



# The International Society of Hypnosis

## NEWSLETTER

*Building Bridges of Understanding*

Issue IV, Winter, 2014

### Letter from the President

*Julie Linden, PhD*



It is a year since I began my presidency and I am pleased to report that ISH has accomplished a great many of its objectives. Our virtual office is working well, the website is active, with many visitors, and regular updating of news and events. As promised, we started the membership renewals early so that members will not have their subscriptions to the journal interrupted.

Thanks to the capable work of Gail Cunningham, the ISH administrator, we are streamlining all of the membership processes and making it easier and easier for members to renew, to contact us and to give us feedback on how we are doing.

This fall the ISH Board of Directors (BOD) has been busy with several projects. The bylaws are undergoing careful scrutiny and will be ready for the membership to review them some time this spring. The BOD has also been gathering records on its historical relationship with the International Journal of Clinical and Experimental Hypnosis (IJCEH), the official journal of the ISH. The IJCEH is considered the premier journal in the worldwide community of hypnosis. A brief history of that relationship will be posted on the website for those curious in learning more. The current editor, Arreed Barabasz and the officers of SCEH, the Constituent Society who owns the journal, are working with the ISH Board to record pertinent details of that long, collaborative history.

New for this coming year 2014, ISH is offering free non-voting membership to students. A student must either be a member of a constituent society of ISH or provide a recommendation from an ISH member. The students will receive many benefits from membership. Details on this attractive offer are posted on the website and appear in the sidebar of this newsletter. If you are active at a university with clinical or experimental students in hypnosis, please let the students know about this new offer.

And finally, by the end of December videos of our board members will be posted on the front of the website, and members will be able to access, with their login, the video library we have begun for our “members only” benefit.

It has been a good first year for the current BOD, and ISH moves into 2014 with the promise of more good things to come.

*Julie H. Linden, PhD*

### 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.

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***NEWS FLASH! We are reinstituting an old ISH tradition of translating the President's message into other languages.***

From Consuelo Casula, Italian:

È passato un anno da quando ho iniziato la mia presidenza e sono lieta di comunicare che ISH ha raggiunto gran parte dei suoi obiettivi. Il nostro ufficio virtuale sta lavorando bene, il sito è attivo, con molti visitatori e con un regolare aggiornamento delle notizie e sugli eventi. Come promesso, abbiamo iniziato presto i rinnovi della iscrizione alla ISH per far sì che non ci fosse nessuna interruzione con l'abbonamento alla rivista. Grazie alla capacità professionale di Gail Cunningham, la segretaria amministrativa della ISH, stiamo razionalizzando tutti i processi di membership, rendendo sempre più facile ai membri il rinnovo delle quote, il contatto con noi e il loro feedback su come stiamo lavorando.

Questo autunno, il Consiglio Direttivo della ISH (Board of Directors o BOD) è stato impegnato con diversi progetti. Lo statuto è in fase di attento esame e sarà pronto per una revisione da parte dei membri in primavera. Il BOD sta inoltre raccogliendo i documenti sul suo rapporto storico con l'International Journal of Clinical and Experimental Hypnosis (IJCEH), la rivista ufficiale della ISH. Nella comunità internazionale di ipnosi, la IJCEH è considerata la rivista più importante. Una breve storia di tale relazione sarà pubblicata sul sito web per chi è curioso di saperne di più. L'attuale direttore, Arreed Barabasz e i direttori della SCEH, la Società Costituente che possiede la rivista, stanno lavorando con il consiglio di ISH per identificare i dettagli pertinenti di quella lunga storia di collaborazione.

Una novità per il prossimo 2014 è che la ISH offre la membership gratuita a studenti, senza diritto di voto. Uno studente deve essere membro di una società costituente della ISH o fornire una raccomandazione da un membro ISH. Gli studenti riceveranno molti benefici dall'appartenenza alla ISH. I dettagli di questa attraente offerta sono pubblicati sul sito e appaiono nella barra laterale di questa newsletter. Se siete attivi in una università con studenti clinici o sperimentali in ipnosi, siete pregati di fornire loro questa nuova offerta.

Infine, entro la fine di dicembre i video dei nostri membri del consiglio direttivo saranno pubblicati sulla prima pagina del sito, ed i membri saranno in grado di accedere, con il loro codice accesso, alla videoteca che

abbiamo iniziato a mero beneficio dei nostri "membri".

È stato un buon primo anno per l'attuale BOD e ISH entra nel 2014 con la promessa che altre buone cose arriveranno.

From Reinhild Draeger-Muenke, German

Vor einem Jahr habe ich mein Präsidentenamt begonnen, und es freut mich berichten zu können, dass die Internationale Gesellschaft für Hypnose (ISH) viele ihrer Vorhaben hat verwirklichen können. Unser virtuelles Büro funktioniert gut, die Internetseite ist aktiv, hat viele Besucher, und wird in regelmässigen Abständen aktualisiert. Wie versprochen haben wir frühzeitig mit der Erneuerung der Mitgliedschaft begonnen, so dass Mitglieder unsere Zeitschrift ohne Unterbrechung beziehen können. Dank der hervorragenden Arbeit von Gail Cunningham, der administrativen Organisatorin von ISH, sind wir dabei, alles, was mit Mitgliedschaftsbedarf zu tun hat, so effizient zu organisieren, dass Mitglieder problemlos ihre Mitgliedschaft erneuern, uns kontaktieren, und uns Rückmeldung über unsere Arbeit geben können.

Während der Herbstmonate war der ISH Vorstand mit mehreren Projekten beschäftigt. Die ISH Statuten werden gerade einer sorgfältigen Überprüfung unterzogen, und im kommenden Frühjahr sollten sie soweit sein, dass die Mitgliedschaft sie begutachten kann. Weiterhin hat der Vorstand Dokumentation über die historische Beziehung zwischen ISH und ihrer offiziellen Zeitschrift, der Internationalen Zeitschrift für Klinische und Experimentelle Hypnose (IJCEH), zusammengetragen. Die IJCEH wird allgemein als die Hauptzeitschrift in der weltweiten Hypnosegemeinschaft angesehen. Auf der ISH Internetseite können alle, die mehr über die Geschichte dieser Beziehung wissen wollen, einen kurzen Abriss finden. Der gegenwärtige Herausgeber, Arreed Barabasz, und die Vorstandsmitglieder von SCEH, der Gründungsgesellschaft, der die Zeitschrift gehört, arbeiten zusammen mit dem ISH Vorstand daran, wichtige Details dieser langen und kollaborativen Geschichte zu dokumentieren.

Im neuen Jahr 2014 wird ISH interessierten Studenten zum erstenmal eine kostenlose Mitgliedschaft ohne Wahlrecht anbieten. Um sich dafür zu qualifizieren, muss ein Student entweder ein Mitglied einer ISH Gründungsgesellschaft sein, oder eine Empfehlung eines ISH Mitglieds beibringen. ISH Mitgliedschaft bringt Studenten viele attraktive Vorteile. Einzelheiten darüber lassen sich auf der Internetseite finden und

sind auch in der Randspalte dieses Rundschreibens ausgedruckt . Falls Sie einer Universität mit Studenten in Klinischer oder Eperimenteller Hypnose angehören, möchte ich Sie bitten, Ihre Studenten über dieses neue Angebot zu informieren.

Und abschliessend: Ende Dezember werden Videos unserer Vorstandsmitglieder am Beginn der Internetseite zu finden sein, und Mitglieder werden in der Lage sein sich in die Video Bücherei einzuloggen, die wir als Bonus „Nur für unsere Mitglieder!“ aufzubauen begonnen haben.

Der gegenwärtige ISH Vorstand hat ein gutes erstes Jahr hinter sich, und ISH verheisst noch viel mehr gute Dinge für 2014.

From Victoria James, Spanish

Ha transcurido un año desde que fui nombrada presidente y estoy muy complacida de reportar que he logrado mucho de los objetivos de ISH. Nuestra oficina virtual a estado trabajando bien. Nuestra pagina web a estado muy activa recibiendo muchas visitantes y de manera regular, ponemos al día las noticias y los eventos. Asi como lo prometí, hemos regularizado las membresias permitiendo, que de esta manera, las subcripciones de los miembros no serán suspendidas. Gracia a la capacidad de trabajo de Gail Cunningham, administradora de ISH, hemos logrado simplificar todos los procesos de membresia, de tal manera, que se facilita la renovación de los miembros y facilitando que se comuniquen con nosotros proporcionado nos información de como estamos trabajando.

Este otoño, La Mesa Directiva de ISH (BOD- Board of Directors) ha estado ocupados con diferentes proyectos. Todos los reglamentos han sido estudiados cuidadosamente y estaran listos la próxima primavera para que sean revisadas por los miembros. El BOD a estado recopilando todos los récords en sus relaciones históricas con La Revista de La Sociedad Internacional de Hipnosis Clinica y Experimental (IJCEH), incorporado la publicación de ISH. El IJCEH esta considerada como la primera publicación a nivel mundial de la comunidad de hipnosis. Una breve historia será publicada en la pagina web de esta relación para aquellos que tengan la curiosidad de aprender mas. Actualmente el editor Areed Barabasz y los oficiales de la SCEH, que son dueños de la publicación, están trabajando con la mesa directiva del ISH (BOD) para mantener los detalles de una his-

gratuitas sin derecho a voto a estudiantes. Un estudiante deberá ser o miembro de una sociedad constituyente del ISH o ser recomendado por un miembro del ISH. Los estudiantes recibirán muchos beneficios de la membresia.

Todos los detalles acerca de esta atractiva oportunidad estarán presentados en la pagina web y podrán ser vistos en una columna del mismo sitio. Si usted es activo en la universidad y tiene estudiantes de hipnosis clinica o experimental, favor de informar a sus estudiantes a cerca de esta nueva oferta.

Para finales de mes de diciembre aparecerán en la pagina web, vídeos de nuestros miembros de la mesa directiva. Estos vídeos serán accesibles como beneficios a nuestros miembros, los cuales podrán accesar la video libreria exclusivo 'para los miembros'.

El presente ano, 2013, a sido de mucho beneficio para BOD, y esperamos el próximo ano que el ISH traerá mejoras a nuestros programas.

From Nicole Ruysshaert, French

Il y un an depuis que j'ai commencé ma présidence et j'ai le plaisir de vous rapporter que l'ISH a atteint beaucoup de ses objectives ! Notre office virtuel fait du bon travail, le site internet est active avec beaucoup de visiteurs, régulièrement il y a des mises à jour des nouvelles et des événements. Comme nous l'avons promis, nous commençons les renouvellements d'adhésion tôt, de sorte que les membres ne risquent pas l'interruption de leur abonnement du journal. Grâce au travail compétent de Gail Cunningham, l'administrateur de l'ISH nous facilitons tous les procès d'adhésion et ainsi il est de plus en plus simple pour nos membres de renouveler, de nous contacter, de nous donner du feedback sur notre travail.

Pendant l'automne les membres du conseil d'administration (Board of Directors – BOD) de l'ISH étaient très actifs dans plusieurs projets. Le règlement intérieur a été vérifié méticuleusement et sera prêt pour révision le printemps prochain. Le 'BOD' a fait un résumé de l'histoire des relations entre le journal 'International Journal of Clinical and Experimental Hypnosis (IJCEH)' et l'ISH. Le 'IJCEH' est considéré un des meilleurs journaux dans le monde entier d'hypnose. Pour ceux qui veulent en savoir plus, une courte histoire de cette relation sera publiée sur le site internet. L'éditeur en chef actuel, Arreed Barabasz, et les membres du conseil du « SCEH – Society of Clinical and Experimental Hypnosis » les propriétaires

*suite à la page suivante*

## Letter from the Editor

### Consuelo Casula



Thanks to the kind collaboration of friends and colleagues, even this newsletter is ready just on time to wish you a happy and healthy 2014, full of surprises and excitement. As Julie said, 2013 has been an efficient year, and the members of the board show their commitment to ISH not only participating in the various BOD meeting and events but also in answering to the interview for our Newsletter. In this issue you have the chance to better know Franck from his own narrative.

