kohen and Karen Olness on "*Hypnosis and Hypnotherapy with Children*," among others. He has also published two books in Persian, one on *Hypnotherapy of Anxiety Disorders* and the other on *Self-Hypnosis: the Key of Success*.

Katalin Varga gives her double contribution to this issue by writing her comments on the 1st International Conference on Hypnosis in Medicine (ICHM), held in Budapest August 29-September 1, 2013 organized by her national Constituent Society, and by hosting the article written by Andras Kolto on the importance of assessing hypnotizability in clinical practice. This appears in her corner on Building Bridges of Understanding: Clinical Relevance of Research Findings. Kolto's position is that using standardized hypnotizability measures can contribute - not always and not with every patient- to the therapeutic process and may reinforce the dialogue between clinical practitioners and researchers.

In the next issue you will find reviews of some workshops and lectures presented during the Budapest congress, among others articles.

Another interesting article in this issue is the one written by Anita Jung, a colleague who is appreciated for her creativity in combining hypnosis and music. ISH members may remember her during the ISH congress in Bremen 2012 where every day, from 12:45pm to 1:30pm, she and Oliver Rajamani gave the congress attendees the pleasure of both relaxing and reinvigorating themselves listening to Trance with live Music.

Ali Özden Öztürk, another creative colleague who shows the similarities between Sufi dances and hypnosis, informs us about what is happening in Turkey regarding the recognition of hypnosis by the government which will pave the future of hypnosis in Turkey,

And last but not least the ESH president, Nicole Ruyschaert, gives her generous contribution introducing the book of Richard Kluft, *Shelter From The Storm. Processing the Traumatic Memories of DID/DDNOS Patients with The Fractionated Abreaction Technique*. The title evokes the metaphor of therapy as sailing with an expert captain - the therapist- who checks everything before going to the open sea.

I hope you enjoy reading this issue while waiting for the next to come that will be ready before the holidays. I wish you a wonderful colorful autumn.

Consuelo Casula

Interview with ISH Board Member Woltemade Hartman, PhD (WH)

By Consuelo Casula (CC)



In this issue, I continue the presentation of the Board Members of The International Hypnosis Society (ISH) to the ISHNL reader, by interviewing Woltemade Hartman Ph.D, also known as Wollie (from now on WH). He is Clinical and Educational Psychologist, Director of Milton H. Erickson Institute of South Africa (MEISA) and President of Ego State Therapy International (ESTI)

CC. Please describe your background. What led you to become a psychotherapist, and what drew you to hypnosis in particular?

WH. This question compels me to reflect back on my own history for a moment. Mine began when I was born “white” in Apartheid South Africa – a country that had been characterized by racism, sexism and xenophobia. I remember my parents vehemently opposing the apartheid regime with devastating consequences to our family; amongst others, persecution for our views and beliefs, incarceration and total despair. I did my military service at the then South African Prison Services (1988 -1991). As a young psychologist I was obliged to do psychotherapy with the well-known Sharpeville Five prisoners for one and a half years. They received the death penalty and were on death row for a long time. It was during this time that I started experimenting with hypnosis while working with political prisoners. Without realizing exactly what I was doing, I now know that I had given them hours of ego-strengthening support, motivating them to not lose sight of their goals and to persevere. It was also during this time that I made contact with Professors Jack and Helen Watkins in the United States and they eventually became my support and source of strength during these difficult times. I was fascinated by their work on parts of the personality, commonly known as ego states and started applying these techniques whilst working with political prisoners.

After this experience I had to strip away the persona - “the mask” of self – to reach the point of introspection and find out who my own ego-states were. I undertook a personal inward journey to consider what I believed about myself and other human beings and consider what fanatics told me to believe directly and indirectly, and how I was forced to believe that their

perpetuated truth, their double-binds, were in fact my internal reality. I soon discovered that there had been a part of me that simply refused to succumb to and accept the racist double-binds and roles assigned to me by an insensitive, hostile and hurtful regime. This had been a part of me that did not want to be controlled and forced into double-bind sequences, to believe what had been expected of me at the time simply because I “had to act like a white person.” This part of me realized what it was like to be genuine, to have compassion for others irrespective of color or creed, and above all to have hope, optimism and energy.

I had to personally discover that the real power of defining self, lies within the self. This was done with the help of the Watkins. Perhaps most significant was the fact that I realized that my own life was the most interesting one I knew, and that I could accept myself for who and what I was. I started peeling back the layers of my life and began excavating the real me. My journey made me realize that no matter what the color of my skin was or how troubled or successful I became, there was always potential for change and growth, to improve, to move forward, and to live with more purpose, vibrancy and meaning. It became apparent to me that I could not let my adversity imprison my mind and that I had to conceptualize my past as an opportunity to delve into what is really true for me – and then to act on that truth, growing each day in greatness and service - a truly fulfilling experience.

My greatest discovery was learning to love myself first and then to extend that love to others in a country that needed my skills and my self as a therapist - now more than ever. My psychotherapist and colleague Helen Huth Watkins once told me: “Discover your true life journey within yourself, Wally.” This journey never ends, and that is what is so exciting; the journey itself!

CC. You are the founder of The Milton H. Erickson Institutes of South Africa (MEISA). Can you tell me something about its history, when you created it, where, what was/is your purpose, what do you usually do in and through MEISA.

WH. The Milton H. Erickson Institutes of South Africa (MEISA) came into existence during 1999. It was established by my wife, Idillette Hartman (M. Log), our colleague Callie Hattingh (MA. Clin. Psych) and myself.

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We started small and our first workshop on Ericksonian Hypnosis and Psychotherapy consisted of only eight participants. Needless to say, to date more than 3,000 professionals in our country have completed their training at the Institute with a primary focus on Ericksonian Approaches to Hypnosis and Psychotherapy and an array of other psychotherapeutic intervention strategies. Since our inception, The Milton H. Erickson Institute of Gauteng (MEGSA) and the Milton H. Erickson Institute of Cape Town (MECSA) work in close collaboration and both Institutes are affiliated with the Ericksonian Foundation in Phoenix, Arizona, USA and also form a Constituent Society of the International Society of Hypnosis. Our primary goal is not to teach hypnosis from any specific epistemological point of view, but rather to teach colleagues and students the amazing advantages of using hypnotic intervention strategies in psychotherapy. I fondly remember Prof. Jack Watkins's words to us: "Hypnotherapy must be studied as a science, and practiced as an art!"

