ESH Newsletter

Volume 1, 2016

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(*Photography by Jim Nix*)

ESH Central Office:
Inspiration House, Redbrook Grove,
Sheffield S20 6RR, United Kingdom
Telephone: + 44 (0)843 523 5547
Email: mail@esh-hypnosis.eu
Website: www.esh-hypnosis.eu

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Letter from the President

By Consuelo Casula

Andras's punctuality is admirable and demonstrates his commitment to ESH. I thank him for the excellent work he accomplishes with passion and creativity.

This quarterly edition of ESHNL reminds me that it is time to update you on the ongoing processes of ESH. One of the main activities of the board is to prepare for the CoR meeting to be held during the next XIV ESH congress in Manchester 23–26 August 2017, organized by the British Society of Clinical and Academic Hypnosis. I take the opportunity to thank Ann Williamson and her team for the work they are doing for ESH.

Manchester is in just over a year, and a year passes quickly when we are engaged in interesting activities. In fact, from here to August 2017, teaching seminars and onsite meetings are keeping the board busy, both in preparing presentations and in working as a team. In March 2016 we will teach during the annual meeting of the Danish Society of Clinical Hypnosis, in Copenhagen; in June 2016 we will give workshops for the Swiss Medical Society for Hypnosis, in Lausanne. We are also invited to present in two congresses: the first is organized by Ali Özden Öztürk for the Turkish Society of Medical Hypnosis, in Istanbul, at the end of October 2016. The second is organized by one of our board members, Stefanie Schramm, for the Milton Erickson Gesellschaft für Klinische Hypnose, in March 2017.

Since the Manchester congress is so close, I would also like to point out that an important task of the CoR meeting will be to decide who gets the responsibility and the honour of organizing the following XV ESH congress. For this reason, we need proposals. I therefore invite each Constituent Society (CS) to consider if it wants to take this opportunity to organize the ESH congress, which, every three years, strengthens membership in the ESH community and draws attention to innovative use of hypnosis in the fields of medicine, dentistry, psychology, psychotherapy, and research.

During the CoR meeting the board will inform the representatives of the CSs about the work done during its triennial, and will ask them to vote for the president-elect and treasurer. In addition to this they will vote for the new board members. In this regard, I invite you to consider if you are personally interested in becoming a board member, or if you can nominate someone who is willing and motivated.

Being part of the board is a pleasure and a responsibility. Pleasure is given by belonging to a group of volunteers who devote time and energy to the ESH mission: to promote the highest professional standards in the practice of hypnosis for clinical and experimental purposes. Responsibility is given by the discretion that we have in taking operational or strategic decisions and in making proposals, and knowing that you will take the final decision casting your vote during the CoR meeting. For the reasons above, I invite you to register now for the Manchester congress and actively participate in the CoR meeting.

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Brief der Vorsitzenden

Übersetzt von Stefanie Schramm

Die Pünktlichkeit von András ist bewundernswert und spiegelt sein Engagement gegenüber ESH wider. Ich danke ihm für die ausgezeichnete Arbeit, die er mit Leidenschaft und Kreativität leistet.

Diese vierteljährliche Ausgabe des ESH-NL erinnert mich daran, dass es Zeit ist, Sie über die aktuellen Prozesse bei der ESH zu informieren. Eine der Haupttätigkeiten des Vorstandes besteht in der Vorbereitung für das CoR-Meeting, das während des nächsten ESH-Kongresses in Manchester (XIV ESH Congress) abgehalten wird. Dieser Kongress findet vom 23.–26. August 2017 statt und wird von der British Society of Clinical and Academic Hypnosis organisiert. Ich möchte diese Gelegenheit nutzen, um Ann Williamson und ihrem Team für die Arbeit, die sie für ESH leisten, zu danken.

Die Tagung in Manchester findet in gut einem Jahr statt und ein Jahr vergeht schnell, wenn man wie wir mit interessanten Aktivitäten beschäftigt ist. Tatsächlich ist der Vorstand vom gegenwärtigen Zeitpunkt bis August 2017 damit beschäftigt, Seminare abzuhalten und Besprechungen vor Ort zu führen, sowohl hinsichtlich der Vorbereitung von Präsentationen als auch der Teamarbeit. Wir werden im März 2016 während der Jahrestagung der Danish Society of Clinical Hypnosis in Kopenhagen Seminare und im Juni 2016 Workshops für die Schweizerische Ärztegesellschaft für Hypnose in Lausanne veranstalten. Zudem sind wir eingeladen, bei zwei Kongressen zu sprechen: Der erste findet Ende Oktober 2016 statt und wird von Ali Özden Öztürk für die Turkish Society of Medical Hypnosis in Istanbul organisiert. Der zweite wird im März 2017 unter Mitwirkung von einem unserer Vorstandsmitglieder, Stefanie Schramm, für die Milton Erickson Gesellschaft für Klinische Hypnose veranstaltet.

Da der Kongress in Manchester bereits kurz bevorsteht, würde ich gern darauf hinweisen, dass eine wichtige Aufgabe des CoR-Meeting darin bestehen wird, eine Entscheidung darüber zu treffen, wem die Verantwortung und Ehre zuteil wird, den folgenden XV ESH Congress zu organisieren. Aus diesem Grund benötigen wir Vorschläge. Ich möchte daher jede konstituierende Gesellschaft bitten, zu erwägen, ob sie diese Gelegenheit, den ESH-Kongress zu organisieren, wahrnehmen möchte. Dieser Kongress stärkt alle drei Jahre die Mitgliedschaft in der ESH-Gemeinschaft und macht auf die innovative Nutzung der Hypnose in den Bereichen der Medizin, Zahnmedizin, Psychologie, Psychotherapie und Forschung aufmerksam.

Während des CoR-Meetings wird der Vorstand die Vertreter der konstituierenden Gesellschaften über die während seiner Triennale durchgeführten Arbeiten informieren und sie bitten, für den künftigen Präsidenten und Schatzmeister abzustimmen. Darüber hinaus werden sie die neuen Vorstandsmitglieder wählen. In diesem Zusammenhang bitte ich Sie, sich zu überlegen, ob Sie persönlich daran interessiert sind, Vorstandsmitglied zu werden oder ob Sie jemanden vorschlagen können, der für diese Aufgabe bereit und motiviert ist.

Teil des Vorstandes zu sein, ist sowohl eine Freude als auch eine Verantwortung. Die Freude rührt von der Zugehörigkeit zu einer Gruppe aus Freiwilligen, die der Mission der ESH Zeit und Energie widmet: der Förderung der höchsten Standesregeln in der Ausübung der Hypnose für klinische und experimentelle Zwecke. Die Verantwortung bezieht sich auf die Umsicht, die wir walten lassen müssen, wenn wir betriebliche und strategische Entscheidungen fällen und Vorschläge einbringen, in dem Wissen, dass Sie während des CoR-Meetings mit Ihrer Abstimmung die endgültige Entscheidung treffen werden. Aus den vorstehenden Gründen möchte ich Sie einladen, sich bereits jetzt für den Kongress in Manchester anzumelden und sich aktiv an dem CoR-Meeting zu beteiligen.