This issue is also characterized by two parallel interviews to two of the prominent experts in the field of alert hypnosis. It is interesting to notice how this particular technique is utilized both in USA and in Europe, in Minneapolis, Minnesota where David lives and works and in Valencia, Spain, where Antonio lives and works. David has been an ISH Board member during the previous triennial 2009- 2012, and Antonio expresses his desire to belong to ISH as a Component Society with his Spanish *Asociación para el Avance de la Hipnosis Experimental y Aplicada (A.A.H.E.A.)*. Reading their answers to the same questions, you can also have some hints of their personality: gentle and kind David and full of Spanish *passion* Antonio. At the end of this issue you also find a personal commentary on the two parallel interviews written by Lars-Eric Unestahl, expert on alert hypnosis in sports and

Unestahl, expert on alert hypnosis and David's friend. Since he does not know Antonio's work, his opinion is based on what is expressed in the interview presented here.

Katalin Varga, in her corner on "Building bridges of understanding: clinical relevance of research findings", proposes a new article of Elena Mendoza from University of Washington, who writes about "Efficacy of hypnosis for pain management". In her article Elena summarizes for us the latest findings of efficacy and efficient clinical hypnosis for pain management in different areas such as cancer, fibromyalgia, irritable Bowel Syndrome, Dentistry and labor and childbirth.

Remaining close to Katalin who is president of the Hungarian Association of Hypnosis and organizer of the First conference on Hypnosis in medicine, is Maria Escalante de Smith. She comments on the workshop led by Moshe Torem on "Mind-body hypnotic strategies for autoimmune disorders," one of the many interesting works presented during that congress. In her review, Maria underlines the role of hypnotherapy in improving health and well-being helping patients to alleviate pain and discomfort as well as to regulate the immune system. Julie and I are grateful to John Lentz who wrote a very kind review of our workshop in Budapest.

I hope you will read this newsletter with curiosity to better know some of the colleagues that leave their footprint on the road of hypnosis.

I wish you all the best and that 2014 will bring just what you desire.

## La Lettre du Président a Continué

du journal travaillent avec le conseil d'administration de l'ISH pour enregistrer les détails de cette longue histoire de collaboration.

Nouveau pour l'année prochaine, 2014, est que l'ISH va offrir une adhésion gratuite aux étudiants, sans droit de vote. L'étudiant doit être membre d'une société membre de l'ISH ou avoir une recommandation d'un membre de l'ISH. Les étudiants auront plusieurs bénéfices de leur adhésion. Les détails sur cette offre attractive seront publiés sur le site internet et vont apparaître dans

la barre latérale de cette newsletter. Si vous travaillez dans une université avec des étudiants dans le domaine clinique ou expérimentale de l'hypnose, prière d'informer vos étudiants de cette nouvelle offre.

Et finalement, fin Décembre des vidéos de nos membres du conseil seront publiées sur le site internet et les membres auront accès à ces vidéos avec leur mot de passe : une librairie de vidéos que nous commençons comme avantage 'exclusivement réservé à nos membres'.

La première année du BOD actuel a été bien, et l'ISH se dirige vers 2014 avec plus de bonnes choses à venir!



## ISH Interviews Franck Garden-Brèche, MD

By Consuelo Casula



*CC. Please describe your background. What led you to become a medical doctor and what drew you to hypnosis in particular?*

**FGB.** As far I can remember in my childhood, I was a medical doctor in my mind. The only son of a dentist and a chemist, I spent a lot of time in my parents' offices with patients around us, and the rest of the time in my world of imagination crowded with virtual friends and heroes. Since I was age 15, I used to accompany my father in the surgical room when he operated on severely mentally disabled persons under general anesthesia. At school, when I was 26 years old, we had to do a one-week training program in a professional area. I chose the Emergency Room and it was one of my best experiences. Working 24 hours long, day and night, meeting all kinds of people in their unexpected distress a few minutes after their car crash, their suicide attempt, their heart attack, and many other situations. This created a very different relationship between them and us. We had to do something right here, right now to bring them comfort, security, analgesia, serenity with a large emotional flow around us. We had the answer about our treatment, success or failure, a few seconds later. Patient and medical staff had to feel like a team to succeed. During my medical school, things looked to be less interesting. Remaining seated in a chair, just in front of a desk, for hours and hours, to learn by heart books and books was at this time my worst experience until the end of the university when I could finally come back to the emergency rooms, its patients and our relations. Since 1994, I've been an emergency physician, with the French to work in the SAMU (a sort of Intensive Care Unit out of the hospital). We take care of people wherever they are for whatever they suffer from, any accidents or diseases needing reanimation. In 2006, I was looking for an associated tool to anesthetics and sedative drugs, for something to help us to prevent PTSD, anxiety and fear. A friend of mine, in the same ward, was training to Ericksonian hypnosis and I knew after our discussion that hypnosis was exactly what I was looking for. Since the end of my training with Claude Viro, MD, Emergences Institute of Rennes, my professional and personal life, and my vision of the medical world are very different. My new approach of the victims is to see them now as people living a learning experience in their life instead of just a drama.

Nobody could stay the same after hypnosis training.

*CC. You are expert on Hypnosis & Emergency, Acute Pain, Emotions Stress Management & PTSD, how did you select this expertise? Tell me some anecdotes of your first experiences.*

**FGB.** I've been interested in emergency conditions since age 16, the way to this expertise began during my medical residency. I spent one year in a psychiatric ward.

The first six months with patients suffering from anxiety, depression, phobia, OCD, and the last six with schizophrenics, violent psychotics and people with PTSD. A part of my job was the psychiatric emergency too. The second year of my residency was in an emergency room and a French SAMU. At this time, I had to find a subject for my medical thesis. In 1989, I was greatly impressed by a book of Gordon Thomas, *Journey Into Madness: The True Story of Secret CIA Mind Control and Medical Abuse*. This incredible investigation talked about Donald Ewen Cameron, MD and the MK-Ultra Project. One day, in 1992, during a specific time in my mind that Ernest Rossi taught me (in a clinical hypnosis Master class in Los Osos, 2009) entitled "*the early morning thoughts*." These items linked themselves in a second when I wake up and a sort of internal voice whispered me the title of my thesis: "*The psychological adaptation to hostages-taken*."

I supported my doctoral thesis in November 1994 and started a victimology course with the American University of Washington in 1996, learning debriefing and defusing. Thus, the road has been paved to my interest in PTSD, Emotion and Stress Management and acute distress with a credo: everyone can use his own worst experience as a tool, a learning to come out stronger and better in his life.

Hypnosis is one of the better therapies to help and lead them on this change.

Unfortunately, every day in my work, people are victims of the worst. Today, using what Milton Erickson, Ernest Rossi and of course Claude Viro and all my trainers taught to me, I know that we can use the worst for the better, use the trauma to heal. A strong paradox where emotions, feelings, sensations and hypnosis are the four pillars to our possibility of change.

As an example and an evidence of this theory, I would like to share with you two comments of my ex-patients at the end of the therapy:

*article continued on page 6*

The first one said after twenty-three months handcuffed to a radiator in an old house basement in Beirut: *"Well, you know, if I could step back in time, just before the second I was kidnapped, with a chance to escape, but knowing which man I will become through this learning experience, I would like to be kidnapped again and again."*

The second one told me, as we are still in his crashed car, just after a hypnosis session during the auto extraction, using one of our personal techniques with trauma called *the parallel universes*: *"With what I learned about me in this experience, I know now that this accident was a chance for me, maybe the best one I've ever had to progress in my life."*

I let you think about their words.

**CC.** *Your website is called Hypnosiris, and it is dedicated to the Ericksonian hypnosis. What do you mean by Hypnosiris, what is the aim of your website, to whom is dedicated, and what do you want to achieve with it?*

**FGB.** The cult of Osiris (who was a god chiefly of regeneration and rebirth) has a particularly strong interest in the concept of immortality. As an emergency physician, a large part of my life is to compose with pain, fear and death, the unexpected one.

From my point of view, what we help our patients to do with hypnosis is a kind of regeneration and a rebirth in their life. According to Gustav Jung's theory about the collective unconscious, I like to think that after our earth life, what we were, and we've done still remain in this collective unconscious as a sort of immortality, a gift for the next generation. Maybe it's my way to accept my own death. So this is the reason why I chose Osiris as a symbol for our website. Of course, as you've understood from the beginning, *Hypnosiris* is a contraction between Hypnosis and Osiris!

I started *Hypnosiris* alone in August, 2011. It became our website with my dear friend Stephanie since December, 2012. She's a hematology-oncology nurse and a hypnotherapist too.

Our aims with *Hypnosiris* are to share with other hypnotherapists, and all over the world if possible, our theories, our practices, our creative techniques we like to explore with patients, and also our seminars and workshops. For instance, one of the personal techniques we write about is a two voices trance with patient (female and male, nurse and MD, serene and emotional). It widely increased dissociation and support to the people work during the session. For us,

and I think as Milton Erickson would like, hypnosis should be an open source, a world of free discussion. Added to hypnosis, our interests joined synchronicity, chaos theory, Butterfly Effect and quantum physics, as many concepts as we can mix to be creative and intuitive in our sessions. Two right brains lost in a world of left ones.

I know now that I used to lead patients sometimes too fast in their unconscious with the risk of creating resistances. Stephanie taught me, using her own word *"how to feed their conscious first and then we are only be able to talk with a free unconscious."*

Each of our visitors is free to tell us their agreement or difference and we are ready to exchange about that. At this time we count almost 4,500 website visits from Europe, America, and Africa.

As a personal wink, Osiris was also the name of my wonderful and pretty cat born and reanimated by myself in my wardrobe in 1996. She shared my life for twelve years and is still in my heart.

**CC.** *You also are interested in Chaos theory and the Butterfly Effect. Can you explain how you combine quantum physics and hypnosis in your practice and in your teaching?*

**FGB.** When I started to work with Stephanie on our Hypnosiris Project, we talked a very long time about three questions:

1. Is there just one reality or more than this? Why not as many realities as people looking to the world around them?
2. How do we (us, our patients and everybody) consider the Time? Where and what are Present, Future and Past? Just a line from the left for the Past to the right for the Future with the Present somewhere in the middle? Or closer to the past? Closer to the future? How do we represent the Present moment? How long does it last? A dot, a space, a second, a week, more than this? Why some of us lived more in the past or in the future than in the present? Could we change our past considering the way we look at it? Do we have to endure our future or to draw it?
3. Are all our traumatic experiences in life just an adversity or could we metamorphose them into a chance to learn something new for our future and keep them as scares of our progression toward life?

Then, to answer those questions, because of the Claude Virot's workshop about quantum theory in

hypnosis, corpuscular and wave theory, because of our own knowledge, credo and creativity, we decided to integrate all these concepts in our practice with patients and in our teaching. Techniques we created, as “The dynamic sphere,” “The Inner House,” “Parallel Universes in Therapy,” “the two voices trance,” are based on this way of thinking: the capacity of our mind to re-create a new way of feeling the reality to learn, to progress, and to change. We have everything we need in our mind (personal and collective unconscious), Future, Past and Present are just here in front of us at the same time, and hypnosis could bring us the tools to link everything we need to succeed.