We now have reached the stage where our training courses have gained tremendous popularity among professionals nationally, internationally as well as in other African countries. The legacy of Milton Erickson has surely had an impact on African psychotherapists. It is said that Ericksonian principles respect African culture, African traditions, African life and African traditional healing methods as well as human dignity in general. In fact, this naturalistic, permissive and contextualized approach is democratizing the African psyche by helping our clients broach their adversities of the past and to increasingly focus on finding solutions for the future.

The Institutes have been accredited by the Health Professions Council of South Africa (HPCSA) as service providers for the training of

professionals for many years. The Institutes offer intensive training for professionals and students at various universities in Ericksonian Hypnosis and Psycho-

therapy, Ego State Therapy (EST), Solution-Focused Therapy (SFT), Eye Movement Integration Therapy for Trauma (EMI), Narrative Therapy, Mindfulness Based Cognitive Therapy (MBCT), Somatic Experiencing (SE) for all kinds of trauma, as well as many other innovative therapeutic intervention strategies. Professionals and students are expected to successfully complete the fundamental, intermediate and advanced training courses in their fields of choice. They are also expected to attend regular supervision workshops and are eventually invited for a *viva voce* examination to demonstrate their competence in their field of choice. Where possible, the Institutes only invite faculty members with at least a doctoral degree and international standing to present its courses and training workshops. The Institutes are among 145 institutes worldwide affiliated with the Ericksonian Foundation in Phoenix, Arizona, USA. The MEISA Institutes only offer training to psychologists and medical doctors registered with the Health Professions Council of South Africa (HPCSA). The Institutes' website can be found at www.meisa.biz.

For some or other intuitive reason I felt compelled to visit Prof. Watkins during December 2011 at his home in Denver, Colorado and we spent three wonderful and insightful days together talking endlessly about hypnosis, Ego State Therapy, Psychoanalysis, Psychotherapy and about life in general. It was during these conversations that I informed him of my plans to start a global initiative sharing his and Helen's amazing legacy, knowledge of hypnosis and Ego State Therapy, and their passion for life with all our colleagues worldwide. He was fascinated by the idea and gave his blessing for such an initiative. The morning I left his home I intuitively knew that this time it was not goodbye but farewell, and upon exiting his house he called me back inside and handed me, with tears running from his cheeks, his personal and last autographed copy of his scholarly book titled "The Therapeutic Self," which he had written in 1949. I treasure this book with all my heart, fondly remembering his major contribution to my academic career. Prof. Watkins sadly passed away just three weeks after my visit. Ego State Therapy International (ESTI) was subsequently established on January 25, 2012 in Heidelberg, Germany. I was elected as President of ESTI, Susanna Carolusson (M.Sc.) from Sweden as Vice-President and Eva Ferstl (M.Sc.) from Austria as Secretary/Treasurer.

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The ISH Board of Directors in Budapest, Hungary.

The aim of ESTI is to, amongst others, co-ordinate the training of Ego State Therapists internationally and to promote rigorous research in this field.

CC. *You also organize congresses both on hypnosis and Ego State Therapy. Can you tell us the similarities and differences between the two, and what role does hypnosis play in Ego State Therapy.*

WH. I prefer not to separate hypnosis and Ego State Therapy as I conceptualize hypnosis as an integral part of ego state epistemology. Ego states are resourceful parts of one's personality and neurology and may originate and develop during the normal course of life, after or during traumatic experiences and through introjections of significant others which is made possible by the so-called mirror neurons. In this process, trance experiences and possible dissociation play an important role and can therefore not be separated from the Ego State approach. For practical and financial reasons we also combine the two when organizing our congresses.

CC. *Your congresses are special also because usually they have three different locations for a pre-congress, a main congress and a post-congress. Can you tell us how you came up with this brilliant idea? How does it work? Do you have different people attending and teaching at the different venues?*

WH. During November 2003 the Institutes organized the very successful first South African Conference on Sexual Abuse. Over 400 participants registered and the conference was a great success. Workshops at this conference were presented by more than 30 faculty members from South Africa, Africa and abroad. Our Institutes were instrumental in initiating the first World Congress on Ego State Therapy held in Bad Orb, Germany in 2003. This event was jointly organized by Bernhard Trenkle (Past-President of the Milton Erickson Gesellschaft of Germany) and myself. During February 2006 the Institutes hosted the first Changing Faces of Psychotherapy Congress including the 2nd World Congress on Ego State Therapy. The Congress

was attended by more than 400 participants from all over the world. The Institutes also hosted the Best of Psychotherapy Congress during 2006 as well as the Cape of Good Hope Congress. Both these congresses were attended by more than 300 professionals. Over 60 internationally-renowned faculty members presented workshops at these congresses. At this stage we realized that we had a winning recipe by combining the pre-, main and post- congresses at very exciting venues all over South Africa. This model continues to work well for us as many of our international delegates enjoy sampling the diverse venues South Africa has to offer.

In March 2008 the Institutes then organized a Congress in Contemporary Approaches to the Management of Trauma in George, Western Cape. This congress was attended by more than 140 therapists from all over South Africa and abroad. In 2010 the Institutes successfully hosted the second Changing Faces of Psychotherapy Congress which included the 3rd World Congress on Ego State Therapy at Sun City and in Stellenbosch, South Africa. More than 500 professionals from across the globe attended these congresses. The faculty consisted of more than 80 international presenters. Bernhard Trenkle (Past-President of the Milton Erickson Gesellschaft of Germany and Director of the Milton Erickson Institute of Rottweil, Germany) was instrumental in helping to market these events internationally and still serves on the Advisory Board of our Institutes. From February 18-27, 2013 the Institutes successfully hosted the congress, Diamonds in the Rough: Perspectives on Change in Psychotherapy, including the 5th World Congress on Ego State Therapy. The pre-congress workshops were held at Mabula Private Wild Animal Lodge in the Limpopo province, the main congress at the International Convention Centre in Pretoria, Gauteng province and the post-congress in Franschhoek, Western Cape province. Our congresses have become increasingly popular among our international colleagues as it provides them with the opportunity to visit our wild animal parks, experience the hypnotic nature of our animal kingdom to its fullest and to visit Cape Town and Table Mountain as a World Heritage Site. It also affords them the opportunity to learn more about our wonderful people and colorful cultures. As Archbishop Desmond Tutu would say: "They are getting to know the Rainbow Nation!"

CC. *From the name of your Institute it is clear that you consider yourself and your Institute Ericksonian. Can you tell the specificity of being Ericksonian compared to whom does not consider himself or herself Ericksonian?*

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Irina and Brian Allen, Wollie Hartman and John Lentz at the Gala dinner hosted by ICHM in Budapest.