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Lettre de la Présidente

Traduite par Denis Vesvard

La ponctualité d'András est admirable et témoigne de son engagement envers l'ESH.

Cette édition trimestrielle de la newsletter de l'ESH me rappelle qu'il est temps pour moi de vous tenir au courant des processus en cours. Une des activités principales du bureau est de préparer la réunion des représentants de l'ESH (CoR meeting) qui se tiendra lors du prochain congrès de l'ESH à Manchester du 23 au 26 août 2017 et sera organisée par la British Society of Clinical and Academic Hypnosis. J'en profite pour remercier Ann Williamson et son équipe pour le travail qu'ils accomplissent en faveur de l'ESH.

Le congrès de Manchester se tiendra dans un peu plus d'une année maintenant et une année passe vite lorsqu'on est engagé dans des actions qui nous intéressent. En fait, d'ici à août 2007, des séminaires d'enseignement et des réunions en face-à-face vont occuper le bureau: à la fois préparer ces présentations mais aussi travailler en tant qu'équipe. En mars 2016, nous assurerons des formations pendant le congrès annuel de la Danish Society of Clinical Hypnosis à Copenhague. En juin 2016, nous animerons des ateliers au profit de la Swiss Medical Society for Hypnosis à Lausanne. Nous serons aussi invités à faire des communications pour deux congrès : le premier est organisé par Ali Özden Öztürk au profit de la Turkish Society of Medical Hypnosis à Istanbul fin octobre 2016, le second est organisé par l'une des membres du Bureau, Stefanie Schramm, au profit de la Milton Erickson Gesellschaft für Klinische Hypnose en mai 2017.

Comme le congrès de Manchester est si proche, je voudrais insister également sur la tâche importante qui incombera au CoR meeting de decider de qui endossera la responsabilité et l'honneur d'organiser le congrès suivant (15 ème). Pour cela, nous avons besoin de propositions. Dans cette perspective, j'invite chaque société membre de l'ESH (=Constituent Society=CS) à se demander si elle veut saisir cette occasion d'organiser le congrès de l'ESH qui, tous les trois ans, renforce les liens de tous les membres de l'ESH et met en lumière les usages nouveaux de l'hypnose en médecine, dentisterie, psychologie, psychothérapie et recherche.

Au cours du CoR meeting, le bureau rendra compte aux représentants des CSs du travail accompli pendant son mandat de trois ans et leur demandera de voter pour un « president-elect » et un trésorier. De plus, les représentants éliront les nouveaux membres du bureau. À cet égard, je vous invite à vous demander si vous êtes personnellement intéressé à devenir membre du bureau ou si vous vous pouvez désigner un volontaire motivé.

Être membre du bureau est à la fois un plaisir et une responsabilité. Le plaisir trouve sa source dans le fait d'appartenir à un groupe de bénévoles qui consacrent du temps et de l'énergie à accomplir la mission de l'ESH: promouvoir les meilleurs standards professionnels dans la pratique de l'hypnose utilisée au service de la clinique et de l'expérimentation. La responsabilité repose sur la marge de manœuvre dont nous disposons lorsque nous prenons des décisions opérationnelles ou stratégiques, mais aussi lorsque nous faisons des propositions tout en sachant que c'est vous qui prendrez la décision finale lors du CoR meeting.

Pour toutes les raisons que je viens d'énumérer, je vous invite à vous inscrire dès maintenant au congrès de Manchester et à participer activement au CoR meeting.

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Carta de la Presidenta

Traducido por Jacinto Inbar

La puntualidad de Andras es admirable y demuestra su compromiso con ESH. Yo le agradezco a el por su excelente trabajo que realiza con pasión y con creatividad.

Esta edición trimestral del ESHNL me recuerda que ya es tiempo para actualizarlos en los procesos en curso del ESH. Una de las principales actividades del Board es la de preparar la reunión del CoR que se celebrará durante el próximo XIV Congreso del ESH y que se llevará a cabo en Manchester entre el 23-26 agosto de 2017, organizado por la Sociedad Británica de Hipnosis Clínica y Académica. Aprovecho la oportunidad para agradecer a Ann Williamson y a su equipo por la tarea que están realizando para el ESH.

Manchester está a un poco más de un año, y un año pasa rápidamente cuando estamos comprometidos e involucrados en actividades interesantes. De hecho, de aquí a Agosto del 2017, enseñando seminarios y reuniones locales mantienen sumamente ocupados al Board, tanto en la preparación de presentaciones como así también en el trabajo de equipo.

En Marzo del 2016 enseñaremos durante la reunión anual de la Sociedad Danesa de Hipnosis Clínica, en Copenhague; en Junio del 2016 daremos talleres en la Sociedad Médica Suiza de Hipnosis, en Lausanne. También estamos invitados a presentar en dos congresos: el primero está organizado por Ali Özden Öztürk de la Sociedad Turca de Hipnosis Médica, en Estambul, a finales de Octubre del 2016. El segundo, en marzo del 2017, está organizado por uno de nuestros miembros del Board, Stefanie Schramm, del Milton Erickson Gesellschaft de Hipnosis Clinica.

Debido a que el Congreso de Manchester está tan cercano, también me gustaría señalar que una tarea importante de la reunión del CoR será decidir quién recibira la responsabilidad y el honor de organizar el siguiente XV Congreso del ESH. Por esta razón, necesitamos de propuestas. Por lo tanto, invito a cada Sociedad Constituyente (CS) tener esto en cuenta si desea quiere aprovechar esta oportunidad para organizar el Congreso del ESH, que, cada tres años, refuerza la pertenencia a la comunidad del ESH y enfoca la atención del uso innovador de la hipnosis en las áreas de la medicina, la odontología, la psicología, la psicoterapia y la investigación.

Durante la reunión del CoR, el Board informará a los representantes de las CSs sobre la labor realizada durante su trienal y les pedirá que voten por el Presidente electo y el Tesorero. Además de esto votarán por los nuevos miembros del Board. En este sentido, los invito a considerar si usted está interesado en ser miembro del Board, o si usted puede proponer a alguien que esté dispuesto y motivado para serlo.

Ser parte del Board es un placer y una responsabilidad. El placer surge por pertenecer a un grupo de voluntarios que dedican tiempo y energía a la misión del ESH: promover los más altos estándares profesionales en la práctica de la hipnosis con fines clínicos y experimentales. La responsabilidad está dada por la prudencia que tenemos en la toma de decisiones operativas o estratégicas y en la proposición de propuestas, y sabiendo que durante la reunión del CoR usted tomara la decisión final por medio de la emisión de su voto. Por las razones mencionadas anteriormente, los invito a inscribirse ahora en el Congreso de Manchester y a participar activamente en la reunión del CoR.