Our concept is described and practiced during our own three-day seminars and it's too long to explain everything here, but I can say that in our creative techniques you will combine, in a “right brain way,” all these approaches. And we know by ourselves that a butterfly wing beat in Phoenix could change the universe in Brittany.

*CC. You consider yourself Ericksonian. Can you tell the specificity of being Ericksonian compared to those whom do not consider themselves Ericksonian?*

**FGB.** From my point of view to be Ericksonian is to use in therapy, and teach hypnosis and suggestions, with an iron fist in a velvet glove. One says that Erickson's therapy is more maternal, permissive than the classical hypnosis. That's true. Milton Erickson taught us how to “observe, observe, observe,” how to use, how to transform what the patients bring. We have to be the closest possible to their way of thinking, to use it without any interpretation. “BUT,” as Ernest Rossi said to us with his index finger raised up to the sky and fire in his eyes, when the patient steps toward the chaos border, if it's necessary to reach the objectives, we have to help him to get through even if emotions, feelings and sensations are challenging. Ericksonian hypnosis is not just a quiet walk in the fields with flowers and butterflies. We saw that sometimes the wings of the butterfly could reverse the universe. One day, Milton Erickson offered a gift to Rossi for him to remember to be biting. The gift was a warthog tooth. The seventh day of our Master class in Los Osos, during the friendly dinner, Claude offered to each of us a shark tooth.

Today we are working like this. Leading people where they need to go, deeper and deeper in their emotions using them as a new energy to succeed in therapy.

Our keywords are emotions, sensations, creativity, parallel patient and therapist trances. We are a team, people are working hard in their mind and we are here to escort them along the sometimes thin path between two precipices. But also to discover how it should be useful to walk beyond the edges.

Every day we have to remember our role of guide, just a guide, here for security and learning. We have to create a therapeutic alliance and then to “authorize to,” to help people who are on their way. We shall be keeping a critical but well-meaning eye on their work.

*CC. Did you meet Dr. Erickson personally?*

**FGB.** Milton H. Erickson died in March 1980 when I was sixteen. Unbelievable! I realize right now, answering to your question, that he died exactly when I was in my first experience in the emergency room! Coincidence or synchronicity? Of course the second choice is mine. There is no coincidence.

Let me think and feel about the sense of that revelation!

So, unfortunately I didn't meet Dr. Erickson personally but I had the great honor to meet two of his daughters. I've met Betty Alice during a workshop in Rennes with Claude Viot and I worked with Roxanna as a member of the French team to translate the Milton Erickson's glossary in 2011. It was a magical experience for me, five years only after my beginnings in hypnosis. I really want to thank Claude Viot for putting his trust in me. In 2011, I was in Phoenix for the Milton Erickson Foundation Congress and I spent time with Roxanna, Jeffrey Zeig and Ernest L. Rossi (I've already had a master class in Clinical Hypnosis with Ernest, during the summer 2009, in his house in Los Osos.) During the congress in Phoenix, with hypnotherapist friends of mine, Claude Viot, Jean-François Marquet and Denis Vesvard, we climbed up the Squaw Peak at sunrise, the mythic task of Dr. Erickson and the place where his ashes were dispersed, an unforgettable experience in our life. The second revelation of this travel was the private visit to Milton Erickson's House, staying in his own office, just to be there... and feel his presence.

*CC. Since you didn't personally meet Erickson who do you consider your mentor or main teacher? Who introduced you first to the Ericksonian hypnosis?*

*How, when and where did you encounter Ericksonian hypnosis for the first time?*

**FGB.** Obviously, my main teacher, my mentor is Claude Virot, MD. I met him for the first time in March, 2006 in Emergences, his own Institute. He taught me almost everything in hypnosis and he's still both my friend and my "sensei." Psychiatrist and Ericksonian hypnotherapist since 1985, his approach to teaching is based on the practice more than theory, to do more than read. We used videos of the sessions to debrief, what is done well, what should be different and of course better. As I wrote a few lines above, Claude put his trust in me to become a trainer too, to work with him in Emergences, in the French confederation of hypnosis, as a member of the board of directors of ISH, and a member of the organization committee for the Paris ISH XX Congress in August 2015.

When I started to learn hypnosis in 2006, I had never thought how it would change my life, private and professional.

My other mentor is Ernest L. Rossi who turned me into somebody else in July 2009 when we were in his master class with Claude and eleven other French therapists for a week of intensive practice in Los Osos. Not one of us came back the same from California. What happened there was an "illumination" to use an Ernest's word describing the phase three of a hypnotherapy session (read his free book). But, of course, learning hypnosis is to be an open mind, too. So the list of those who share with me a part of their knowledge is too long to be written here, but I would like to thank Jean-François Marquet in particular. He will understand why.

*CC. What is your involvement in the ISH Board? Why did you ask/accept to be part of the Board? What would you like to give? How would your contribution help the field of hypnosis in general and ISH in particular?*

**FGB.** Once again, for this part of my life, Claude Virot was my mentor when he asked me to join the ISH Board in 2012. At this time, I'm mostly here to learn. To learn how ISH works, how it creates links between therapists and members coming from all over the world to share their experiences, their cultures, their way of seeing reality. It's an honor for me to work with the BOD members, Julie our president, Consuelo, Katalin, Mark, Wolly, Brian, Bernhard, Giuseppe, Claude our president-elect and of course, Camillo. As the youngest and less experienced hypnotherapist, there's always one, I think I should be the "Candid" of the board. I dare to hope that some of my naive questions could provide useful insights for how the

BOD works. Most of my friends here are scientists, interested in evidence-based medicine, neurosciences. As an Ericksonian therapist and a writer too, I feel myself faced more toward the imaginary, walking out of the beaten tracks (as I called one of my workshop in Bremen ISH last congress). In fact, half a Candid, half a trickster!

*CC. You are involved in the organization of the next ISH congress in Paris, can you give us some hint of what will happen, what can we expect from this event?*

**FGB.** 1889-1900-1965, the three first ISH Congress took place in Paris; the last with Milton H. Erickson himself. Since 1965, the ISH congress runs worldwide every three years. Our organization's committee, created in 2009, was to see Paris designated by the BOD as the place for the XXth ISH congress. We learned the good news in July 2012. So, from 2009 until 2015, we did and will do our best to organize what we hope to be four days of exceptional events for the world of hypnosis. "*Roots and future of consciousness*" is the theme we had chosen to explore where hypnosis comes from and where we are going to in the future.

We expect around 2,000 attendees and hundreds of speakers about creativity, neurosciences, synchronicity, history, practices, the role of hypnosis in medical care, current conception about consciousness, therapist and patient interactions, Paris 2015 will be, because of every one of us, therapists, physicians, nurses, psychologists, physiotherapists, dentists, a place to learn and to change, a place to become more efficient for those who need help in our office. An extraordinary meeting enlightened by the Town of Lights.

*CC. What do you say to young students about hypnosis to help them to be interested in this field?*

**FGB.** First of all, I would suggest that hypnosis is much more than a therapy, much more than a tool in our practice. It teaches us how to expand our horizons in life, both with our loved ones, with our patients and with our social relationships. It teaches us how to watch around us in a new way, without any judgment or misinterpretation. It teaches us to change and feel better in our own life and maybe to consider that there is more than just one reality.

Then, a young student may choose hypnosis as support to an existing skill set. For physicians, surgeons, psychologists, nurses and every profession allied to health care. They could prefer hypnosis as a psychotherapeutic modality using trance, suggestions, behavioral, solution-oriented and systemic approaches of



the patient.

Hypnosis is not magic, witchcraft or a game. It's a powerful therapy with, as all therapies, its own indications, contraindications and side effects.

In both cases, I think practitioners of hypnosis have to stay humble and careful.

We learn in every session from our patients, we need to train in workshops or master classes as much as we can, we need to show other hypnotherapists what we do using videos, supervisions and inter-visions.

Learn, learn and learn and then they will become intuitive, creative and free to surf on emotions.

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

**FGB.** In the next months I look forward to pursuing on two levels:

1. My work as an Emergence Institute trainer with Claude Viro, including our exciting task with ISH as
2. My work as an Emergence Institute trainer with Claude Viro, including our exciting task with ISH as member of the BOD, member of the Paris 2015 committee and some other projects still in reflection to expand the place of hypnosis in the therapy field, develop our activity with Stephanie in our

**Hypnosiris Project** with our pain center consultations, seminars, workshops, papers in congress (La Rochelle, Sorrento ESH, Paris ISH...), to communicate and share our personal techniques, concepts and approaches to hypnosis wherever we're invited. In particular, we will focus on our "*two voices trance*" and the use of dissociation with the "*parallel universes trance*." Our next workshops are scheduled in Rennes, Paris, Casablanca.

And we have some surprises to be revealed on our website [www.hypnosiris.ca](http://www.hypnosiris.ca) as soon as possible. We hope you will visit us....

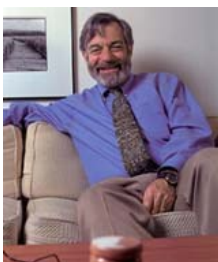
My dream: *Learn to be more and more creative... The change is out there...*



Bernhard Trenkle, Arreed Barabasz, Samantha Munson and Gail Cunningham advertise ISH and IJCEH.

## Interview with David Wark, PhD

By Consuelo Casula



*CC: Please describe your own model. And what do you call it, what is its name?*

**DW.** I call what I do simply "alert hypnosis." Sometimes, in papers and presentations, I call it "Eyes Wide Open Hypnosis." But that's just to get attention. It's really all

the hypnotic phenomena, with your eyes open while awake and alert. So that's what I call it.

*CC: When did you start using it?*

**DW.** I started doing hypnosis seriously in about 1983 or 1984. At the time, I was an Associate Professor of Psychology at the University of Minnesota. My office was in the Student Counseling Bureau, where I coached students in reading and study skills improvement. Many of the people I saw were having

problems with test anxiety. Clearly, they knew the material before the exam, but could not recall it when they were in a testing room. After the test was over and they left the room, they could remember almost everything they had studied. My understanding then was that the students were dealing with classic anxiety interference, and I was looking for some way to improve treatment.

In the early 1980's I did some research into the effects of anxiety on reading comprehension (Wark, Bennett et al. 1980, Wark and Bennett 1981, Wark, Bennett et al. 1981). After some training in systematic desensitization from Ivar Lovaas, I learned to talk people into relaxing and do systematic desensitization: a technique that involved being relaxed and imagining getting ready and doing well on the test without anxiety. The script was fairly standard:

**"Imagine it's three days before the exam  
and you are relaxed and learning well.  
Now relax deeper and imagine it's two**

days and you're still studying successfully. Increase your relaxation and you learn more. Now it's one day before the exam and you are very relaxed and still learning. And finally it's the exam day and you feel very relaxed and in charge as you imagine walking through the door into the testing room, sitting down, concentrating as you take the test item by item thinking about what you've learned and answering the test question, only the question on the page."

The process is designed to systematically reduce anxiety while maintaining information to achieve a desired goal. In this case, it's passing a test. Most of my students did much better. I had no idea that all my work had something to do with hypnosis.