WH. As I continued to get more involved and skilled in the application of hypnosis over many years, I discovered that the complexity of my clients' problems and the diversity of their responses during my therapeutic interventions with them necessitated me to keep an open mind about the special elements of each model of hypnosis and its epistemological perspectives. No one theory to date adequately explains why people do what they do or how to intervene therapeutically in a successful manner. The clinical skill lies in knowing which approach to use at any given time. I therefore prefer to define hypnosis from various epistemological points of view. I conceptualize hypnosis, among others, as a process of skilled, interactive and influential communication. Erickson once stated that hypnosis assists in reorganizing the internal life of a person. In my opinion this is still true today, although I believe hypnosis also includes a process of re-contextualization with the ultimate goal of conscious-unconscious complementarity. It can be described as a focused experience of attentional absorption (Yapko, 2012), it advances experiential learning, potentiates problem solving skills, activates resources and energizes associational processes. From an ego state point of view, I define hypnosis as a process of activating, stimulating, strengthening and processing the inter- and intra-relational patterns of communication amongst dissociated and resourceful parts of the Self. From the aforementioned, it becomes clear that I conceptualize hypnosis from different epistemological perspectives although I regard myself as neo-Ericksonian.

CC. *Have you met Dr. Erickson personally? If yes, can you tell us when, how and what was your impression?*

WH. No, I never met Dr Erickson, although I "discovered" him and his amazing work in the 70's and early 80's whilst being a student. Like most people during that time I was fascinated by his indirect and very respectful approach toward his patients and clients. However, it was his Utilization Approach in psychotherapy that impressed me the most. Perhaps my impression about Dr. Erickson was also influenced by what Prof. Watkins, who had met Dr. Erickson several times, had told me about his work and life. I remember Prof. Watkins giving credit to "the astonishing scientific and clinical contributions that Erickson had made to the hypnosis fraternity" during his Keynote Address at the International Society of Hypnosis Congress in München, Germany in 2000.

CC. *If you didn't personally meet Erickson who do you consider your mentor or teacher?*

WH. I would say that I have had several mentors and teachers over the years who have all individually contributed in significant ways to my career as a psychotherapist and particularly to my interest in hypnosis. I would start off with Prof. Lenie Grové, supervisor for my doctoral dissertation at the Rand Afrikaans University, who shared a common interest with me in hypnosis, and particularly in Ego State Therapy. I then continued my studies with Prof. John Watkins and Helen Watkins in Missoula, Montana, USA during 1990 and 1991, who both had a profound and invaluable influence on my career and the choices I made in later years. The Watkins' introduced me to Prof. Erika Fromm during a congress in Chicago with whom I visited several times in Israel and in the United States, attended various training workshops she presented and had the honor of attending private workshops and individual supervision sessions where she taught me the principles of hypno-analysis. Dr. Maggie Phillips and Dr. Claire Frederick both continued to motivate me by inviting me to present my first scientific paper on Ego State Therapy with sexually traumatized children during a congress held in Vienna in 1993. From 1993 to 1995 I attended the Ericksonian Training Intensives in Phoenix, Arizona, and it was during this time that I got to know the Ericksonian approach to hypnosis and psychotherapy in its entirety! Both Dr. Brent Geary and Dr. Jeffrey Zeig played major roles in shaping my knowledge of Ericksonian methods and its skillful clinical application. During the 1997 ISH congress in San Diego I was exposed to the work of Bernhard Trenkle who also contributed significantly to my knowledge of Ericksonian principles. Bernhard's astonishing ability to organize congresses made a great impression on me during this time and I later approached him to help me organize the first World Congress on Ego State Therapy. Bernhard generously agreed to host the congress in Bad Orb, Germany and we jointly organized this very successful event. Since then we have jointly organized several congresses together and I am grateful for the knowledge he has shared with me in this regard.

CC. *What is your involvement in the ISH board, what would you like to give, how would your contribution help the field of hypnosis in general and ISH in particular?*

WH. I was honored to be elected as Secretary of the Council of Representatives (COR) during the ISH International Congress in Bremen, Germany in October 2012.

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In this capacity I am, first of all, serving the global hypnosis community and specifically represent the Board of ISH when dealing with individual members and Constituent Societies of the International Hypnosis Society. Simultaneously I represent the interests of members and Constituent Societies on the Board. One can say I am the "hotline" between the Board and its members. I also serve on specific committees of the Board and chair the Education and Training Committee. In this capacity I help to continuously review and improve the rigorous training standards that ISH promotes in order to protect the public from the scrupulous use of hypnosis and to guide the hypnotic and psychotherapeutic profession in the ethical application of clinical hypnosis. ISH has a proud tradition of serving both the public and its members and I intend to be part of this organization's future goals and successes.

CC. *How does the political situation in South Africa affect you and your family?*

WH. Although our country will soon celebrate 20 years of political freedom, we are still plagued with poverty, crime, intolerance, adversity and the devastating consequences of the AIDS epidemic – all challenges facing us and which only we as South Africans, can change. In this regard Psychology and Psychotherapy play a central role and should therefore assist in healing the wounds of the past. In light thereof my family and I feel we have a duty to assist and play a role in rebuilding and integrating our beautiful country. In a sense we are all parts (ego states) of our land and those who know ego state theory will realize that one never tries to annihilate any ego state. An ego state is not only part of the self, it is the Self! This is also true for each member of my family. We are part

of the rainbow-nation and we intend to stay part of it! One would say: We are proudly South African.

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

WH. I am currently traversing the globe to advance the goals set by Ego State Therapy International. This is not an easy task, but an exciting and challenging one! I intend to make a success of it, and in this way contribute to also advance hypnotic interventions in psychotherapy. I further intend to disseminate my knowledge to other countries and professionals who are eager to learn more about combining hypnosis and psychotherapy. I have been teaching hypnosis, and more specifically Ego State Therapy, in Germany for the last 10 years and in Switzerland and Austria for the last six years. Ego State Therapy has recently gained such popularity worldwide that I am now also teaching more regularly in China, the United States, Canada, Namibia, Poland, the Czech Republic, Israel, Japan and Luxembourg. I am currently writing a new book on the use of Ego State Therapy with traumatized children and one on the Selected Papers of John and Helen Watkins, which will be in print soon. I equally treasure my work as Senior Research Fellow at the University of Johannesburg where I supervise doctoral students with research projects and their doctoral dissertations. My dream for the future is to share my knowledge of hypnosis and Ego State Therapy with my students and colleagues and to continue the legacy and trail of wisdom that the Watkins left us when they stated that "life should not merely be valued for its quantity measured in chronological time, but for its quality measured in experiential time!" I am trying my level best to adhere to and be guided by this wisdom.