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Lettera del Presidente

Tradotto da Flavio Giuseppe di Leone

La puntualità di Andras è ammirabile e prova il suo impegno verso la ESH. Lo voglio ringraziare per l'eccellente lavoro che svolge con passione e creatività.

Questa edizione trimestrale della ESHNL mi ricorda che è il momento di aggiornare tutti voi sui lavori in corso nella ESH. Una delle principali attività del direttivo è la preparazione dell'Assemblea dei Rappresentanti (CoR) che si terrà nel corso del XIV congresso della ESH a Manchester dal 23 al 26 agosto 2017, organizzato dalla Società britannica di ipnosi clinica e accademica (British Society of Clinical and Academic Hypnosis, BSCAH). Colgo questa occasione per ringraziare Ann Williamson e il suo gruppo per il lavoro che stanno facendo per la ESH.

Manchester è tra appena un anno, e un anno passa in fretta quanto si è impegnati in attività interessanti. Infatti, da qui ad agosto 2017, seminari e riunioni terranno il direttivo impegnato, nella preparazione delle presentazioni e nel lavoro di squadra. A marzo 2016 insegneremo al congresso annuale della Società Danese di Ipnosi Clinica (Danish Society of Clinical Hypnosis, DSCH) a Copenaghen; a giugno 2016 porteremo la pratica dell'ipnosi alla Società svizzera di ipnosi medica (SMSH, Swiss Medical Society for Hypnosis) a Losanna. Siamo inoltre invitati a presentare a due altri congressi: il primo, organizzato da Ali Özden Öztürk per la Società turca di ipnosi medica (Turkish Society of Medical Hypnosis, TSMH), a Istanbul, alla fine di ottobre 2016. Il secondo, organizzato da un membro del direttivo, Stefanie Schramm, per la Società Milton Eriickson per l'ipnosi clinica (Milton Erickson Gesellschaft fur Klinische Hypnose, MEG) a marzo 2017.

Siccome il congresso di Manchester è così vicino, vorrei anche sottolineare che un compito importante dell'Assemblea dei Rappresentanti (CoR) sarà decidere a chi spetterà l'onore e l'onere di organizzare il XV congresso dalla ESH. Per questo motivo, aspettiamo le vostre proposte. Invito pertanto le società costituenti (CS) a considerare l'opportunità di organizzare il congresso della ESH che, ogni tre anni, rinforza i rapporti nella comunità della ESH e porta l'attenzione sulle innovazioni all'applicazione dell'ipnosi nel campo della medicina, dell'odontoiatria, della psicologia, della psicoterapia e della ricerca.

Durante l'Assemblea dei Rappresentanti (CoR) il direttivo informerà i rappresentanti delle CS sul lavoro svolto durante questo triennio e chiederà loro di votare il nuovo presidente eletto e il tesoriere. Voteranno, inoltre, per i nuovi membri del direttivo. A questo riguardo, vi invito a considerare di proporvi, se siete interessati a diventare membri del direttivo, o a nominare qualcuno che sia disposto e motivato.

Essere parte del direttivo è un piacere e una responsabilità. Il piacere nasce dall'appartenere a un gruppo di volontari che devolve tempo ed energia alla missione della ESH: promuovere i più alti standard professionali nella pratica dell'ipnosi per i fini clinici e sperimentali. La responsabilità è data dalla discrezione nel prendere decisioni strategiche e operative e nel fare proposte, sapendo che voi prenderete la decisione definitiva nell'Assemblea dei Rappresentanti (CoR). Per tutte queste ragioni, vi invito a iscrivervi al congresso di Manchester e partecipare all'Assemblea dei Rappresentanti (CoR).

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Letter from the Editor

By András Költő

In Honour of Hygge

According to many independent international research projects, Danish people are the happiest in the world. How come?! They are living in the North, having long, cold and dark winters, and short, windy summers. What is their secret? (OK, they are one of the richest countries in the world, but GDP does not explain happiness on its own.)

It seems that Danes are able to create and maintain an intimate and friendly atmosphere – *hygge*. *Hygge* is a philosophy, a lifestyle, a skill to enjoy little things. It involves sitting around a table with your family, and discussing life; having a coffee and home-baked cookies; lighting a candle; or even having raw carrots and cucumbers with a tasty dip!

Let us note that *hygge* actually corresponds with the phenomenon positive psychology calls *savouring*. In the opinion of many leading theorists, savouring is a key element of mental health, since it increases the feeling of belongingness, and the sense of safety and control.

Does *hygge* mean that Danes are lazy? — Not at all. They are wise enough to know that dedicating some time to these activities has a profound impact on quality of life, and productivity in work. The time ESH Board of Directors spent in Copenhagen, at the annual congress of Danish Society of Clinical Hypnosis taught us to the importance of dedicating time on ourselves, our relationships, on joint activities outside "real" work.

In this newsletter, as well as the report on what we achieved in Copenhagen, you will find many exciting contributions. Dr. Mike Gow provided us with a most intriguing and informative essay on the "father" of neurohypnotism, James Braid. I am proud to publish this text in ESH Newsletter, since it is an essential contribution to the history of hypnosis. Our Flemish CS sent society news, while one of the Italian societies presents an important theoretical text on Ericksonian hypnosis. Reviews on recently published French hypnosis literature are provided by Christine Guilloux. You will also find interviews with the presidents of our Portuguese, German and Hungarian societies. I am grateful for all contributors and interviewees, and above all to ESH First Vice President Dr. Kathleen Long for checking the manuscript to ensure the English is correct.

I hope you have the opportunity to spend some time with your beloved ones and yourself – I wish you a *hyggelige* day!

Board of Directors, Danish Society of Clinical Hypnosis:

We are glad for their invitation to Annual DSCH Congress and their hospitability.

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Discovering Dr James Braid

By Mike Gow

When I was invited to give a talk on 27th November 2015 on "Hypnosis" by the British Dental Association in Neston, The Wirral, England I was delighted to accept. Little did I know the fantastic coincidences that were about to unfold!

Dr James Braid (Wikipedia)

While preparing for my presentation, I had been thinking about Dr James Braid who is probably one of the most important figures in the history of hypnosis and is in fact considered by many as the "father of hypnosis."

Rylaw House, Portmoak, Fife, 1795: The birth and family of James Braid

James Braid was born on 19th June 1795 at Rylaw House (also spelled Ryelaw) in the parish of Portmoak in Fife, Scotland. There are various reports regarding his siblings; however my research reveals that he was one of seven children to be born to landowner of the estates Rylaw and Walkerton, James Braid and Anne Suttie. James' siblings were Ann (20th August 1784), William (21st June 1786), John (28th April 1789) m Christian Heron, Elisabeth (2nd February 1791), Ann (21st May 1793), John (31st October 1797). Presumably the first Ann and John did not survive.