So I was a bit surprised and more than a little scared when one of my colleagues told me I was doing very good hypnosis, but could use some more training in pacing and leading! You see, hypnosis was not well thought of in the University of Minnesota back then, even though Bill Heron, a former President of the American Society of Clinical Hypnosis, had been on the faculty when I was a graduate student. So I was a bit worried about the idea. I thought about it for a while and then took a chance with a workshop from the Minnesota Society of Clinical Hypnosis. Al Levitan was my first small group leader and he taught me the basics. By luck, the American Society of Clinical Hypnosis annual meeting was in Minneapolis that year and I wandered around the meeting listening to major speakers who talked about fantastic techniques like ideomotor signaling, age progression and regression, and cognitive control of pain and hemorrhaging. I didn't really understand it all, but clearly I wanted to know more. Some good friends in the Board of the Minnesota Society of Clinical Hypnosis invited me to join them.

*CC. When and from whom did you learn this model, and how did you develop your own model?*

**DW.** In 1985, the ISH meeting was near Minnesota, in Toronto. I attended, along with some of my friends from the Minnesota Society. It was my first international meeting and really expanded my view. Erika Fromm and Dan Brown did a workshop on hypnoanalysis, and I still have the notes. I learned from Lars-Eric Uneståhl about athletes performing at their best in hypnosis. He said that some of his athletes reported the feeling, as he described it "that the event runs them." I was still teaching college students how to concentrate and study at the time, and was fascinated with the idea. I asked him how to help students get to the

point where "the book reads them." He thought that was a really good idea and encouraged me to find a way to make it happen. But there was still the problem of doing the induction. No one can read and study with their eyes closed.

Then, from Éva Bányai, I got the idea of complete eyes open hypnosis. I was at her demonstration of an Active Alert induction, using a stationary bicycle. I still remember her lecture, and the room where we met and became friends. Years later, reminiscing at another ISH meeting, in Bremen, she reminded me that I was the volunteer subject for that induction and went into deep trance. But when she told me I volunteered, I was amazed. I honestly don't remember being on the bicycle! So my model of alert hypnosis starts with the work I did helping students with educational and intellectual development. The final results were inspired by Lars Eric and made practical by what I learned from Eva. That was the beginning.

I used "alert hypnosis to help" the book read the students". In 1988 I gave a paper at the ISH meeting in The Hague on Self Hypnosis and Reading that was published later (Wark and laPlante 1991). That led to a series of other studies and a paper on improving college grades (Wark 1996). Eventually I published a chapter (Wark 1998), and a case report using alert hypnosis, (Wark 1998). Later, in 2011, I summarized what I knew in a paper on hypnosis, traditional and alert, for education (2011).

*CC. What are the main characteristics of your model?*

**DW.** Using my background in adult learning and training, I built a model with very clear and operational instructions so clients and other professionals could learn how to do it. I also wanted to make it private so students could induce and use alert hypnosis in the classroom without looking weird. The induction actually begins with a warm-up exercise that involves simply inhaling, holding the breath, and exhaling. The clients and I talk about it and I direct their attention to the simple physical experience of rising up with the in-breath and sinking down with the out-breath. It's all a behavioral metaphor for the idea of moving up and down. That sets the stage for the next step that I call the LEVER, since the idea is to lever up or increase mental focus and attention, while relaxing the body. Briefly, the theme of the instructions, are:

**"Pick out a spot with an empty background and look at it intensely. Keep your eyes open and with each in-breath, lever up your focus, hold your attention, and relax your body with each out-breath."**

I always demonstrate it, by talking out loud and going through the motions while the patients watch and listen. Then I ask the students to report what they see and hear, and we cooperatively build a model for how they are going to do it and what they expect will happen. Typically, I have the clients repeat the LEVER exercise three times, processing between each exercise. The first exercise is a suggested perceptual alteration ("Notice any change in the color or shape of the spot"); the second is a suggested hypnotic deepening ("Notice what happens when you focus more deeply on the spot"), and the third is a suggested future pace, ("Notice what happens when you think of the next time you do hypnosis"). By that time the patient has done a lot of practice, cleared up a lot of myths, established a good expectation, experienced entering and leaving hypnosis, feels in control and begins to develop some rapport. The process usually goes well. I think my demonstration is a very important part of my model. (I have a manual in English, with a German translation by Rolf Nyfler. I'll be glad to send it to anyone who emails a request to wark@umn.edu.)

Depending on the situation, I might send the students home to practice the induction, along with a manual and perhaps an MP3 audio file. If the presenting problem is clear and focused (as it often is when I get practice referrals for alert hypnosis), we might go directly to the issue of building appropriate suggestions. In doing that, I'm always mindful of the circumstances in which the client will be applying suggestion. So if it's academic concerns my suggestions might have something to do with focusing on words printed on a page and noticing the images that come to mind during reading. Or, there was a young man with ADHD, who became anxious at home in the evening, when his medication wore off. I suggested that whenever that happened, he do the LEVER, deepen his hypnosis, and remember back to the morning, and how he felt, and how the world looked, and what he was comfortable doing after he had taken his pills. That intervention gave him control over his anxiety.

In most cases I am interested in the client being actively involved in the moment. So my suggestions tend to be fairly direct and involve sensations, perceptions, feelings, thoughts and behavior—seldom metaphor, indirect or disassociation.

*CC. When do you use this model? When do you use other models (which ones?)*

**DW.** I use this formal model in several ways. It works well when I'm teaching large groups of students in the classroom or at a professional workshop. With individuals who want help with a particular issue, I modified

the induction to utilize whatever they bring. Some people who have a good sense of their body catch on very quickly to the idea of leveraging up their mental attention while relaxing their body. Others may not, and we need to practice a great deal until they get an idea of what hypnosis feels like. Recently, I have had considerable success with the alert model treating a client suffering from long-standing complicated PTSD. A colleague in the Veterans Administration has found it quite helpful in dealing with combat PTSD. We have a presentation for the 2014 American Society of Clinical Hypnosis meeting.

*CC. What is the advantage of using your model compared with the others?*

**DW.** Let's look at the conditions for which hypnosis has been effective, as demonstrated in empirical and well controlled research (Wark 2008). I think an alert hypnosis model is most advantageous in the situation where the client has to carry out the suggestion actively while doing things in the everyday world. I have in mind conditions like habit disorders, depression, bulimia, anorexia, smoking cessation and trauma reaction. And I'd add unacceptable athletic, academic, and sexual performance. In those situations, learning to enter trance and give a self-suggestion actively with eyes open, perhaps while interacting with others, leads to an easier application of the suggestion. In the field of education, two studies (Liebert, Rubin et al. 1965) and (Donk, Vingoe et al. 1970) show that alert hypnosis may be more effective than traditional. In those cases, the students needed to attend directly to material to be learned.

In contrast, traditional hypnosis may be more efficacious where the patient needs to have a relaxed inner state, or could disassociate to some other situation. Those conditions include dealing with headaches and migraines, anxiety about asthma, cancer pain, and distress during surgery, obstetric pain or bedwetting. In the traditional hypnotic situation the client is relaxed deeply, cataleptically, unmoving and passive. In that state they absorb and mentally rehearse carrying out some particular technique – reduce pain, change habits, reduce anxiety, be assertive. Then they come out of relaxation (hypnosis?) and carry out the suggestion. So in those circumstances, traditional hypnosis may be more effective.

In general, I think alert hypnosis techniques would be advantageous in a situation where the client can use hypnotic skills and abilities without going into obvious traditional cataleptic trance. Capafons (Capafons 2004) says it well when he described the Spanish citizens who wanted to use hypnosis but didn't want

to look weird or strange in the eyes of their friends. The same thing applies in the classroom. People want to use trance but don't want to appear strange. So in those cases, knowing alert inductions is a great advantage. Iglesias and Iglesias (2005) report the case of a socially prominent philanthropist who controlled her public speaking anxiety and made effective fund raising appeals with eyes open alert hypnosis.

There is some research comparing active and traditional inductions. In one report (1998) I summarized the observed differences. Alert hypnosis is associated with a little more discomfort, feeling edgy, a sense of participation, and reported alertness. But for most suggested hypnotic phenomena (anesthesia, involuntariness, posthypnotic amnesia, etc.) there were no significant differences.

## REFERENCES

- Capafons, A. (2004). "Waking hypnosis for waking people: why from Valencia?" *Contemporary Hypnosis* 21(3): 136-145.
- Donk, L. J., F. J. Vingoe, R. A. Hall and R. Doty (1970). "The comparison of three suggestion techniques for increasing reading efficiency utilizing a counterbalanced research paradigm." *International Journal of Clinical and Experimental Hypnosis* 28(2): 126-133.
- Iglesias, A. and A. Iglesias (2005). "Awake-Alert Hypnosis in the Treatment of Panic Disorder: A Case Report." *American Journal of Clinical Hypnosis* 47(4): 249-257.
- Liebert, R. M., N. Rubin and E. Hilgard (1965). "The effects of suggestion of alertness in hypnosis on paired-associated learning." *Journal of Personality* 33: 605-612.
- Wark, D. M. (1996). "Teaching college students better learning skills using self-hypnosis." *Am J Clin Hypn* 38(4): 277-287.
- Wark, D. M. (1998). *Alert hypnosis: history and applications. Creative thinking and research in brief therapy: Solutions, Strategies, Narratives.* W. J. M. a. J. H. Edgette. Philadelphia, PA, Brunner/Mazel. 2: 387 – 306.
- Wark, D. M. (2008). "What we can do with hypnosis: a brief note." *Am J Clin Hypn* 51(1): 29-36.
- Wark, D. M. (2011). "Traditional and alert hypnosis for education: a literature review." *Am J Clin Hypn* 54(2): 96-106.
- Wark, D. M. and J. M. Bennett (1981). "The measurement of test anxiety in a reading class." *Reading World* 20: 215-222.
- Wark, D. M., J. M. Bennett, N. M. Emerson and H. Ottenheimer (1981). *Reducing test anxiety effects of reading comprehension of college students. Comprehension: Process and Produce. 1st Yearbook of the American Reading Forum.* G. H. M. Ninch. Hattiesburg, MS, American Reading Forum: 60-62.
- Wark, D. M., J. M. Bennett and J. Wolinski (1980). *The effects of anxiety on reading comprehension. College and Adult Reading X The tenth Yearbook of the North Central Reading Association.* J. A. Fisher. Minneapolis, North Central Reading Association: 1-16.
- Wark, D. M. and P. M. laPlante (1991). "Reading in alert trance: Effects on comprehension." *HYPNOS* 17 (2): 90-97.



*Gail Cunningham, ISH administrator and Consuelo Casula attract new members and IJCEH subscribers at the Erickson foundation conference in Anaheim, CA.*



*Newsletter Editor, Consuelo Casula, and husband visit Philadelphia's art museums.*



## Interview with Antonio Capafons, PhD

By Consuelo Casula



**CC.** Please describe your own model. And what is the name for your model?

**AC:** The model is called The Valencia Model of Waking Hypnosis (VMWH). The concept of waking hypnosis was introduced by Wells in 1924. At the University of Valencia (Spain) the VMWH was developed generating several standardized methods and exercises, which shaped this Model. The VMWH is based on the socio-cognitive paradigm of hypnosis, and represents, as far as I know, the first approach to waking hypnosis that disregards the concept of trance. Rather it advocates the continuity between hypnotic and everyday life behaviors, and is focused on variables such as expectations, motivation, attitudes, beliefs, etc.

The VMWH consists of a number of efficient methods and exercises intended to be straightforward and pleasant for the patient as well as quick to learn and to apply. The procedures implemented as part of the model in order to achieve good rapport with clients are the following: (Capafons& Mendoza, 2009)

1- A neutral (or cognitive-behavioral) **introduction to hypnosis** that includes a motor exercise using the Chevreul pendulum illusion. Through this exercise the client is presented to an explanation about hypnosis as one-way or evoking many and different kinds of voluntary but automatic experienced responses (behaviors, emotions, perceptions etc.). Particular attention is given to the concept of interference and the “reverse effect law” is included. Finally, hypnotic reactions are compared to the experiences of people watching a movie for illustrating self-deception, narrative, and dramaturgic theories of hypnosis.