Interview with Enayatollah Shahidi (ES) By John Lentz (JL)



Enayatollah Shahidi MD is a *Board Member, Treasurer and Chairman of Educational Committee* of the Iranian Scientific Society of Clinical Hypnosis. He is also a member of ASCH and ISH, and an active participant of all those groups. He

maintains a medical practice as well as that of a psychologist, and is certified in several specialties including Cognitive Therapy. What is most appealing is that he is someone you want to know because of his high energy, intense desire to learn and willingness

to grow and to share what he learns. His friends call him Enayat.

JL: *Enayat, you are a busy man. You have translated four books for children and Gary R. Elkins "My Doctor Does Hypnosis" into Persian, and you are translating several more. You have also written four books yourself, two already published and two under publication while you kept up your medical practice. You are among other things a Cognitive-Behavioral Psychotherapist; where does all your energy come from? I know that you are also a devoted husband and father.*

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ES: Well, when I think of the goals I used to nurture in my mind and the ones I'm yet to achieve, I get the feeling that even as it is, I am not so far ahead of my agenda. Of course, managing your time and energy isn't that difficult a task; it just requires proper prioritization in life. Since I really love my family, for me, they come first, and I always enjoy the time spent by them. When it comes to my professional life, I don't look at the things that I do as work or a burden; I actually like what I'm doing and I would like to think that I've led a useful life.

JL: *Does your drive in part come from your beliefs and virtues or from your commitment to people and to relieve suffering?*

ES: A little bit of both actually. I think the factors you mentioned are interrelated and you can't distinguish them completely. Yes, faith has a big part in what I do, but it's the same faith that urges me to commit to people and help them to help themselves. I consider myself highly committed to people and the biggest joy that could come upon me is relieving pain and suffering and I believe this feeling comes from the deep faith that I have. On the other hand, as a human being, I certainly have my own sufferings. Alleviating the pains of others gives me a very good feeling and will help relieve my own sufferings as well.

JL: *Your approach is very compassionate and has some unique features. Do you feel driven to let others know because it works, or because you have a commitment to help others who you have never met?*

ES: I have spent some 20 years of experience to try and come up with my specific approach, something to contribute to the life of others. I have come to realize that my attitude toward treatment is mostly impressed by the humanistic and person-centered approach of Carl Rogers and the

ingenious utilizations of Milton Erickson. Now that I've come this far, it wouldn't be desirable for me to be the only one applying it. I consider it my duty to share what I've come upon, providing my colleagues with another option in their choice of proper treatment.

JL: *You are known in Hypnotic circles as a person who is powerfully committed and driven to know, understand and teach what you learn to others.*

ES: My viewpoint is that knowledge isn't personal. The beauty of something is understood only if shared with others. I always try to commit to my own part, facilitating procedures as much as I can, and I can just hope that my efforts could be a minor contribution in the practice of therapy all around the world.

JL: *As a member of the International Society of Hypnosis, do you have any suggestions how to change the future of the society for the better?*

ES: To be honest, as an ISH member, I believe that its overall function has been desirable, especially in the recent four years. The only thing that I like to add is highlighting the pivotal role of education in the realm of both clinical and non-clinical uses of hypnosis. It is worth noting that a lot of people are deprived of the outstanding advantages of scientific hypnosis because of the unavailability of qualified hypnotherapists. I am convinced that providing suitable opportunities for training the potential therapists will be a good solution for the problem.

By this I mean that from my standpoint the necessity of organizing an educational department within ISH is inevitable. Fortunately, in ISH there are a lot of knowledgeable members capable of presenting very useful workshops all around the world. Hence, in order to bring this idea into action, I highly recommend that ISH establish a tutorial committee to promote the scientific hypnosis worldwide.

JL: *Wow, you do have some strong ideas. Thank you.*

1ST INTERNATIONAL CONFERENCE
ON HYPNOSIS IN MEDICINE
BUDAPEST, HUNGARY
29 AUGUST – 1 SEPTEMBER, 2013



Report on the First International Conference on Hypnosis in Medicine

The First International Conference on Hypnosis in Medicine (ICHM) was held in Budapest, at Hilton Buda – one of Budapest's nicest venues, on the top of Buda hill, next to Matthias Church.

The meeting was co-organized by the Hungarian Association of Hypnosis and the Department of Anaesthesiology and Intensive Therapy, Semmelweis University, with the nominal sponsorship of the European as well as the International Society of Hypnosis.

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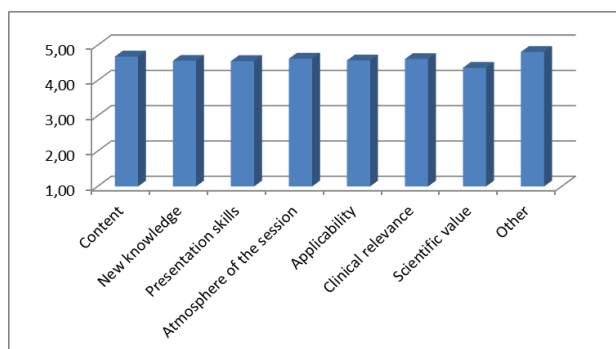


It was very special meeting from many aspects. As it was the first scientific international conference where experts in hypnosis presented their findings on the application of this method specifically in the context of biomedicine: it was an historic moment.

The program of the conference served everyone from beginners of this special field up to the experienced colleagues. It represented an astonishing richness, as hypnosis can be used in a wide range of settings in medicine: from labor preparation to the alleviation of pain in palliative care; from dentistry to emergency medicine; from dermatology to brain surgery – to mention just a few examples.

The program of the meeting was exceptionally rich: leading experts in the field presented altogether seven keynote addresses, 41 paper presentations, 65 workshops, and shared their opinions in three panels. Two film-programs and four self-experience sessions were also available.

The participants could immediately evaluate the presentations on several aspects from 1-5. The overall results reflect in numeric way that participants also expressed: it was a very good conference with a program of high quality.



The meeting served as an event to “get together” and experience the power and richness of our field. This may be especially important for those who might work in isolation in their country and institution. In our everyday efforts to use and expand suggestive/hypnotic techniques in various fields of medicine, we can enjoy the support of many colleagues from all over the world.

The social events of the conference provided not only relaxation following the busy work of a conference day, but a possibility to build connections, professional relationships and friendships.