It seems that linen bleaching was one of the main activities on the Rylaw and Walkerton estate. Large derelict red brick 'bleaching towers' still stand to this day in Walkerton. James' brother William took over the 300 acre estate as he is listed as 'farmer', age 50 at Rylaw in the 1841 census. In this census his wife Mary (35), and daughters Mary Ann (11 months) and Healen (4) are listed as well as twenty-two others who were agricultural labourers, linen workers, bleachers and their families. In the 1851 census Mary is listed as the 'Head' and as neither her husband William nor daughter Healen appear, it may be assumed that they had died. Rylaw appears to have still been very active at this time as there are still many families living and employed at Rylaw in agriculture, bleaching and cotton weaving, with Mary's nephew William Smith employed as agricultural foreman.

Edinburgh, 1812–1816: James Braid's early life

James did not go into the family business but he instead studied medicine at Edinburgh University from 1812 to 1814, qualifying in 1815. He was apprenticed to father and son doctors, Dr Thomas and Dr Charles Anderson in Leith. James would later name his first born child Charles Anderson Braid, and dedicate his book to Dr Charles Anderson so that he may

> publicly express the lively sense of gratitude I entertain for the many opportunities enjoyed during my apprenticeship with yourself and your late father, of acquiring a practical as well as theoretical knowledge of my profession; of becoming familiar with your comprehensive views of disease, and their happy application in practice; for the personal kindness shewn me during my pupilage; and for the uninterrupted friendship which has ever since existed betwixt us.

James married Margaret Mason (Meason) (from North Leith) on 17th November 1813 when he was 18 years old and still a medical student. At the time of the marriage and is recorded as living at 40 Nicolson Street, Edinburgh.

Leadhills, Lanarkshire, 1816–1825: James Braid's early career

In 1816, aged 21, he was appointed surgeon to Lord Hopetoun's mines at Leadhills in Lanarkshire, Scotland. There are several documents available online from James' time in Leadhills.

There is an interesting account written by James on 20/02/1817 about his unusual experience during a storm on 15/02/1817 while on his way to a house call, in which he observed what is now recognised as likely to have been 'St Elmo's Fire'. His well-written report of witnessing a luminous appearance on the tips of his horse's ears and his hat, followed by an immense number of minute sparks is now listed as an important historical observation of this phe-

nomenon, and at the time attracted much interest from scientists. James commented that it 'produced a very beautiful appearance and I was very sorry to be so soon deprived of it'. St Elmo's fire was considered a good omen when observed at sea, however just a few weeks after James' experience, disaster struck Leadhills.

On 1st March 1817, seven men lost their lives in a disaster in one of the mines. Many of the men died of suffocation from sulphuric acid gas, and James Braid provides a detailed account of the symptoms experienced by those having been exposed to the gas. James managed to treat those who were less exposed to the gas; however, in total, thirty children were left without a father that day.

James and Margaret had three children while living in Leadhills. I have seen reports online that there were four children and that a son James was born in 1816 but who is thought to have died in infancy, however I cannot find either a birth or death certificate to verify this. I did find a James Braid Alston born to James Alston and Isabel Gollan in Leadhills in 1816, and wonder if this has erroneously been assumed to have been a son to James and Margaret. It is possible that Dr Braid was known by the Alston family and the middle name given to the child as a gesture. Indeed one of the men who died in the disaster was a James Alston.

The three records that are certain are for: Charles Anderson (2nd April 1818–presumed to have died in infancy), Ann (Annie) Suttie (20th June 1820–died 1881, married name Ann Daniel), and James (4th November 1822–died 1882). While I have not yet located a death record for Charles, to confirm reports that he did not survive, I did discover the birth in Leadhills of a Charles Anderson Braid Alexander to a John on Agnes Alexander on 11/03/1821. It is possible that a grateful local family may have named their child after a child lost by the Braid family.

Dumfries, 1825–1828: 3 years in private practice

In 1825, the Braid family moved to Dumfries, Scotland where James worked as a general practitioner and ophthalmologist in private practice alongside Dr William Maxwell. There was a rather infamous Dr William Maxwell who owned a medical practice in Dumfries at that time, and it is extremely likely that this is the same Dr William Maxwell who James Braid is known to have worked with.

Dr William Maxwell was a known Jacobite and became involved in the French Revolution, at one point travelling to Birmingham to collect an order for 20,000 daggers to take to France! He subsequently fled to France when Parliament caught wind of what he was doing. There, he had powerful friends and joined the National Guard. He was ultimately given command of the guard that led Louis XVI to the guillotine on 21st January 1793 and was reported to, like many did that day, have dipped his handkerchief in the dead monarch's blood! It is therefore another strange coincidence that Dr Maxwell would then eventually know and work with Dr James Braid, who would go on to finally disprove Mesmer's magnetism by developing an explanation for the phenomenon in the form of hypnotism. Louis XVI had been instrumental in the commission (alongside Benjamin Franklin and Dr Joseph-Ignace Guillotine) which had originally disproved Mesmer's magnetic fluid claims in 1784.

On 1st February 1793, France declared war with Britain. With no intention of becoming a traitor, Dr Maxwell fled home and re-established himself in the medical practice, in which James Braid would eventually work. Robert Burns, who died in Dumfries in 1796, became a friend of Dr Maxwell. Shortly before his death, the poet presented Dr Maxwell with his pair of Excise pistols. The son of Robert Burns was born on the day of Burns's own funeral and his widow Jean Armour Burns named their son Maxwell after their doctor and friend.

One day some six miles from Dumfries, a mail-coach accident resulted in injury to Alexander Petty from Manchester. Dr Braid attended the accident. In Braid's obituary in the *Medical Times and Gazette* (7th April 1860), it is stated that Petty had a compound fracture and that two other doctors had recommended amputation. The story was that Braid had promised that he could prevent amputation, and moved to Manchester to be able to treat Mr Petty and make good on his promise. While this is an impressive story, on the 14th April 1860, the *Medical Times and Gazette* printed a letter written by a Dr A.W. Close, who said he had communicated directly with Mr Petty and wished to clarify that the mail-coach accident had in fact only resulted in a minor injury to the tarsal portion of his foot. Mr Petty was simply 'pleased with Mr Braid's attention to him, and induced him to come to Manchester'.

Manchester, 1828–1860: Dr James Braid and the 'discovery' of hypnotism

So in 1828 the Braids were on the move south again and James set up practice at 67 Piccadilly, Manchester. If you wish to visit this building during the ESH congress, it can be found on the corner of Piccadilly and Newton Street. At the time of writing this article, 67 Piccadilly is a mobile phone shop called 'Cell City'.