The aim of that presentation of hypnosis is to demystify that the hypnotized person can be trapped in a trance, or lose control; or that to respond to hypnotic suggestions is itself stupid or that is unique to people who are vulnerable and credulous. Words like trance, dissociation, altered state of consciousness, etc. are intentionally and carefully avoided.

2- A **clinical assessment of hypnotic suggestibility** using classic exercises, such as postural sway, or falling backwards, but from a very different interpretation of the results, and of the ways of performing them (Capafons, 2004; Capafons & Mendoza, 2010): The goal is to motivate patients, and to explore their preferences and styles about suggestions, not to assess carefully their hypnotic suggestibility. In that direction a metaphor for illustrating hypnosis as a coadjutant is also presented to the patients (Capafons, Alarcón and Hemmings 1999).

3- **Two induction methods of waking hypnosis** are added to these procedures: Rapid Self-Hypnosis (Capafons, 1998b) and Waking-Alert (hetero) Hypnosis, the latter also known as Alert-Hand Hypnosis (Capafons, 1998a; Cardena Alarcón, Capafons & Bayot, 1998). During the intervention, hypnosis is used in combination with motivational questions to help clients understand the relevance of their thoughts in the maintenance of their problems and the usefulness of hypnosis in changing them. The sequence is structured while flexible to be adapted to the intervention (Figure 1) (Capafons & Mendoza, 2010).

**Figure 1. The Valencia Model of Waking Hypnosis**

Presentation of Hypnosis	↓
Clinical Assessment of Hypnotic Suggestibility	↓
(Rapid)Self-Hypnosis	↓
Didactic Metaphor	↓
Practice and Training Suggestions	↓
(Waking-Alert) Hetero-Hypnosis	↓
Motivational Questions	↓
Therapeutic Suggestions	

**CC.** When did you start using this model?

**AC.** I started to use it from 1994, when I created rapid self-hypnosis. After that, I begin to construct a step by step the model as my experience and the other colleagues indicated that more things were needed or convenient to increase efficacy and or effectiveness of the model. We were, and are, interested particularly in that the Model is pleasant to clients, and generalizable to their everyday life.

**CC:** When and from whom did you learn this model, and how you developed your own model?

**AC.** I learned about hypnosis in general from Salvador Amigó (University of Valencia), who created the

Emotional Self-Regulation Therapy (ESRT) (1990; 1999), based on the cognitive-behavioral approach, and waking hypnosis. I helped to develop ESRT and some research to support its efficacy for treating smoking and obesity (Capafons, 1999). But I decided that waking hypnosis should recover its name, and then I began to develop my own model using the word hypnosis, and avoided using some devices needed for using ESRT... The model shares ideas with ESRT, such as sensory/emotional recall, mental training and discipline, etc, all of them inspired by hypnosis handbooks and articles, as the Kroger & Fezler (1977) one, Sach & Anderson (1967) but particularly by the seminal article by Wells (1924). So, I'm using and developing the model for almost 20 years.

*CC. Which are the main characteristics of your model?*

**AC.** As said in the first answer, in general the VMWH excludes words like trance, altered state of consciousness, or unconscious mind, and defines hypnosis as a voluntary pool of acts based on automatic experienced (but voluntary) reactions, which can be activated using a fiction through imagery and self-language. In addition, it highlights the importance of an adequate attitude based on the "reversed effect law" by Coué (1927).

The model is structured and experimentally based. Its phraseology, metaphors and the way of using suggestions and other exercises can be quickly adapted to the clients preferences as clients are talking fluently to the therapist, conversing about the reactions that are being evoked, with their eyes open and feeling active and with a sense of energy and competence. Some of the advantages, already mentioned by Wells (1924), of waking hypnosis are the following: clients show less fear of losing control; it usually takes less time to obtain results; clients can remain self-hypnotized with eyes open while engaged in other activities, which enables them to give themselves therapeutic self-suggestions that can go unnoticed when the problem occurs in public situations; it is easy to generalize to everyday life; it is versatile and efficient; and it is easily convertible into a general coping and self-control set of skills.

In fact, Yapko (2012) recommend our model (the Waking Alert (hetero) Hypnosis Induction) when treating depression.

*CC. When do you use this model, when do you use other models (which ones?)*

**AC.** It depends on the patients and their circumstances. As said, the VMWH is useful, as Yapko describes it, for treating depression. In any case, the model has to be adapted to each patient, circumstance, and problems that arise in a particular or concrete moment. I use alert hypnosis with relaxation when people need relaxation but do not need to restrict their peripheral attention, and I use traditional hypnosis with peripheral attention restriction for a deep relaxation when it can help in an almost evident manner e.g., with insomnia, or with people who have scattered attention and concentration difficulties. Even in these cases, perhaps a blend of procedures can be more flexible depending on the patient. But relaxation is not needed as often as many therapists think. In summary, from my own and other colleagues experience, it is better to say to the patient (and have the patient say to her/himself) to stay calm, indifferent, feeling serenity, temperance, experiencing the welfare, inner peace, etc. We can feel those affects and emotions without being relaxed that technically means to be physiologically de-activated...

Other authors use alert and active alert methods such as Wark (1996; 1998), Vingoe (1968), Donk, Vingoe, Hall & Doty (1970), Iglesias & Iglesias (2005), and Barabasz (Anderson, M. Barabasz & A. Barabasz & Warner, 2000; A. Barabasz, 1980; 1985) for different purposes. When alert and active alert hypnosis can be useful, the VMWH methods are also useful. The VMWH is more than a procedure. It is a perspective about how to use hypnosis, too, without neglecting the usefulness of other approaches.

I prefer to summarize with where my model has been used with apparent success:

**Case studies and N=1:** Smoking: Mendoza (2000), pain management and peri-operative anxiety Capafons & Mendoza, 2009), fibromyalgia (Capafons, Lamas, & Lopes-Pires, 2008; Martínez-Valero, Castel, Capafons, Sala, Espejo & Cardaña, 2008), tinnitus, insecurity and anxiety disturbing performance in sports, acute pain and anxiety caused by invasive diagnostic medical procedures (Mendoza, 2010), specific social phobia (Capafons & Mendoza, 2013), difficult cases and/or emergencies (Lopes-Pires, Mendoza & Capafons, 2009); patients who have gone through a number of treatments without receiving significant benefits; patients in despair, or whose problem needs to be solved or improved immediately; people in shock; people who are not amenable to start a treatment using the choice techniques for their problem, etc.

On the other hand we made a **survey** that showed that (Capafons & Mendoza, 2010):

- Therapists have successfully used the Valencia Model of Waking Hypnosis as an adjunct, to treat different problems, and for increasing motivation and performance in sports.
- The Valencia Model of Waking Hypnosis reduces the duration of the interventions and makes them more pleasant.
- Patients perceive as very pleasant the VMWH ways of hypnotic induction, and of managing suggestions. Waking Hypnosis increases their interest and motivation for the treatment.
- Clients soon incorporate Waking Hypnosis ways of using suggestions as coping and self-control skills and abilities, so that they use them in a creative form to control diverse aspects of their behaviors (response generalization).
- The Valencia Waking Hypnosis methods are easy to learn for patients, so they do not need a high level of education.
- Therapists of different countries (Brazil, Cuba, Portugal, UK, USA, Spain, etc.), and diverse health professionals share similar opinions to those mentioned previously.

Recently we have published a **clinical trial** from an effectiveness approach (Lloret, Montesinos & Capafons, 2014 -on line 2013-). We found out that using the VMWH as an adjunct to a cognitive-behavioral treatment reduced by 30% the duration of that treatment for pathological gambling, and patients comply more with clinical tasks.

In this sense, Wells (1924) already mentioned some features and qualities of waking hypnosis: clients show less fear of losing control; it usually takes less time to obtain results; clients can remain self-hypnotized with eyes open while engaged in other activities, which enables them to give themselves therapeutic self-suggestions that can go unnoticed when the problem occurs in public situations; it is easy to generalize to everyday life; it is versatile and efficient; and it is easily convertible into a general coping and self-control set of skills.

Thus, the ultimate aim is to enable patients to activate therapeutic suggestions in those everyday situations in which they need them.

As said, the VMWH is experimentally based, except for the Clinical Assessment of Hypnotic

Suggestibility and Motivational Questions. Experimental results are the following:

- Results of two experimental studies on the **neutral presentation of hypnosis** indicate that:
  - In a hetero-hypnosis context, to present hypnosis as a trance state generates a high rate of dropout in relation to a neutral or this cognitive-behavioral introduction (Capafons, et al., 2006).
  - In a self-hypnosis context such differences are not found (Capafons, et al., 2005).
- **Rapid Self-Hypnosis:**
  - It shows the same suggestive power of the Eye Roll induction method by Spiegel & Spiegel (HIP, 1987) (Martínez-Tendero, Capafons, Weber & Cardeña, 2001).
  - It is perceived as more pleasant, and it is preferred to HIP (Martínez-Tendero, Capafons, Weber & Cardeña, 2001).
  - The shortened version of RSH is scored as more pleasant than, and is preferred to the longer version. It also shows a higher power to promote responses to suggestions (Reig, Capafons, Bayot & Bustillo, 2001).
  - Shows higher power to promote responses to suggestions than Bányai's active-alert induction method (Cardeña, Alarcón, Capafons & Bayot, 1998).
  - Is perceived as more pleasant than the Bányai's active-alert induction method, and participants prefer it when compared to the Bányai's one (Alarcón, Capafons, Bayot & Cardeña, 1999).
  - Does not present the disadvantages of the ergonomic bicycle, as iatrogenic reactions in some patients, or lack of generalization (Alarcón, Capafons, Bayot & Cardeña, 1999).
- Some experimental results show that the metaphor (Capafons, Alarcón & Hemmings, 1999):
  - Promotes positive changes in the attitudes towards hypnosis.
  - Helps people understand that hypnosis can be useful for their daily life, and that it is not dangerous if used properly.
  - Helps consider hypnosis as an adjunct, not a therapy