The three evening events represented various aspects of Hungarian Culture: the opening concert in Church Matthias was a great selection of musical pieces of Hungarian composers, at the Gala dinner the participants could follow the “Voyage” of Destination company, and at the closing event the “Vadrózsák” ensemble presented traditional dances of Hungarian folklore, and finally a dance-house closed the evening.



The meeting provided opportunity to drive members to ISH and promote the next ISH Congress in Paris.



We hope that the First Conference on Hypnosis in Medicine will contribute to bringing more comfort and ease into medical practice, for both patients and health professionals.

Katalin Varga, President of Hungarian Association of Hypnosis, Head of Department of Affective Psychology, ELTE

Janos Gal, Vice-rector of Semmelweis University, Conference Co-Chair

Building Bridges of Understanding: Clinical Relevance of Research Findings

On the Importance of Assessing Hypnotizability in Clinical Practice

by András Kőltő

The current letter, based on laboratory findings and clinical observations, is to inform clinicians about some pros and cons of using standardized measures to assess their clients' hypnotic capacity prior to any hypnotherapeutic interventions. Hypnosis scales seem to be time consuming and uninformative for many clinicians; therefore, they are reluctant to use them in their everyday practice. If they are working under strict time and financial constraints their point can be totally understood. Nevertheless, our current struggle for establishing a firm position for hypnotherapy among the evidence-based medicinal practices, we simply cannot miss a strong cooperation between clinical and academic hypnosis practitioners. That can result in more controlled and randomized clinical trials, which provide the most recognized evidence for decision makers in medicine. After giving you a short overview of the history and the ongoing terminological debate on the nature of hypnotic responsiveness, I will provide you with results of meta-analytic studies testing if hypnotic susceptibility influence the effectiveness of hypnotherapy. Maybe hypnotic susceptibility—as measured by standardized scales—doesn't have a remarkable role in the success of hypnotherapy, nevertheless these methods are not utterly useless to employ in the clinical practice. I argue that utilization of standardized scales may indeed have a therapeutic effect and may help build the bridge between clinical application and research. I encourage all colleagues working in the clinical field to employ hypnotizability scales in their practice and make systematic observations.

Hypnotic Susceptibility: A Short History

A detailed overview on the history of hypnotizability is given by Laurence, Beaulieu-Prévost and du Chéné (2008). Here are the most important stations of arriving to contemporary hypnotizability measures.

At the first stages, individual differences in hypnotic ability were approached in a *formative* way: Susceptibility to hypnosis was identified as the deepest level of trance the subject can reach. Even Dr. Franz Anton Mesmer, the first practitioner who employed a hypnotic-like healing process, noticed and reported in 1775 that not all people can be equally "magnetized."

Out of ten people, one was not magnetizable at all, while another one was extremely susceptible and reached deep trance—according to Mesmer's terminology, a convulsive crisis—in short time. His student, Marquis de Puységur transformed his method to "artificial somnambulism." De Puységur reported about 61 cases, of whom eight (13%) were able to demonstrate somnambulistic behaviors. Another Mesmerist, Abbé de Faria described different kinds of suggestions to which highly susceptible people respond. These suggestions, including catalepsy, paralysis, visual, auditory and taste hallucinations, are still used in hypnosis laboratories. In the 19th Century Mesmerism gradually turned into "hypnotism" and become a subject of intensive scientific and clinical interest. Practitioners created more and more refined distinctions between different levels of trance; for instance Schrenk-Notzing (1892), the author of the First International Statistics of Susceptibility to Hypnosis, differentiated "Refractory," "Somnolence," "Hypotaxis" and "Somnambulism,"

After a temporary period of reservation, hypnotizability research regained a firm position in the second half of the 20th Century, mostly due to the pioneering work led by Ernest R. Hilgard. He and André M. Weitzenhoffer were the first ones who used a *summative* approach to measure hypnotic capacity: the scales they constructed are comprised of a standardized hypnosis induction and a different number of (also standardized) test suggestions. Hypnotizability is measured by that according to previously set criteria, how much test suggestions the subject passes. Most important of these scales are Stanford Hypnotic Susceptibility Scales, forms A and B (SHSS:A and B, Weitzenhoffer & Hilgard, 1959), SHSS:C, the "golden standard" of hypnotizability scales (Weitzenhoffer & Hilgard, 1962); Harvard Group Scale of Hypnotic Susceptibility, a group version of SHSS:A (HGSHS:A, Shor & Orne, 1962); the Stanford Hypnotic Clinical Scale (Morgan & J. Hilgard, 1978–79). Many other standardized scales, more or less similar to the above mentioned, were created (Gur, 1978–79), but SHSS:C and HGSHS:A are still by far the most used tools in hypnosis research (Barnier & McConkey, 2004).

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These scales, despite criticism, are psychometrically grounded and proven to be reliable and valid measures of hypnotic capacity. Today, almost no research projects on hypnosis can miss using a standardized hypnotic scale as they create a ground for systematic examination of hypnotic phenomena. If we understand *why* people are different in their reactions to hypnosis, we could better plan *how* to help them by hypnotic methods. That is why it would be so beneficial if clinicians and researchers made advances to integrate their hypnotic practice.

Different Approaches and Names for Hypnotic Capacity

Most of the practitioners agree that people react to hypnosis differently. Receiving the same hypnotic induction and suggestions, one of the subjects seem to respond to all suggestions, while another one may not show any change in the behavior; they can also experience different levels of changes in their consciousness. That is the reason why Hilgard (1965) conceptualized “hypnotic susceptibility” as a person’s ability to reach hypnotic state; in an operational frame, it is a numerical value of how the given person responds to the standardized hypnotizability scales. There is, however, a debate on the nature of both hypnosis and hypnotic responsiveness. While some posit that hypnosis is an altered state of consciousness, and people differ on how deeply they can enter into that special state, others rather conceptualize hypnosis as an interplay of social and cognitive factors including the “hypnosis label,” hypnotic context, motivations and expectancies of the hypnotist and the subject, compliance etc.

An important aspect of this debate is whether we can differentiate between waking suggestibility and hypnotic susceptibility. While some say that they are not referring to the same feature, others are holding the opinion that hypnosis induction does not change that much in people’s waking propensity to respond to suggestions. Therefore, they refuse to call this variability “hypnotizability” and they insist on using the term “hypnotic suggestibility.” Seemingly even a consensus in the definition of hypnosis is impossible to establish (Kirsch et al., 2011). We cannot forget, however, that evidence is given that brains of the highly hypnotizable people work differently than of the low hypnotizable, even in normal alert state (Hoeft et al., 2012), partly determined by genetic factors (Lichtenberg, Bachner-Melman, Ebstein, & Crawford, 2000; Szekely et al., 2010). Embracing a theory which integrates state approach of hypnosis, social and cognitive factors and neurophysiological mechanisms—e. g. the “social psychobiological” model (Bányai, 1991, 1998)—could help to resolve these controversies.