ESSAY

Braid gave his home address in 1843 as 3, St Peter's Square, Manchester. This attractive building still stands and is located in Manchester City Centre a short distance from Piccadilly.

Over the years James became well known for his surgical work and innovations, especially in treating Congenital Talipes Equinovarus (CTE) (aka 'club foot'). By 1841 he had operated on 262 cases of CTE, 700 cases of strabismus (misalignment of the eyes), and 23 cases of spinal curvature.

Braid recorded 'How hypnotism was discovered' in his book. On Saturday 13th November 1841, Dr James Braid paid half a crown to attend an event with Swiss magnetic demonstrator Charles Lafontaine at the Manchester Athenaeum. The Athenaeum had been built in 1837/8 for a society for the "advancement and diffusion of knowledge" and in the 1840s speakers such as Charles Dickens and Benjamin Disraeli had addressed the membership there. Braid had attended Lafontaine's 'conversazione' with the intent of debunking the claims of magnetism. He in fact stated "I attended fully inclined to join in with those who considered the whole to be a system of collusion or delusion or of excited imagination." Braid remained unconvinced after the meeting on the 13th November but felt compelled to return to the subsequent 'shows'.

On the 19th November Braid was especially interested (presumably given his work with strabismus) by a subject's apparent inability to open his eyes (eyelid catalepsy). He returned the following night and witnessed the same phenomenon again.

Prominent eye surgeon Mr Wilson, distinguished academic and physician Prof Williamson and Dr Braid were invited to assess the subject on one of these evenings and were surprised that on raising her eyelids, the pupils were unusually contracted. This was an involuntary response, usually indicative of deep sleep. Dr Braid then pushed a pin under the girl's fingernail to find that she did not respond to what should have been a very painful stimulus. Dr Braid states that he felt sure he knew what was happening, but did not want to say anything publically until he had had the chance to experiment and develop his theory. Braid did indeed develop his ideas and discussed them with four of his friends before speaking with his friend Captain Thomas Brown (a Scottish naturalist and curator of the Manchester Museum). He believed that eye fixation could induce the effect, having noticed it occurring in a patient gazing at the flame of a candle.

His first recorded success was on in his home (most likely 3 St Peter's Square) on 22nd November 1841, when in the presence of witnesses (including Captain Thomas Brown) he induced in Mr Walker the effects he had seen produced by Lafontaine with the important absence of any 'magnetism' or physical contact. Mr Walker fixed his gaze on the top of a wine bottle that was positioned in a slightly elevated position to create a slight upward gaze. Dr Braid recorded the effects stating that

> In three minutes his eyelids closed, a gush of tears ran down his cheeks, his head drooped, his face was slightly convulsed, he gave a groan, and instantly fell into profound sleep, the respiration becoming slow, deep and sibilant, the right hand and arm being agitated by slight convulsive movements. At the end of four minutes I considered it necessary, for his safety, to put an end to the experiment.

Dr Braid's wife had been surprised that Mr Walker had seemed so agitated and alarmed on arousal, and agreed to be the next subject. She assured all that she would not be so easily alarmed. She was asked to gaze at the base of a china sugar basin that was at the same angle to the eyes as the wine bottle of the previous experiment. He again records the effects:

> In two minutes the expression of the face was very much changed; at the end of two minutes and a half the eyelids closed convulsively; the mouth was distorted; she give a deep sigh, the bosom heaved, she fell back, and was evidently passing into an hysteric paroxysm, to prevent which I instantly aroused her, on counting the pulse I found it had mounted up to 180 strokes a minute.

Dr Braid then requested his man-servant to come to the room. He reports that his man servant had no knowledge of his intentions. He asked him to simply watch him prepare medicine, and began a 'chemical experiment' as he watched. He reports the effect:

> In two minutes and a half his eyelids closed stoutly with a vibrating motion, his chin fell on his breast, he gave a deep sigh, and instantly was in a profound sleep, breathing loudly. All the persons present burst into a fit of laughter, but still he was not interrupted by us. In about one minute after his profound sleep I roused him, and pretended to chide him for being so careless, said he ought to be ashamed of himself for not being able to attend to my instructions for three minutes without falling asleep, and ordered him down stairs. In a short time I recalled this young man, and desired him to sit down once more, but to be careful not to go to sleep again, as on the former occasion. He sat down with this intention, but in the expiration of two minutes and a half his eyelids closed, and exactly the same phenomena as in the former experiment ensued.

He then used a different object with Mr Walker with same effect. Interestingly he then says that he '*tried him a La Fontaine*' using 'thumbs over the eyes', and again had the same effect. Finally he had him gaze into his eyes (with no physical contact) and again gained the same result. He summarised that

> I now stated that I considered the experiments fully proved my theory; and expressed my entire conviction

> that the phenomena of mesmerism were to be accounted for on the principle of a derangement of the state of the cerebrospinal centres, and of the circulatory, and respiratory, and muscular systems, induced, as I have explained, by a fixed stare, absolute repose of body, fixed attention, and suppressed respiration, concomitant with that fixity of attention. That the whole depended on the physical and psychical condition of the patient, arising from the causes referred to, and not it all on the volition, or passes of the operator, throwing out a magnetic fluid, or exciting into activity some mystical universal fluid medium.

On 27th November 1841, Dr James Braid gave his first public demonstration of how he could reproduce the effects of 'magnetism' using only eye fixation and without physical contact. This demonstration took place back in the Manchester Athenaeum where he had first witnessed Lafontaine only 2 weeks previously and it is possible that it was billed as 'Braidism'. On the topic of physical contact, however, he later stated that

> It has been asserted, for the mere purpose of proving the contrary, that I had claimed being the first to discover that contact was not necessary, and that a magnetic fluid, was not required to produce the phenomena of mesmerism. I never made any such claim, but illustrated these facts by the most simple and conclusive experiments probably which were ever adduced for that purpose. In one of my lectures, I gave a history of mesmerism, including Mesmer's attempt to mesmerise trees in Dr Franklin's garden, to prove to the Commission of l784, that the patients would become affected when they went under the mesmerised trees, from the magnetic fluid passing from the trees to the patients. This was proof sufficient, that even Mesmer did not hold that contact was necessary. I farther stated the fact, that the experiment was a failure, as the patient became affected, not under the mesmerised, but under the unmesmerised trees, which led the Commission to infer, that the phenomena resulted from imagination, and not from the influence of a magnetic fluid. Here, then, we had two theories, neither of which considered contact necessary. Surely no one could suppose that I wished to lay claim to these facts as discoveries of my own, seeing I gave the dates when the occurrence took place, which was many years before I was born.