## REFERENCES:

- Alarcón, A., Capafons, A., Bayot, A., & Cardaña, E. (1999). Preference between two methods of active-alert hypnosis: Not all techniques are created equal... *American Journal of Clinical Hypnosis*, 41, 269-276.
- Amigó, S. (1992). *Manual de terapia de autorregulación (Handbook of self-regulation therapy)*. Valencia (Spain): Promolibro.
- Amigó, S. (1999). Self-regulation therapy: Suggestion without hypnosis. In I. Kirsch, A. Capafons, E. Cardaña, & S. Amigó (Eds.), *Clinical hypnosis and self-regulation: Cognitive-behavioral perspectives* (pp. 311-330). Washington D.C.: American Psychological Association.
- Anderson, K., Barabasz, M., Barabasz, A. & Warner, D. (2000). Efficacy of Barabasz's instant alert hypnosis in the treatment of ADHD with neurotherapy. *Child Study Journal*, 30, 51-62.
- Barabasz, A. (1980). Effects of hypnosis and perceptual deprivation on vigilance in a simulated radar target detection task. *Perceptual and Motor Skills*, 50, 19-24.
- Barabasz, A. (1985). Enhancement of military pilot reliability by hypnosis and psychophysiological monitoring: In-flight and simulator data. *Aviation, Space and Environmental Medicine*, March, 248-250.
- Capafons, A. (1998a). Hipnosis clínica: una visión cognitivo-comportamental (Clinical hypnosis: A cognitive-behavioral perspective). *Papeles del Psicólogo*, 69, 71-88.
- Capafons, A. (1998b). Rapid self-hypnosis: A suggestion method for self-control. *Psicothema*, 10, 571-581.
- Capafons, A. (1999). Applications of emotional self-regulation therapy. En I. Kirsch, A. Capafons, E. Cardaña & S. Amigó (Eds.), *Clinical hypnosis and self-regulation: Cognitive-behavioral perspectives* (pp. 331-349). Washington, D.C.: American Psychological Association.
- 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., Lamas, J. R., & Lopes-Pires, C. (2008). Hipnosis (Hypnosis). En F.J. Labrador (Ed.), *Técnicas de modificación de conducta (Techniques of behavior Modification)* (pp. 593-614). Madrid (Spain): Pirámide.
- Capafons, A., & Mendoza, M<sup>a</sup> E. (2009). 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). Nueva York: Nova Science, Publishers, INC.
- 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> edición) (pp. 293-317). Washington, D.C.: American Psychological Association.
- Capafons, A., & Mendoza, M<sup>a</sup> E. (2013). Hipnose lúcida. En Marlus V. Costa-Ferreira (Ed.), *Manual brasileiro de hipnose clínica (Brazilian handbook of clinical hypnosis)* (pp. 107-143). São Paulo (BR): Atheneu.
- 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.
- Cardaña, 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.
- Coué, E. (1927). *The practice of autosuggestion*. New York, NY: Doubleday.
- Iglesias, A., & A. Iglesias (2005). Awake-alert hypnosis in the treatment of panic disorder: A case report." *American Journal of Clinical Hypnosis* 47, 249-257.
- Kroger, W. S., & Fezler, W. D. (1976). *Hypnosis and behavior modification: Imagery conditioning*. Philadelphia, PA: Lippincot.



- Lopes-Pires, C., Mendoza, M<sup>a</sup> E., & Capafons, A., (2009). Application of *waking hypnosis to difficult cases and emergencies*. En G.D. Koester & P.R. Delisle (Eds.), *Hypnosis: Theories, research and applications* (pp. 99-130). Nueva York: Nova Science, Publishers, INC.
- 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.
- Mendoza, M<sup>a</sup> E. (2000). La hipnosis como adjunto en el tratamiento del hábito de fumar: estudio de caso (Hypnosis as an adjunct for smoking cessation: A case report.) *Psicothema*, 12, 330-338.
- Mendoza, M<sup>a</sup> E. (2010). Aplicaciones y resultados del modelo de Valencia de hipnosis despierta en cuatro casos clínicos (Application and Results of the Valencia model of waking hypnosis in four clinical cases.). In A. Capafons (Chair): Avances en hipnosis experimental y aplicada (Advances in experimental and applied hypnosis). Symposium conducted at the VII Congreso Iberoamericano de Psicología 2010, Oviedo (Spain).
- 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.
- Sach, L. B. & Anderson, W. L. (1967). Modification of hypnotic behavior. *The International Journal of Clinical and Experimental Hypnosis*, 15, 172-180.
- Spiegel, H. & Spiegel, D. (1987). *Trance and treatment. Clinical uses of hypnosis*. Washington, D.C.: American Psychiatric Press
- Yapko, M. D. *Trancework* (2012): *An Introduction to the practice of clinical hypnosis* (4<sup>th</sup> edition). New York, NY: Routledge.
- Vingoe, F. J. (1968). The development of a group alert-trance scale. *International Journal of Clinical and Experimental Hypnosis*, 16, 120-132.
- Donk, L. J., Vingoe, F. J. Hall R. A. & Doty R. (1970). The comparison of three suggestion techniques for increasing reading efficiency utilizing a counterbalanced research paradigm. *International Journal of Clinical and Experimental Hypnosis* 28, 126-133.
- Wark, D. M. (1996). Teaching college students better learning skills using self-hypnosis. *American Journal of Clinical Hypnosis*, 38, 277-287.
- Wark, D. M. (1998). Alert hypnosis: History and applications. In W.J. Matthews & J. Edgette (Eds.), *Current thinking and research in brief therapy: Solutions, strategies, narratives* (pp. 287-304). Philadelphia, PA: Taylor & Francis Pub.
- Wells, W. R. (1924). Experiments in waking hypnosis for instructional purposes. *Journal of Abnormal and Social Psychology*, 18, 389-404.



President Linden traveled to the edge of Scotland, after teaching a workshop for the British Society of Medical and Dental Hypnosis.

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

*In this section of the NL 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 enjoys 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...*

*Katalin Varga*

### **Efficacy of Hypnosis for Pain Management**

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There is an increased awareness of evidence-based methodology in the health care system. Evidence-based practice in psychology promotes effective psychological practice by applying interventions that have been empirically supported (APA, 2006). Psychologists are actively engaged in evidence-based practice, but they often find it difficult to access and select research resources, especially when time is limited (Falzon, Davidson, & Bruns, 2010). Therefore, reviews of research that summarize up to date findings may help clinicians to be informed about the therapeutic strategies that show the best results and about the new protocols that have been demonstrated to be effective in treating a certain problem.

The goal of this article is to describe the recent findings relative to the efficiency and efficacy of clinical hypnosis for pain management in different areas and their clinical implications.

There is a great variety in the hypnotic procedures used in the published clinical trials, but there are not yet systematic reviews examining the effects of the different elements of the hypnotic interventions. However, there is a review that addresses the effects of differences in the content of hypnotic suggestions in the published clinical trials of hypnosis for chronic pain management (Dillworth & Jensen, 2010). Since

chronic pain often has a significant negative impact on patient's life, interventions usually include both pain-specific suggestions (i.e., decreasing the pain experience, changing sensations from pain to other less bothersome sensations, changing the location of the pain to another area where it is easier to tolerate the pain, etc.) and non-pain related suggestions (i.e., improved sleep, stress management, increased energy, increased feelings of well-being, etc.). Studies that included a combination of pain-specific and non-pain related suggestions in the interventions showed greater benefits on pain-related outcomes, both in comparison to active treatments and control groups (Dillworth & Jensen, 2010). Another relevant finding is that patients report high rates of satisfaction with hypnosis even if they do not achieve a reduction in pain (Jensen et al., 2006). Therefore, in the hypnotic interventions for chronic pain it is helpful to address not only pain itself but also the other issues that the patients may have related to their condition and that interfere with their life and activities, such as sleep difficulties, fatigue, and other affective symptoms.

There is consistent evidence that hypnosis is an effective and efficient technique in the treatment of pain both acute and chronic across numerous conditions (Elkins et al., 2007; Jensen, 2009; Jensen & Patterson, 2006). The following paragraphs summarize the status of the efficacy of hypnosis in different medical problems that involve pain.

### **Cancer**

Hypnosis has been used in the cancer setting as an adjunct to medical care to relieve pain related to numerous aspects of cancer treatment. A recent review by Montgomery and colleagues (Montgomery, Schnur, & Kravits, 2013) reports evidence from multiple meta-analyses and individual randomized controlled trials that hypnosis has moderate to large effect sizes in improving pain cancer related. During diagnostic procedures, hypnosis has shown large effect sizes in improving pain, pace of recovery, distress, and costs in patients with breast cancer, lumbar puncture, and bone marrow aspirations in both adults and children, as well as for surgical procedures. Moreover, in cancer treatment, hypnosis reduces pain from mucositis during hematopoietic cell transplantation and decreases pain, anxiety, and the need for medication during percutaneous treatment of tumors

(Montgomery et al., 2013).

The benefits of hypnosis in having positive treatment effects, including pain, in adults undergoing other surgical or medical procedures has been also demonstrated in a meta-analysis of randomized controlled trials (RCT) (Tefikow, Barth, Maichrowitz, Beelmann, Strauss, & Rosendahl, 2013).

### Fibromyalgia

Even though there is extensive evidence on the efficacy of hypnosis in managing acute and chronic pain, its efficacy in the treatment of fibromyalgia, a common chronic pain syndrome, has been examined only in a few studies.

Findings from a recent RCT (Castel, Cascon, Padrol, Sala, & Rull, 2012) that compared a multicomponent cognitive-behavioral treatment (CBT) alone with the

same CBT plus hypnosis for fibromyalgia and with standard care (pharmacological management) indicated that CBT complemented with hypnosis was more beneficial than without hypnosis, and there were greater improvements in several outcomes in the groups receiving CBT with or without hypnosis than in the group of standard care (Castel et al., 2012).

Another RCT comparing a hypnosis intervention with a wait-list control group (Picard, Jusseume, Boutet, Duale, Mulliez, & Aublet-Cuvellier, 2013) found a significant improvement in the mean weekly NRS scores (monitored during the 24-week study), but this difference was not clinically relevant. However, there were significant improvements in the cognitive and affective side effects of fibromyalgia. The different results of these two studies in the pain outcomes may be related to the kind of suggestions used. In the first study, participants received analgesia suggestions for pain management and other suggestions related to the CBT components of the intervention. In the second study, authors reported that the focus of the hypnosis sessions was not mainly pain, but the control or avoidance of symptoms as well as changing the patient's perspective of the symptoms to accept chronic pain and commit to new emotional, physical, and social functioning (Picard et al., 2013).

These findings highlight the beneficial effects of using hypnosis to help patients with fibromyalgia to manage their symptoms and also the importance of carrying out more research to examine the kind of suggestions that are most effective for different symptoms.

### Irritable Bowel Syndrome

According to a systematic review, the therapeutic effect of gut-directed hypnotherapy (GHT; Whorwell, Prior, & Faragher, 1984) has shown to be superior to the effect of waiting-list control or usual medical management in patients who did not respond to standard medical therapy for irritable bowel syndrome (IBS) (Webb, Kukuruzovic, & Catto-Smith, 2007). A RCT evaluated the long-term effect of gut-directed group hypnosis in patients with refractory IBS. A significantly greater reduction of abdominal pain and other symptoms was found at 12-month follow-up. These findings are important because it is the first study to demonstrate that hypnosis for patients with long-term refractory IBS in group sessions is as effective as hypnosis in individual settings. Therefore, if future studies replicate these findings, this group protocol can be offered to patients with severe or refractory IBS (Moser et al., 2013).

Along the lines of making psychological treatments available to more patients, some "minimal-contact" therapies have been developed for symptom management in IBS. A systematic review found that, when compared to control conditions, these interventions were efficacious showing statistically significant improvements by the end of treatment. Most of the studies included CBT or hypnosis and although these results show promise for reduction of IBS symptoms, further research is needed to support interventions delivered remotely (Pajak, Lackner, & Kamboj, 2013).

### Dentistry

Hypnosis has a number of applications in dentistry. A recent review reports significant positive effects on pain, anxiety, behavior and physiological parameters when using hypnosis compared with no treatment in dental treatments. However, further clinical studies with higher quality are needed to confirm these effects (Jugé & Tubert-Jeannin, 2013).

In a case control study in which one-third molar was extracted under hypnosis and the other under local anesthesia for each patient, results showed that 91.7% of patients in the hypnosis group reported no pain during the first few hours post-operatively. Statistically significant differences between the two groups were found, since 33.3% of patients in the control group reported pain during the procedure despite complete anesthesia (Abdeshahi, Hashemipour, Mesgarzadeh, Shahidi Payam, & Halaj Monfared, 2013). These results indicate that hypnosis may be an effective adjunctive method in dental procedures, especially for patients who cannot be treated using conventional methods (Abdeshahi et al., 2013).