Measuring Hypnotizability in Clinical Practice?

A distinguished colleague in hypnotherapy, Michael D. Yapko, is quite skeptical about using standardized hypnotizability measures in clinical practice. According to his point, “[The scales] say too little about a given individual’s capacity for experiencing hypnosis, and they predict too little about clinical outcomes. Furthermore, they are derived under circumstances that have little bearing on the therapeutic interaction. The figures are based on getting a sample of research subjects, running each of them through a standardized procedure as required by research, and then determining how many of them were able to demonstrate behavior thought to be associated with specific levels of hypnosis” (Yapko, 2006, p. 33.).

Still, as Ann Williamson (2012, p. 21.) notes, “As clinicians we need to know whether high hypnotic responsiveness leads to improved outcomes. It would appear that there is only a weak relationship and other factors are influential, but high responsiveness is said to be more likely to influence outcome on unconsciously driven problems such as pain and psychosomatic disorders rather than more self instigated problems such as smoking and obesity.” In other words, in problems which are not under volitional control, hypnotizability has an impact on the effectiveness of the treatment. We have such evidence for analgesia, chronic pain, and asthma (Lynn, Boycheva & Barnes, 2008). In problems where self-agency also plays role—including smoking, alcoholism and obesity—the effectiveness of hypnosis is not associated with the patients’ hypnotizability. Flammer and Alladin (2006), collecting controlled clinical studies for a meta-analysis to check the efficacy of hypnotherapy in psychosomatic disorders, identified 16 trials out of 22, where hypnotizability was tested. Seven of these reported about the correlation between hypnotic suggestibility and treatment outcome. One study failed to find a correlation. In three studies, a positive (nonsignificant) correlation was found. Three other trials yielded a positive significant correlation, with an average of $r = .31$.

The only meta-analytic study for now targeted specifically to the role of hypnotizability in the effectiveness of hypnotherapy was conducted by Montgomery, Schur and David (2012). If hypnotic suggestibility and treatment outcomes are strongly associated, it would give strong support for clinicians to screen their patients’ hypnotic responsiveness. Has the association proved to be low, screening would be well less supported. Of 158 clinical studies identified by searching

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electronic databases, 10 were included in their final analysis. Their examination resulted in that the average effect size ($r = .24$) is between small and medium range (for interpreting effect sizes, see the previous “Building Bridges” letter by Kekecs, 2013). Hypnotizability only accounted for 6% of the variability of the outcomes. Therefore the authors concluded that from the clinical perspective, an imbalance exists between the value of the information gained and the burden of administering hypnotic suggestibility measures. Nevertheless, some of their notions (e. g. about sample sizes, age of the patients, and the need for an appropriately short and sensitive measure of responsiveness) deserve further analysis. It was also very interesting that effect sizes showed remarkable differences across the problems targeted by the therapeutic interventions: pain ($r = .38$), anxiety ($r = .31$), distress ($r = .57$) and behavioral problems ($r = .07$). In my opinion, it is not that much obvious that we should skip hypnotizability assessment in all cases—that difference of effect sizes seem to be congruent the above mentioned distinction in the self-directedness of the problem.

Some Pros and Cons of Using Hypnotizability Measures in Clinical Practice

Varga (2008) gives a detailed analysis on strengths and weaknesses of the regularly used hypnotizability scales, and she collects all arguments against and for using scales in the clinical practice. Here I just highlight some of these arguments and add my thoughts on them.

Hypnotizability scales were developed for research context; a clinical setting is quite different. Research methods may not be informative, relevant or meaningful in healing. For instance, while in the laboratory standard and reproducible environment (including the behavior of the hypnotist) is required for being “neutral” or for modifying these factors in a systematic manner, a clinician must use individually tailored methods and s/he should accommodate to the needs of the given patient. The latter also implies that a patient, who would have proven to be low hypnotizable screened with a standardized scale, may experience deep level of trance due to specific induction methods and suggestions employed by the hypnotherapist (just think of Erickson’s work). But the most important reason for refusal is a general belief that if the low susceptible patient faces with that s/he can just pass a small number of suggestions it will frustrate both him/her and the therapist and therefore hinders therapeutic work.

I think that these arguments should be carefully considered. It is sure that if there is an emergency situa-

tion, formal testing is not needed. In contexts where the therapist is pressed for rapid interventions, a lengthy screening process would be opposed. We had also seen that in some cases, including problems of consciously regulated behaviour (like addictions), behavioral dimension of hypnotizability doesn’t seem to matter, while in pain, psychosomatic or somatization disorders assessment may help the therapist to plan the treatment.

Besides anecdotal accounts of individual cases, a uniformed assessment of hypnotizability could have been an important organizational principle of clinical experiences. Standardized measurements—containing no or relatively less individual content—may give the patient and the therapist an opportunity to see how the patient responds to hypnosis in general. In some cases when the patient is afraid of touching his or her personal problems in hypnotic state, administration of a “neutral” hypnotizability scale may give him or her sense of safety and a possibility for practicing hypnosis. “Neutrality,” on the other hand, doesn’t necessarily mean that a standardized hypnotizability scale is utterly without clinical value. Irrespective of how many suggestions had the patient passed, the therapist can give reassuring suggestions and remarks; for instance, that s/he could have observed how relaxed s/he was; how hypnosis changed his/her mood, anxiety, or bodily sensations; that his or her symptoms “spontaneously” may have reduced during the hypnosis; etc. These feedbacks may help the patient to accept further suggestions specifically targeted on his or her problem. Obviously integrating such remarks are changing the standard circumstances—indeed one more reason for clinicians and researchers to cooperate for finding the best solution!

For hypnotherapists with relatively less experience, standardized hypnosis measurement serve as good occasions to practice hypnosis and observing their patients’ responses; old hands may assess the hypnotic responsiveness of their clients without formal testing, and use information inferred from their estimation.

In my opinion, that passing of just a few suggestions (or failing to pass any) will frustrate the patient is just depending on how does the therapist interpret the assessment. We could employ, suggests Varga, an introduction like Frankel and Orne (1976, pp. 1259–60, emphasis in the original) did:

In order for us to plan the strategy of your treatment with hypnosis more effectively, we need to know how you respond to suggestions in hypnosis. We use the same standardized measurement scale with all our patients. (...) No matter what

your responses during this assessment are, we will still be able to use the hypnosis technique in your treatment. Knowing *how* you respond will enable us to modify the technique so that it can fit in with the needs of *your* treatment.