James Braid details his induction procedure:

> Take any bright object (I generally use my lancet case) between the thumb and fore and middle fingers of the left hand; hold it from about eight to fifteen inches from the eyes, at such position above the forehead is may be necessary to produce the greatest possible strain upon the eyes and eyelids, and enable the patient to maintain a steady fixed stare at the object. The patient must be made to understand that he is to keep the eyes steadily fixed on the object, and the mind riveted on the idea of that one object. It will be observed, that owing to the consensual adjustment of the eyes, the pupils will be at first contracted: they will shortly begin to dilate, and after they have done so to a considerable extent, and have assumed a wavy motion, if the fore and middle fingers of the right hand, extended and a little separated, are carried from the object towards the eyes, most probably the eyelids will close involuntarily, with a vibratory motion. If this is not the case, or the patient allows the eyeballs to move, desire him to begin anew, giving him to understand that he is to allow the eyelids to close when the fingers are again carried towards the eyes, but that the eyeballs must be kept fixed, in the same position, and the mind riveted to the one idea of the object held above the eyes.

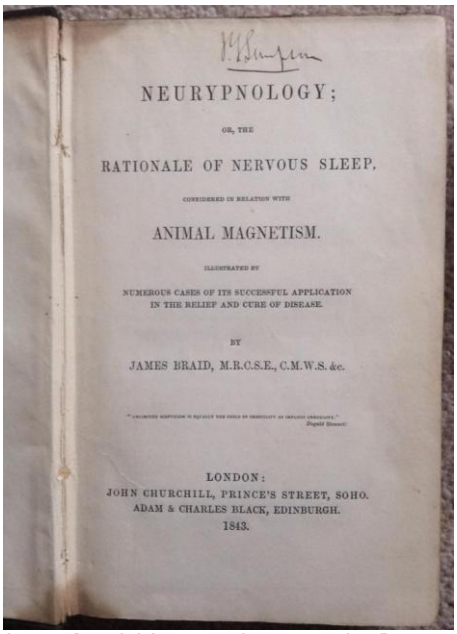
He also states:

> I am aware that some say they have tried my mode, and failed to produce the phenomena. The reason, I presume, is simply this. They will not believe the necessity of complying with the WHOLE of the conditions I have distinctly insisted on. But, in all fairness, if they do not comply with the WHOLE conditions, they have no right to expect the promised results, nor to be disappointed because they fail. If the patient and operator comply in all respects as I direct, success is almost certain; but, on the contrary, he is almost equally certain to fail if all the conditions are not strictly complied with.

The Manchester Athenaeum where he gave his first demonstration of this process, now forms part of The Manchester Art Gallery, and can be found on Princess Street. It was designed by Sir Charles Barry who famously also designed Palace of Westminster / The Houses of Parliament. Inscribed on the Italian palazzo style building, are the words: "INSTUTVTED MDCCCXXXV ATHENAEUM ERECTED MDCCCXXXVIII" and "FOR THE ADVANCEMENT AND DIFFVSION OF KNOWLEDGE". The Athenaeum is certainly a fitting place to hold the mantle of being the 'birthplace of modern hypnosis'. It will be well worth a visit when you attend the ESH Congress in 2017.

By 1842 Braid was using the term *'Neuro-hypnology'* which he later shortened to 'neurypnology'. In 1843 he published the book *"Neurypnology: or the Rationale of Nervous Sleep"* **[download the facsimile of the book from here, and a transcript from here – A.K.]** which detailed his observations and had several case studies. In the book he even apologises for the length of the terminology but states that he felt it important to use Greek terms as this was the established way in medicine. He had hoped that shortening the terms would help.

> Neurypnology is derived from the Greek words neuron, nerve; hypnos, sleep; logos, a discourse and means the rationale, or doctrine of nervous sleep, which I define to be, "a peculiar condition of the nervous system, into which it can be thrown by artificial contrivance:" or thus, "a peculiar condition of the nervous system, induced by a fixed and abstracted attention of the mental and visual eye, on one object, not of an exciting nature."


NEURYPNOLOGY;

OR, THE

RATIONALE OF NERVOUS SLEEP,

CONSIDERED IN RELATION WITH

ANIMAL MAGNETISM.

ILLUSTRATED BY

NUMEROUS CASES OF ITS SUCCESSFUL APPLICATION IN THE RELIEF AND CURE OF DISEASE.

BY

JAMES BRAID, M.R.C.S.E., C.M.W.S. &c.

LONDON:
JOHN CHURCHILL, PRINCE'S STREET, SOHO.
ADAM & CHARLES BLACK, EDINBURGH.
1843.

James Braid: Neuripnology: or, the Rationale of Nervous Sleep. *London: Churchill, 1843. (Photo by Mike Gow)*

Importantly this book detailed cases of both success and failure. Braid also states how he believes the technique should be considered within medicine when he says,

> In now unfolding to the medical profession generally – to whose notice, and kind consideration, this treatise is more particularly presented – my views on what I conceive to be a very important, powerful, and extraordinary agent in the healing art; I beg at once distinctly to be understood, as repudiating the idea of its being, or ever becoming, a universal remedy. On the contrary, I feel quite assured it will require ill the acumen and experience of medical men, to decide in what cases it would be safe and proper to have recourse to such a mean; and I have always deprecated, in the strongest terms, any attempts at its use amongst unprofessional persons, for the sake of curiosity, or even for a nobler and more benevolent object – the relief of the infirm; because I am satisfied it ought to be left in the hands of professional men, and of them only. I have myself met with some cases in which I considered it unsafe to apply it at all; and with other cases in which it would have been most hazardous to have carried the operation so far as the patients urged me to do.

Braid later preferred the terms 'hypnotism', 'hypnotize' and 'hypnotist' and is often mis-credited for having inventing or 'coining' the words. In fact he created English translations of 'hypnotique', 'hypnotisme' and 'hypnotiste' which had been previously used by French magnetist Étienne Felix d'Henin de Cuvillers around 1820. He also defines 'hypnotic', 'hypnotized', dehypnotize' and 'dehypnotized' in his book. The word 'hypnosis' was actually never used by Braid, but became popular in the 1880s from the work of the Nancy School.In 1847, however, Braid attempted to rename to 'Monoideism' (fixation of attention) as he knew that hypnotism was in fact not 'sleep'. It was too late, however, as the word 'hypnotism' had already become too established. Interestingly, he also resisted suggestions to name the phenomena 'Braidism', which was one of the early considerations.

The book sold an impressive 800 copies within a few months. Braid gifted a copy to Dr James Young Simpson (I know this as I now own this book as part of a large collection of old and signed hypnosis books that I have). At the time, Simpson was searching for a way to anaesthetise patients for surgery. Simpson is known to have used hypnotism for surgery and childbirth, however was keen to find a pharmacological agent that he felt would be quicker and easier to use. On 4th November 1847 at one of his regular 'anaesthesia dinner parties' (where after dinner, Simpson and his medical guests would retire to his study to inhale a variety of chemical agents and record the effects), Drs Keith, Duncan and Simpson himself famously and successfully anaesthetised themselves with chloroform. Had it taken Simpson a few more years to discover chloroform, hypnotism may have had a chance to establish itself more within medicine.