A RCT with patients with temporomandibular disorders (TMDs) with muscular diagnosis compared a treatment of CBT including hypnosis with standard care (Ferrando, Galdón, Durá, Andreu, Jiménez, & Poveda, 2012). Findings indicate the efficacy of the active treatment in terms of pain frequency, self-medication frequency, pain intensity, subjective pain index, pain severity, and emotional distress, mainly in the areas of anxiety and somatization. Specifically, 90% of the patients of the CBT plus hypnosis reported a significant reduction in frequency of pain with no significant differences between post-treatment and 9-month follow-up (Ferrando, et al., 2012).

Taking into account these results along with the findings of a hypnotic modulation of brain activity associated with nociceptive processing in patient with chronic TMD pain (Abrahamsen, et al., 2010), hypnosis can be an effective intervention for these disorders.

### Labor and Childbirth

Studies reviewing the efficacy of hypnosis for pain management in maternity care have not shown consistent results. In a systematic review of RCT, it was found some promise for hypnosis during labor and childbirth (Madden, Middleton, Cyna, Mathewson, & Jones, 2012). However, in a recent large RCT comparing a brief course in self-hypnosis, relaxation and usual care, there were not statistically significant differences between the three groups for any of the self-reported pain measures (Werner, Uldbjerg, Zachariae, Rosen, & Nohr, 2013). Another review that included nonrandomized studies along with RCT, found that hypnosis showed to be consistently more effective than standard medical care, supportive counseling, and childbirth education classes in reducing pain (Landolt & Milling, 2011). This indicates that those women who chose hypnosis for managing labor pain in the studies that did not randomize the assignment of participants to the treatments, reported benefit, so it is important to take into account women's preference to make this technique available to them (Arendt & Tessmer-Tuck, 2013).

### Children and Adolescents

Finally, the use of hypnosis in pediatric patients has shown statistically significant greater improvement in pain, superior to standard medical care in children with functional abdominal pain and irritable bowel syndrome (Rutten, Reitsma, Vlieger, & Benninga, 2013). There is also support in the literature that children in hypnosis treatment experience less pain

and discomfort long-term, as well as less anxiety and shorter hospital stays than patients in control conditions during anesthesia and surgery (Kuttner, 2012). Moreover, an updated systematic review about psychological interventions for needle-related procedural pain and distress in children and adolescents indicates that there is strong evidence supporting the efficacy of hypnosis in the relief of pain in children undergoing this kind of procedures (Uman et al., 2013).

### Conclusions

The goal of this review was to summarize the most recent empirical literature on the efficacy and efficiency of hypnosis for pain management. It has been found that in the treatment of chronic pain, the use of pain-specific and non-pain related suggestions have greater benefits on pain-related outcomes. Therefore, when planning an intervention with hypnosis it is important to take into account other

issues the patients may have, such as sleep problems or fatigue, and address them using the hypnotic suggestions that fit the patients' characteristics and preferences.

There is consistent evidence of the efficacy of including hypnosis to the interventions for pain in both adults and children undergoing medical and surgical procedures and with IBS, as well as for TMD pain. In other areas, findings are controversial, like in labor and childbirth or more studies are necessary like in dentistry, fibromyalgia, and other areas in pediatrics. Likewise, studies focused on the kind of hypnotic suggestions that are more effective for different conditions and patients' characteristics will help to develop more efficient hypnotic protocols.

The awareness of the areas in which there is strong evidence of the efficacy of hypnosis in the treatment of pain, as well as of the characteristics of the interventions that have shown to be more beneficial can help practitioners to make more informed decisions when planning an intervention. Moreover, it will help to disseminate the use of hypnosis in these areas and will benefit more patients.

### REFERENCES

- Abdeshahi, S.K., Hashemipour, M.A., Mesgarzadeh, V., Shahidi Payam, A., & Halaj Monfared, A. (2013). Effect of hypnosis on induction of local anaesthesia, pain perception, control of haemorrhage and anxiety during extraction of third molars: a case-control study. *Journal of Cranio-Maxillo-Facial Surgery*, 41 (4), 310-315.



- Abrahamsen, R., Dietz, M., Lodahl, S., Roepstorff, A., Zachariae, R., Østergaard, L., & Svensson, P. (2010). Effect of hypnotic pain modulation on brain activity in patients with temporomandibular disorder pain. *Pain*, 151 (3), 825-833.
- APA Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271-285.
- Arendt, K.W., & Tessmer-Tuck, J.A. (2013). Nonpharmacologic labor analgesia. *Clinics in perinatology*, 40 (3), 351-371.
- Castel, A., Cascón, R., Padrol, A., Sala, J., Rull, M. (2012). Multicomponent cognitive-behavioral group therapy with hypnosis for the treatment of fibromyalgia: long-term outcome. *Journal of Pain*, 13 (3), 255-265.
- Dillworth, T. & Jensen, M.P. (2010). The role of suggestions in hypnosis for chronic pain: a review of the literature. *Open Pain Journal*, 3 (1), 39-51.
- Elkins, G., Jensen, M.P., Patterson, D.R. (2007). Hypnotherapy for the management of chronic pain. *International Journal of Clinical and Experimental Hypnosis*, 55 (3), 275-87.
- Falzon, L., Davidson, K.W., & Bruns, D. (2010). Evidence searching for evidence-based psychology practice. *Professional Psychology: Research and Practice*, 41 (6), 550-557.
- Jensen, M.P. (2009). Hypnosis for chronic pain management: a new hope. *Pain*, 146 (3), 235-237.
- Jensen, M.P., McArthur, K.D., Barber, J., Hanley, M.A., Engel, J.M., Romano, J.M., Cardenas, D.D., Kraft, G.H., Hoffman, A.J., & Patterson, D.R. (2006). Satisfaction with, and the beneficial side effects of, hypnotic analgesia. *International Journal of Clinical and Experimental Hypnosis* 54 (4), 432-447.
- Jensen, M.P., & Patterson, D.R. (2006). Hypnotic treatment of chronic pain. *Journal of Behavioral Medicine*, 29 (1), 95-124.
- Jugé, C., & Tubert-Jeannin, S. (2013). Effets de l'hypnose lors des soins dentaires. (Effects of hypnosis in dental care). *Presse Medicale*, 42, 114-24.
- Kuttner, L. (2012). Pediatric hypnosis: Pre-, peri-, and post-anesthesia. *Pediatric Anesthesia*, 22, 573-577.
- Landolt, A.S., & Milling, L.S. (2011). The efficacy of hypnosis as an intervention for labor and delivery pain: a comprehensive methodological review. *Clinical Psychology Review*, 31, 1022-1031.
- Madden, K., Middleton, P., Cyna, A.M., Matthewson, M., & Jones, L. (2012). Hypnosis for pain management during labour and childbirth. *Cochrane Database Systematic Review*, 11, CD009356.
- Montgomery, G.H., Schnur, J.B., & Kravits, K. (2012). Hypnosis for cancer care: Over 200 years young. *CA: A Cancer Journal for Clinicians*, 63, 31-44.
- Moser, G., Trägner, S., Gajowniczek, E.E., Mikulits, A., Michalski, M., Kazemi-Shirazi, L., et al. (2013). Long-term success of GUT-directed group hypnosis for patients with refractory irritable bowel syndrome: a randomized controlled trial. *American Journal of Gastroenterology*, 108 (4), 602-609.
- Pajak, R., Lackner, J., Kamboj, S. (2013). A systematic review of minimal-contact psychological treatments for symptom management in Irritable Bowel Syndrome. *Journal of Psychosomatic Research*, 75 (2), 103-112.
- Picard, P., Jusseaume, C., Boutet, M., Dualé, C., Mulliez, A., & Aublet-Cuvellier, B. (2013). Hypnosis for management of fibromyalgia. *International Journal of Clinical and Experimental Hypnosis*, 61 (1), 111-123.
- Rutten, J.M., Reitsma, J.B., Vlieger, A.M., & Benninga, M.A. (2013). Gut-directed hypnotherapy for functional abdominal pain or irritable bowel syndrome in children: a systematic review. *Archives of Disease in Childhood*, 98, 252-257.
- Tefikow, S., Barth, J., Maichrowitz, S., Beelmann, A., Strauss, B., & Rosendahl, J. (2013). Efficacy of hypnosis in adults undergoing surgery or medical procedures: a meta-analysis of randomized controlled trials. *Clinical Psychology Review*, 33, 623-636.
- Uma, L.S., Birnie, K.A., Noel, M., Parker, J.A., Chambers, C.T., McGrath, P.J., & Kisely, S.R. (2013). Psychological interventions for needle-related procedural pain and distress in children and adolescents. *Cochrane Database Systematic Review*, 10, CD005179.
- Webb, A.N., Kukuruzovic, R.H., Catto-Smith, A.G., Sawyer, S.M. (2007). Hypnotherapy for treatment of irritable bowel syndrome. *Cochrane Database Systematic Review*, 17 (4), CD005110.

## Congress Review

### The 1<sup>st</sup> International Conference on Hypnosis in Medicine, Budapest, August 2013

#### Workshop: Mind-Body Hypnotic Strategies for Autoimmune Disorders

Presenter: Moshe Torem, MD

*Reviewed by Maria Escalante de Smith*

I had the opportunity to attend the 1<sup>st</sup> International Conference on Hypnosis and Medicine, both as a presenter and as attendant. When I read the program and I realized that Moshe Torem would be talking about autoimmune disorders I decided to attend his class because I believe that this topic is fascinating.

Dr. Torem began his class by listing both common and not so common conditions such as Diabetes Mellitus Type I, Lupus Erythematosus, Multiple Sclerosis, Rheumatoid Arthritis, Grave's Disease and Chronic Fatigue Immune Dysfunction Syndrome.

I liked reading about the typical course Autoimmune Disorders may follow. This course may be:

1. Relapsing – Remitting Course.
2. Chronic – Unremitting Course.
3. Fulminant – Progressive Course.

Dr. Torem also used an interesting metaphor in order to refer to these types of disorders as “The Case of Mistaken Identity” where the immune system attacks cells within its own body because it mistakenly identifies its antigens as pathogens such as bacteria, fungi, or viruses. Afterwards, these cells are destroyed and inflammation and disease appear.

In my opinion, it is important that as professionals we are familiar with the clinical manifestations of Autoimmune Disorders because sometimes they may make us think that our clients could be undergoing a depression. For example, one of the clinical manifestations of autoimmune disorders is general fatigue. In this case after a thorough questionnaire we could consider the possibility of referring the client to a medical professional when necessary.

Another topic that was addressed during this course was Psychoneuroimmunology and how this discipline was founded by Robert Ader, PhD (1932-2011) who showed that the immune system can be suppressed

by behavioral conditioning (Ader & Cohen, N., 1975). As I was listening to the lecture, I heard a quote that made me think about the importance of thinking of human beings as a whole. This quote states, “The disparity between physical and psychological stressors is only an illusion. A highly complex immune system interacts with an equally complex nervous system in a bi-directional manner.”

Dr. Torem provided attendants with bibliographical information regarding key developments in Psychoneuroimmunology, for example depression & anxiety enhance production of proinflammatory cytokines. (Kiecolt-Glaser, 2002)

Among the treatment goals it is important that the severity and frequency of symptoms decrease, that a quick resolution of the acute phase be achieved and that future relapses are prevented. I have had the opportunity to deal with people suffering from arthritis. I am absolutely sure that if these goals are achieved their quality of life can improve a lot.

The typical medical treatments for autoimmune disorders involve medications to alleviate the severity of symptoms such as fever, inflammation, and insomnia, among others. The aim of other medications is to suppress the aggressivity of the immune system by the use of corticosteroids and other immunosuppressant agents such as methotrexate.