Applying such an introduction, I used hypnosis in the treatment of some dermatology patients who scored between 1–4 out of 12 points on the SHSS: A scale. They didn't seem to be frustrated about it, and in later hypnosis sessions, they reported about perceptible changes in some bodily sensations and even visual images that were beneficial for them. It cannot be neglected that they were quite motivated for hypnosis. In inducing hypnosis for them further on, rather the volitional elements (e. g. progressive muscle relaxation) were emphasized, while for highly hypnotizable subjects visual imagery worked better for reaching

trance state. These cases also demonstrated what we also know for a long time: that *behavioral* aspect is just one facet of hypnotizability; for a better understanding of our subject's reactions, *phenomenological* and *relational* dimensions should also be considered.

In the current article, I did not intend to persuade *all* therapists to use standardized hypnotizability measures with *all* of their clients. Nevertheless, such an assessment can contribute to the therapeutic process and may reinforce the dialogue between clinical practitioners and researchers. Systematic observations and conclusions of clinicians may also help hypnosis people in the laboratories take on their research projects toward a better applicability in the clinical field.

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ICHM Banquet Dinner with Hungarian Folk Program in Budapest, Hungary

Music and Trance

By Anita Jung



In 1965, the Italian psychiatrist Roberto Assagioli, founder of the transpersonal psychology movement known as psychosynthesis, detected that our psychological selves, in addition to bodily rhythms/cell vibrations, also have a specific rhythmical sound vibration.

Emotional states such as depression, joy, fear, etc. all vibrate at certain rhythmic frequencies, as do personality attributes. Furthermore, the attributes and states of the human psyche are highly susceptible to sound and rhythm. Therapists who tap into that wisdom can then apply sound and rhythm specifically to alter a client's undesirable emotional state.

Our fascination with music has elated scientists to explore brain and psychic connections for centuries. Most people are now aware that music activates the same parts of the brain and causes the same neurochemical cocktail as other pleasurable activities such as exercise, chocolate, etc. Neurochemicals dopamine and serotonin are released when we listen to music (Menon, Vinod, & Levitin, 2005). Since our serotonergic system modulates mood, emotion, sleep and appetite the findings are important for mind-body practitioners.

Music transcends time and space, triggers feelings, and intensifies sensations. Stanford researchers discovered that our peak brain activity actually occurs during that short period of silence between the musical movements – what we perceive as seemingly nothing

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happening. Perhaps music accentuates or heightens the stimulation of our mind in a way that the culmination occurs in between the spaces of silence; therefore, we enhance our ability to enter more readily into that space or gap of silence to form and shape our memory of the event. In hypnotic inductions, we leave ample time in between words and suggestions to activate the client's own resources, to experience sensations more deeply, to activate healing on a deeper level and make the event memorable. Some practitioners with years of experience indicate that they now use fewer words in their work than when they began their career.

The conjunction of music and hypnotherapeutic stories allows for a sea of boundless creativity. The storyteller, the music, and the listener form a divinity in which new meanings can be created. Stories nurture and protect the mystery of the moment. Storytellers and musicians cultivate a thorough knowledge of various techniques and master their creation; however, in order to connect to people they have to discard acquired knowledge and enter into the realm of not knowing. In this realm, the safety rooted in the old knowledge drops away but is still accessible when needed. In sessions, the foundation of the therapist's theoretical orientation is strongly rooted; however, the focus on tuning in to the uniqueness of each individual to utilize his or her framework requires the same entry into the world of not knowing, creativity and curiosity.

Indian musicians tune on stage and therefore, at the same time they tune the audience to the mood of the raga (melodic mode) and the sound vibrations. A raga is one of the melodic modes used in Indian classical music that uses a series of five or more musical notes upon which a melody is constructed.

When the musician starts playing, the audience has already been introduced to the notes that will be used in the particular raga. Ericksonian hypnotherapists call this seeding. Practitioners activate an intended target by presenting an earlier hint. By preceding the eventual presentation of a future intervention with a cue, the target becomes additionally energized (Zeig, 1985 a, 1988); therefore, the stimulus is more readily available to the conscious mind to elicit a positive response. Seeding allows therapists to bypass resistance and heighten an intervention. In music it introduces us to the mood of the raga and when the raga is played musicians and audiences pulse together.

When musicians improvise they can rely on these naturally occurring phenomena to blend the music. They literally pulse, breathe, and create together. Something similar to this phenomenon also occurs in psychotherapy sessions. When two people explore various states of consciousness and reality together, there is a single pulse that synchronizes the individual rhythm. This is the moment when therapists speak of rapport: the unison of two people who are understanding of each other on the same plane, albeit momentarily. Words become unnecessary during those moments and a deeper understanding evolves for both the therapist and the client. When musicians improvise, they define the space within their composition. When a therapist improvises by utilizing a client's world view and experience, the space within the session is defined based solely on the client's individual differences.

This same principle points towards entrainment, a scientific phenomenon of synchronized movement first presented by Christian Huygens in 1665. Entrainment explains how the rhythmic repetition of sound influences human experience. Two pendulum clocks that are positioned side by side begin to swing in perfect unison within 24 hours when suspended in motion. The frequency of one moving system is thus determined by the frequency of the other moving system. Improvisations in hypnotherapy sessions, rearing away from scripts and sometimes entering the anxiety provoking world of not knowing consequently can create many possibilities for creativity.

Music can be used in the following way. In assisting a male whose goal is to limit obsessive thoughts regarding the break-up of a relationship I would use his preference of songs by the Beatles to effect change. At the beginning of the session I would seed the subject of the song "Let it Be." During an induction I would lead him to experience sensations of comfort paired with the song "Let it Be" at specifically that moment when the sensations of the break up is present. The song, paired with a comforting stimulus and a previously negative stimulus, thus transforms the original sensation. The posthypnotic suggestion would be introduced either directly or indirectly: Whenever sorrow enters your awareness you will hum the song "Let it Be." Since the song is paired with a comforting stimulus it will interrupt the thought pattern and produce comforting sensations. The world of music and psychotherapy is shaped by an infinite sea of possibilities to make a hypnotic session and its associated sensations more powerful than the ones that created it.