In his book he states that he was happy to share what he had learned freely and that he would happily accommodate any professional who wished to observe him working. He went on to deliver many lectures and demonstrations of hypnotism, and published several papers and letters on the subject right up until his death. For example, he reports that

> In proof of the general success of my mode of operating, I need only name, that at one of my public lectures in Manchester, fourteen male adults, in good health, all strangers to me, stood up at once, and ten of them became decidedly hypnotised. At Rochdale I conducted the experiments for a friend, and hypnotised twenty strangers in one night. At a private conversazione to the profession in London, on the 1st of March, 1842, eighteen adults, most of them entire strangers to me, sat down at once, and in ten minutes sixteen of them were decidedly hypnotised. Mr Herbert Mayo tested some of these patients, and satisfied himself of the reality of the phenomena.

There is an interesting case where he describes having difficulty bringing 'Charlie' out of hypnotism, and ultimately half a tumbler glass of neat gin was used to 'restore' him!

Rylaw House, 212 Oxford Street, Manchester: 1860: Dr James Braid's death

Dr James Braid died at home at Rylaw House (named after his place of birth), 212 Oxford Street in Chorlton-on-Medlock, Manchester on 25th March 1860. Much of this area of Manchester was demolished in the middle of the 20th century to make way for the expansion of Manchester University. Dr Braid's Ry-

law House was however possibly demolished prior to this to make way for Manchester Museum, which was built in 1885 in the vicinity of where Rylaw House at number 212 would have stood. If you visit the area when you attend the ESH Congress in 2017, some of the old red brick townhouses remain near the Museum at Waterloo Place. *The Lancet* on 31st March 1860 states

> The sudden death of Mr James Braid, surgeon, of Manchester, (aged 65), which took place on Sunday morning, at his residence Rylaw House, Oxford Street, in that city, is a subject of much regret. He had been in apparently good health all last week, and had made his usual calls upon his patients, displaying the quite cheerfulness in his interviews with them which generally characterised his demeanour. On Sunday morning he complained of pain up the spine of his back and coldness, and ordered a cup of tea. After partaking of it, he breathed heavily several times, and died almost immediately, it is supposed from disease of the heart. He was best known in the medical world for his theory and practice of hypnotism, as distinguished from Mesmerism – a system of treatment he applied in certain diseases with great effect, and which has recently attracted much attention in Paris. Long before his discovery of hypnotism however, he had performed some extraordinary cures by operations on contracted muscles, in cases of club foot and similar conditions, which brought him patients from every part of the kingdom. In addition to a large circle of friends whom his warm hearted and genial bearing and professional skill attached to him the wealthier classes of society, and amongst the medical profession, he will be much regretted by the humbler classes, whose sufferings under disease he often succeeded in alleviating without recompense.

Discovering Dr James Braid

As I prepared for my hypnosis talk, pondering which of the details about the life and work of Dr James Braid would most interest the group of dentists to whom I would present at the BDA meeting in Neston, I found myself wondering about one piece of information that I had never known. I wondered about where Dr James Braid was buried.

I wondered if he would have been brought back to Scotland or, more likely if he was buried in Manchester. I turned to Google and typed in 'Dr James Braid hypnosis buried'.

I was in disbelief when the results pages loaded and I discovered where he was buried. Neston! The exact same small town in the Wirral where I was going to present my talk on hypnosis, some 50 miles away from his home in Manchester.

I contacted the St Mary's and St Helen's Church and they told me they had a cemetery map which listed the location of James Braid's grave and that there was another James Braid listed as buried in the same lair.

Neston Cemetery (Photo by Mike Gow)

I then discovered why Dr Braid was buried in Neston, a place to which he seemingly had no connection. It turns out that Dr James Braid's son, also called James (born in Leadhills) was the town doctor in Neston. James had moved to Neston, the home town of his wife Nessie Monk Bankes. Nessie was the daughter of Arabella Monk and Dr John Wharton Bankes, (who himself was the son of Dr James Bankes). There is suggestion that James was apprenticed by Dr John W Bankes, his father in law, before he eventually established his own practice in the town. The Braid family lived in a house named 'Springfield' which still stands in Church Lane, behind St Mary & St Helen's Church.

Dr James Braid Jr lost sons, James Bankes Braid (age 1 month) in 1849 and also tragically John Wharton Banks Braid (1) in 1854, just 4 days after his wife Nessie had died. His infant son John and wife were buried on the same day in the Bankes family grave, lair mm10. James Braid Jr remarried when he was 33 years old to Lucy Jane Reade (20) on 4th September 1856 at St Mary, Walton on the Hill, Lancs, three miles north east of Liverpool. In the 1881 census I discovered that they had four daughters: Margaret Daws (born around 1858), Florence (born around 1863), Annie (born around 1866), and Tina (name was difficult to read on census and so may be incorrect) (born around 1870). James and Lucy lost a son, James Alfred Braid (born around 1860). This James is as it happens turns out to be the other James who is buried alongside his grandfather. James Alfred Braid was age 6 when he died in 1866. James Braid Jr's surviving son from his first marriage, Charles, went on to follow in his father and grandfather's footsteps and became a doctor. Charles was the sole beneficiary to his maternal grandmother's (Arabella Bankes- nee Monk) estate in 1875 when she died age 87). There is documentation of Charles selling land to Wirral Railways in 1893. James Braid Sr's daughter Ann, married Dr Richard Sylvester Daniel

in 1861. Richard (also possibly known as George) trained with his father in law James.

My wife Juliet and I arrived at St Mary's and St Helen's Church on 26th November 2015, at around 4pm, only a few minutes before sunset. We met a church member who told us that the Braid grave was in plot I09 (I as in capital i) and he kindly helped us search for a while. We soon had to give up however due to failing light and lack of success. In the area where we were searching, as per the map, the writing on the graves was very worn and illegible, and row I only seemed to have 8 plots, with the possibility that I09 was under a tarmac path! We left feeling a little disappointed and went to our hotel.

Before we left the cemetery, I took a photograph of the list of lairs and map for future reference and documentation. When back at the hotel, I looked at them myself for the first time. It struck me that James Braid's lair was listed as II09 rather than I09. After a short time pondering this, it suddenly struck me that in stadia and concert venues, the rows after row Z are often AA, BB, CC etc. If this system was also used at the cemetery, but with lower case, it meant that we had been searching in the wrong place. I also noticed that all the other dual lettered lairs seemed to be in lower case. It was not I09, it was ll09 (LL09).