For those interested in medical hypnosis, most likely we will wonder whether hypnosis can help people relieve these symptoms. A quote that Dr. Torem provided during his presentation can help people clear this doubt: “Pain and discomfort that are associated with autoimmune diseases can be alleviated with hypnotherapy.”

There are several ways the immune system can develop problems: it can be *Underactive*, like when infections and malignant diseases appear; *Hyperactive*, when allergies and bronchial asthma develop and *Misguided*, this happens when people develop autoimmune disorders. As counselors, if we apply hypnotherapy that improves health and wellbeing, we may help our client accomplish a healthy regulation of her immune system.

There has been a lot of research regarding how hypnosis can affect the Immune System. During this presentation Dr. Torem also quoted a research done by Hall et al. (1985), where they state that hypnotic intervention and imagery can affect the function of T cells and B cells of the immune system. Other authors, like Ernest Rossi, (1993), state that “In the hyp

notic state, we communicate with the unconscious mind and speak directly to the tissues and cells.”

Studies about Lupus such as “Conditioning as an Adjunct in the Pharmacotherapy of Lupus Erythematosus”, conducted by Olness K. and Ader R., (1992), have shown how recovery from this disease can be enhanced by a behavioral conditioned suppression of the immune system. Also, the use of imagery can help patients visualize their immune system as friendly and protective.

Dr. Torem caught my attention when he showed slides about what a typical hypnosis session is like. This part of the presentation includes steps that can be taken. Some of these steps are: Activating the relaxation response, teaching the patient self-hypnosis, direct and indirect imagery for healing, re-connecting with past experiences of healing and recovery and age progression imagery for healing.

Dr. Torem’s presentation was excellent, because it also included techniques such as the *Back from the Future Technique* where the client is guided under hypnosis into a place where healing has occurred and then guided back into the present with the gifts of mastery and healing. Congratulations Dr. Torem!

## REFERENCES

- Ader, R. & Cohen, N. (1975). *Behaviorally conditioned immunosuppression*, *Psychosomatic Medicine*, 37: 333-340.
- Kiecolt-Glasser, J. K., McGuire, L., Robles, T. & Glaser, R. (2002). *Psychoneuroimmunology and psychosomatic medicine: Back to the future*, *Psychosomatic Medicine* 64, 15-28.
- Rossi, E. L., (1993). *The psychobiology of mind-body healing*, Revised Edition, W. W. Norton & Company, Inc., New York, New York.

## 1<sup>st</sup> International Conference on Hypnosis in Medicine Budapest, Hungary

August 2013

### Women in Medicine: Bringing Eve into Hypnotic Relationship: The 5E’s of Hypnosis

Julie Linden PhD and Dra. Consuelo Casula

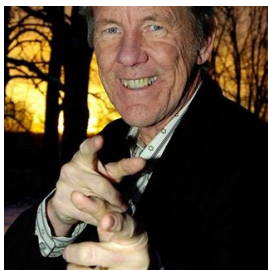
#### *Workshop Review by John D. Lentz,*

This one-hour presentation was amazing. Linden and Casula give you a rollercoaster ride of experiences that will leave you with new awareness and new techniques that you didn’t even know you wanted. By employing a series of teach and trance, metaphor and mesmerize, these two women invite you on an inward journey that will surprise you and evoke from your unconscious connections, understandings and insights that may very well surprise you. For example, as the workshop begins they give you information about the differences between men and women’s style of relating including a powerful story that Casula tells that brings her and many in the audience to tears, and then they invite you into a trance the result was

well done. After the first experience I thought, “Oh that was novel” but then they did it again and again, each time evoking different experiences understandings and feelings. Their comfortable way of working together and their styles complement each other very well so you end up feeling nurtured, empowered, your strengths evoked, by a very provocative workshop that gave you much more than it said. Not only will you know more about women in medicine, you will also know about your responses to women and to gender issues in general. This workshop is very well done and can still be purchased I suspect from the company who recorded the workshops.

## A Commentary on Alert Hypnosis and Waking (hypnosis)

by Lars-Eric Uneståhl, PhD



I met David Wark 1985 at the ISH meeting in Toronto, where I gave a workshop about the use of "alert hypnosis" in Sports. We have been in close contact since then and I have been impressed by his work to develop alert hypnosis in the educational area.

I do not know Dr Capafons or the VMWH so my comments will be based on this interview. My general impression is that the method has very little to do with either hypnosis or alert hypnosis, which raises the question why the term hypnosis at all is a part of the name.

### First some words about my work in relation to this subject.

My interest for alert hypnosis started in the 1960's during my PhD work about hypnosis at Uppsala University. I was then still an active athlete and I began to see the similarities between the flow state and hypnosis. In the beginning I induced waking hypnosis by doing a formal induction and then gave posthypnotic suggestions to open the eyes but remain fully in the hypnotic state. In one experiment I had one subject stay in this state for one week. As she was the wife to one of my assistants he could study her day and night. She behaved rather "normally" but some differences were "more focused, doing one thing at a time, living more in the present, etc". Interesting enough she had also amnesia for the whole week.

In the Mental Training, which I started 1969, self-hypnosis became the main part of the Basic Mental training. In the work with the Swedish National and Olympic team during the 70's I found that the flow-state contained most of the common hypnotic phenomena like increased concentration and decreased peripheral vision combined with dissociation from fatigue and pain; perceptual changes like time distortion (slow motion in fast sports, bigger golf holes etc); change from voluntary effort control to control through images and triggers; relaxed effectiveness, etc, even amnesia ("Sometimes I do not remember anything from start to finish, it is like a devil takes over my body and makes the run" (quotes from one of our world champions).

## Altered or Alternative States of Consciousness

Many books have been written - and a lot of research has been made- about "Consciousness" but no one has so far been able to define consciousness in a way which has received a general acceptance. This can partly be related to different views and opinions about Consciousness but also to the fact that the term Consciousness seems to be a holistic concept which

contains more than the different characteristics which are easier to define and measure.

However it seems to be easier to define ASC – various states of altered consciousness. As altered will easily be referred to the normal-un normal dimension I have the last 40 years translated ASC as Alternative States of Consciousness in relation to the "Dominant State of Consciousness (DSC)". I therefore see sleep, dream, flow, hypnosis as natural alternatives to DSC. Of the various types of hypnosis I see "alert hypnosis" as the most natural alternative as it can be combined with daily life activities and create a relaxed effectiveness (better results with less effort).

### EEG in flow/alert hypnosis and in self-hypnosis (operationally defined as the "Inner Mental Room" (IMR)

I have found the same EEG pattern in flow as in self-hypnosis. Here are some examples:

- An intensification of theta-activity in antecentral sections of the brain and smoothing of alpha-activity in the frontal-occipital direction. (Decrease of alpha activity 10-13 and increase of frequency 7-9)
- A disappearing of hemispheric asymmetry and a synchronisation of total hemispheric activity. This qualitative change could be described as a leveling out of the activity with the same activity in each of the four quarters of the brain. (Change of the operative system into a "holistic mode"). (The "holistic brain concept")
- The subsequent analysis showed that the EEG frequency spectrum in retrocentral sections of the cortex represents a set of subdominant and harmonic bound frequencies in the range of delta, theta, alpha 1 and 2 and beta-rhythms. (Five ratio=1-1.6) Thus, the polymodal frequency harmonization of cortical bioelectrical activity whose basis may be considered as so-called "golden ratio" or "section divine" (1/1,618) has been shown to be one of the specific neuro-dynamic correlates of this flow/self-hypnotic state)



It was then natural to call the operational brain system in this state for the "holistic and harmonic brain".

Similar to hypnosis was also that voluntary effort was opposed to flow and that becoming aware of being in flow made the flow to disappear.

### Definitions

In my first book about Hypnosis I went through the different theories and opinions about hypnosis and

found that one explanation for these differences was the various definitions of hypnosis. In some investigations there were even operational definitions of hypnosis like: Hypnosis is what comes after an hypnotic induction, but without even mention of what kind of induction was used.

Defining hypnosis as "a voluntary pool of acts based on automatic experienced (but voluntary) reaction, which can be activated using a fiction through imagery and self-language" at the same time as excluding concepts like trance, ASC, unconscious mind, etc raises again the question why use the term "hypnosis" as a label for this concept.

I would also question the term wake hypnosis as I found very little of "hypnosis" in this method. I am sure that the method is effective but the results can be better explained by other variables ("focused on variables such as expectations, motivation, attitudes, beliefs") Thus, while Dr Wark's work with alert hypnosis is confirming my findings it seems for me as VMWH has very little to do with alert hypnosis.

### Books:

- **Uneståhl, L-E.:** (1973) Hypnosis and posthypnotic suggestions, VEJE International Publ.,
- **Uneståhl, L-E.:** (1974) Hypnosis in the seventies. VEJE International, Publ.,
- **Uneståhl, L-E.:**(1979) Self-Control by Mental Training. VEJE International Publ.,
- **Uneståhl, L-E.:**(1982) Hypnosis in Theory and Practice, VEJE International Publ.,
- **Uneståhl, L-E.:** The Mental Aspects of Gymnastics, VEJE International Publ.
- **Uneståhl, L-E(Ed.)** Contemporary Sport Psychology. VEJE International Publ.,
- **Uneståhl, L-E ((1983)Ed)** Sport Psychology in Theory and Practice. VEJE Int. Publ.,

- **Uneståhl-Paikull.:** (1987)Yes you can. VEJE International Publ.,
- **Uneståhl, L-E.:**(1990) Motivation – The Core of Life. VEJE International Publ.,
- **Uneståhl, L-E.:**(1994) Applied Motivation. VEJE International Publ.,
- **Uneståhl, L-E.:**(1997) Integrated Mental Training. SISU förlag, Stockholm,
- **Uneståhl-Hansson.:**(2002) Mental Toughness Training. SISU förlag, Stockholm,
- **Uneståhl-Hellertz:** (2003)Personal development through Mental Training. VEJE Int., Publ.
- **Uneståhl, L-E.** (2003) Mental Aspects of Golf. VEJE International Publ., Örebro
- **Uneståhl, L-E.:** (2005)The New Life Style. Veje Int. Publ., 2005
- **Uneståhl, L-E.** (2007) Mental Training in Soccer. VEJE International Publ., Örebro
- **Uneståhl, L-E.;** (2012) Coaching and Mental Training, Veje Int. Publ., 2012

### Articles:

- Bundzen PV, Korotkov K, Uneståhl L-E (2002) Altered states of consciousness: Review of experimental data obtained with multiple techniques approach. *Journal of Alternative Complementary Medicine* 8: 153–65.
- Uneståhl L-E, Bundzen P (1996) Integrated mental training – neuro–biochemical mechanisms and psycho-physical consequences. *Hypnos* XXIII (3): 148–58.
- Uneståhl L-E, Bundzen P, Gavrilova E, Isakov V (2004) The effects of integrated mental training on stress and psychosomatic health. *Hypnos* XXXI (2): 83–88
- Johansson, B., & Uneståhl, L-E. (2006). Stress reducing regulative effects of integrated mental training with self-hypnosis on the secretion of dehydroepiandrosterone sulfate (DHEAS) and cortisol in plasma. *Contemporary Hypnosis*, 23, DO 1, 10, 1002/ch.314 Published by John Wiley & Sons, Ltd DOI: 10.1002
- Johansson, B., & Uneståhl, L-E. (2013). Elite Sport and Biological Age. Influence of Extensive or Regular Low to Moderate Exercise on Plasma DHEAS and Cortisol in Ice-hockey Players. *Psychology* 2013. Vol.4., No 7, 613-618.



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