Future of Hypnosis in Turkey, Recognition of Hypnosis by the Government

By Ali Özden Öztürk



I want to give you good news from Turkey concerning the recognition of Hypnosis. From the beginning of this year, a commission has been constituted by the Ministry of Health regarding the proper use of Hypnosis in Medicine, Dentistry and Psychology in Turkey. The commission is dedicated to set standards and enact the laws and regulations for the accreditation, training, practice and application of Hypnosis in Turkey. The council also aims to monitor and supervise the proper training and use of Hypnosis, in addition to prevent the unaccredited training programs and the improper use of hypnosis by unlicensed people.

The commission consists of the representatives of the Ministry of Health, Health Education Bodies and Universities, and Hypnosis Societies. As President of THD, I am also a member of this commission; as ESH BOD member and CEPE (Committee on Educational Programmes in Europe) member, I continued negotiations with the commission, so that this accredited training program could be designed in accordance with the requirements established by ESH for holding ECH (European Certificate of Hypnosis). As a result, it could be possible that this official and accredited training program would also have the qualifications required by ESH, so that we will have a European-wide recognition in the field of Hypnosis.

In general, we, as THD, are very hopeful and excited about the studies of this commission. We believe that all these efforts will have fruitful results and lead to a better future of hypnosis with the recognition of the Government as a legal and valid complementary treatment method.



Staff at Taylor and Francis Publishing house meet with ISH President and Administrator to enhance IJCEH benefits.

Book Review: Shelter From The Storm

Processing the Traumatic Memories of DID/DDNOS Patients with The Fractionated Abreaction Technique.

Richard P. Kluft, 317 pp., CreateSpace Independent Publishing Platform, North Charleston, SC

By Nicole Ruyschaert.



Based on serious clinical experience and knowledge about the treatment of those patients, the author developed an unconventional teaching and writing style. You are guided by a main character, the FAT man who tells you in the "I" form his/its own story about "grandparents,"

birth, creation, value and also reports about the "Amanuensis" or the "Mixologist," Doctor Richard Kluft as his/its inventor and creator, introducing him at work, developing experience in his long career.

FAT is the personification of a concept, of "Fractionate Abreaction Technique," a method developed by the mixologist. FAT man couldn't keep quiet anymore to stand up for his creator and to tell you the full story, in a humoristic style! He is "your buffer, your comic relief to reduce the emotional burden of learning (p5)", because being confronted with serious stuff as dissociative disorders (DID) and dissociative disorders not otherwise specified (DDNOS), even reading about it can be very demanding. The author succeeds in making the learning easy going and helps readers metabolize what they read. In a similar way he also masterfully and diligently helps patients going through the challenge of trauma work. Pacing, taking time to learn to know his patient, individualize sessions and work are only a few characteristics of working. "It's better to know which person has a disease than which disease a patient has" – one of the quotes, repeated in the book.

Reporting about his work, as a reader you can feel the suspense, the difficult situations encountered and wonder how some particular sessions will turn out, which methods the mixologist will mobilize to help his clients, which place and value the Fat man has. Some clinical vignettes illustrate real-life difficulties in clinical work, and how to deal with them.

Therapy is metaphorically described as 'sailing', and be prepared for storms. A therapist, as a responsible captain, needs to check everything before heading to

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the wild sea. Knowing the crew, the different alters, helpers, skills and methods needed to be set and practiced to endure storms ...the captain checks if everyone knows and can perform his role.

As a reader you learn about the methods, approaches, about caveats in working with those patients, both as a trauma therapist and as a therapist trained in hypnosis. You learn from a well experienced teacher, ambassador for hypnosis in the society on dissociation, ambassador for dissociation in the hypnosis societies.

Although it's not a classical textbook, perhaps readers learn more about essential aspects in working with these patients in the flow of reading, curious about what awaits you around the corner, when you turn another page of the book. And all by itself, easy going you become familiar with pacing trauma work, flexibility, fractionation, stages of therapy, boundary concerns, mapping in preparing work with alters, relating with them.

Some general principles are emphasized as: "The slower you go, the faster you get there (p. 140)". "A house built on a weak foundation, it will fall (p. 188)", all promoting working with FAT who is really proud and self-confident, promoting him/itself: "Look at me! What's not to love? I make terrible things easier to deal with (p. 157)!"

Hypnosis plays a major role in working with patients suffering of DID and DDNOS. "Therapists working with dissociative patients, they and their patients are

best served by them taking training in traditional methods of hypnosis (p.211)". The more you know about hypnosis, the more you will understand about dissociative disorders and their treatment (p.212).

"Patients are at risk of being triggered and going in hypnosis. A special chapter on the FAT Man's Crew highlights the importance of containment and safety between sessions, and the importance of finding ways in truncating and terminating trauma processing and trance, understanding hypnosis and 'de-hypnosis'. You read about the importance of having a tool to check, and become familiar with using the "Howard alertness scale" to check. The story of the patient who apparently was 'grounded' but not 'de-hypnotized' convincingly shows how important de-hypnosis is in working with DID, DDNOS but in training students in hypnosis as well.

I highly recommend this book to all trauma therapists, those who are trained in hypnosis and the others who haven't taken a formal hypnosis training, because hypnosis lurks around the corner. Reading may be an invitation to take a more formal training. Due to the special style, I recommend the book for those who are not feeling like reading another 'textbook', but prefer some easier reading: you are served a rich meal, made of the best ingredients, mixed and prepared in a unique style, and easy to digest, as the author succeeds in deliciously and delicately serving it 'light'.

Membership Renewal Drive (continued)

your credit card information. Many of you have asked about security of your credit card information. Securing your information is important to ISH. PayPal provides that security as does Square, both programs ISH uses to process your payments. In addition, your credit card information is destroyed by ISH, once we have inputted the necessary data.

3. If you join with a journal option, you are entitled to 4 journals for the calendar year, either on-line or hard copy, depending on what you choose. If you renew early in the calendar year, you will receive the journals at the time of publication. If you renew later in the calendar year, you will get the "back" copies for the calendar year in which you joined.

4. Please let us know if you are not receiving hard copy journals. It seems that the postal rate at which

the publisher sends journals does not always assure delivery to some parts of the world. We have arranged with the publisher to send journals ourselves to such members who fail to receive them for a slightly higher rate that will assure delivery.

5. For those members who purchase on-line only journals, the publisher, Taylor and Francis sends you information about how to access your online journal when it becomes available. We have just signed a new contract with T & F that enables our subscribing members to have access to all past journals. (This is the reason for the slight increase in dues.) For those of you who get the hard copy, you are also entitled to the online version. If for any reason, you have not received the email from the publisher, first check your junk folder, then contact us.

For any questions regarding this process, please contact us at <mailto:ishofficeusa@gmail.com>

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