Bright and early the next morning, Juliet and I returned to resume the search armed with this information. We only had a short time to search as I was due to start my talk on hypnosis at 9am, and it would be too dark to search by the time it was finished that afternoon. The venue was close by, just a few minutes by car, but I knew that I would only have a short window of opportunity between sunrise and having to be at the venue to set up and give my talk.

We very quickly worked out the position of row LL and counted across to lair LL09. We uncovered the moss which had grown over the writing on the 156 year old grave. The name 'James Braid' and 'Surgeon' were soon revealed as the moss came away. We soon also found the grave of James Braid's 'in-laws' and grandsons close by at mm10.

As I stood by his grave and contemplated the life and influence of Dr James Braid, I allowed myself a short moment of reflection in self-hypnosis (using eye fixation) in honour of him.

As I skimmed through some of the information that I had brought along with me about his life, I suddenly realised the significance of the date.

It was 27th November 2015.

The 27th November 1841 was Dr James Braid's very first public lecture and demonstration of 'hypnotism' at the Manchester Athenaeum.

We had discovered the grave of Dr James Braid and I went on to give my own talk on hypnosis in the very town where he was buried, on the 174th Anniversary of the day 'hypnotism' was first presented by him to the world.

I am creating a short video about Dr James Braid using footage that I took on 27th November 2015 and at some of the locations mentioned in this paper. I plan to present this video during a talk about James Braid at the ESH congress in Manchester in 2017. It would be great to see you there if you can make it. I am sure you will agree, the prospect of attending a hypnosis congress in the city where Dr James Braid first brought it to the attention to the world is an exciting prospect.

The XIV ESH Congress to be held in Manchester is titled "Hypnosis: Unlocking hidden potential. The value of hypnosis in communication, health and healing in the 21st century".

Some 175 years ago in Manchester, Dr James Braid described the value he saw in hypnotism in health and healing in the 19th century:

> I consider the hypnotic mode of treating certain disorders is a most important ascertained fact, and a real solid addition to practical therapeutics, for there is a variety of cases in which it is really most successful, and to which it is most particularly adapted; and those are the very cases in which ordinary medical means are least successful, or altogether unavailing. Still, I repudiate the notion of holding up hypnotism as a panacea or universal remedy. As formerly remarked, I use hypnotism alone only in a certain class of cases, to which I consider it peculiarly adapted — and I use it in conjunction with medical treatment, in some other cases; but, in the great majority of cases, I do not use hypnotism at all, but depend entirely upon the efficacy of medical, moral, dietetic, and hygienic treatment, prescribing active medicines in such doses as are calculated to produce obvious effects.

I look forward to seeing you in Manchester!

Mike Gow at the grave of Dr James Braid (photo by Juliet Gow)

ESH Newsletter
Volume 1, 2016

International Corner

By Katalin Varga and András Költő

We hypnosis professionals are in the very favourable situation that there is a close alliance between the International and the European hypnosis societies. To make our collaboration even stronger, we have decided to make an "interactive corner" between the ISH and ESH Newsletters. We will regularly have one article from each Newsletter published in the other society's bulletin. We believe both associations will benefit from such an exchange. It can raise the awareness of our readers to what is happening on the international and European hypnosis scenes. In the present issue of ESH Newsletter, you can read a report by Dr. Graham Jamieson (University of New England, School of Behavioural, Cognitive and Social Sciences, Armidale, Australia) on the Neuroscience and Hypnosis meeting in Paris, held on 26th August, 2015.

A Report on the Neuroscience and Hypnosis meeting in Paris

By Graham Jamieson

The role (if any) of (some form of) dissociation in hypnosis has been contested by theorists and experimenters since at least the 19th century down to the present. What exactly might be meant by 'dissociation' in the context of hypnosis and how it might be related to processes labelled as dissociation outside the hypnotic context has never been resolved, let alone whether such processes actually exist, let alone the precise underlying causal mechanisms should they actually exist. Dissociation theories of hypnosis of one form or another constitute the final point of development of the 'altered state' or 'special process' trajectory of hypnosis theory and research at the beginning of the 21st century (see Woody and Sadler, 2008 for an insightful overview of these theories).

From the 1990's onwards two trends have dominated hypnosis research. The first is the unravelling of the multiple centres of world class researchers and research facilities at major international institutions engaged in highly competitive research agendas broadly driven by various versions of state or non-state (socio-cognitive). Despite their fierce disagreements and sometimes personal acrimony researchers in this community were intensely interactive, responding to each other through innovative, theory driven experimental paradigms in reciprocal exchanges of challenging findings. For a variety of reasons this research community, their theories, their closely associated methods had largely ceased to exist by the mid 1990's and their intellectual enterprises (of which dissociation theories are one example) were forgotten or abandoned.

At the about the same time developments in brain imaging technologies (able to measure activity throughout the brain activity as participants engaged in conventional psychological experiments) gave birth to cognitive neuroscience. A number of the new systems level neuroscience researchers together with some of the experienced hypnosis researchers began to explore changes in brain activity related to specific forms of hypnotic suggestion. In 2007 I edited the book Hypnosis and Conscious States: The Cognitive Neuroscience Perspective for Oxford University Press, in order to encourage a new generation of researchers to take up the task of theory building at the interface between systems neuroscience and hypnosis research. Today we have a steadily expanding number of such studies, but very few studies seek to test a theoretical model of hypnosis or are directed at building such models. While the studies of an individual researcher often form a conceptually connected series, there is little – if any – deep exchange between these research programs. The reconstitution of hypnosis as a field of research, not merely a topic of research (or a series of such topics), requires a community of researchers sharing and contesting interrelated theories and paradigms.

The August 26th Neuroscience and Hypnosis meeting in Paris was an important step towards constituting the cognitive neuroscience of hypnosis as a field and the discussions and directions which will grow out of that meeting have the real possibility of placing hypnosis research at the edge of advances in science of the mind, as it has been at so many points in its' history.

My presentation at this meeting is an electroencephalograph (EEG) study takes up the process of dissociation in hypnosis in the context of well-developed experimental paradigms and theories within cognitive neuroscience. Together with my colleagues Marios Kittenis, Ruxandra Tivadar and Ian Evans, I extended the findings of Egner, Jamieson and Gruzelier (2005) to define hypnotic dissociation as a temporary (hence context specific and reversible) breakdown if functional processing within and/or in functional connectivity (the exchange of information between) key nodes of the neural networks processing specific types of information incompatible

with a successful response to a particular hypnotic suggestion. The rapid dynamic nature of the process hypothesised called for the millisecond level temporal resolution of EEG and hence the functional activity of cortical oscillations in specific frequency bands.

A great deal of work has converged to support the role of the upper alpha band (10-12 Hz) in facilitating complex cognitive responses by selectively inhibiting competing processing pathways at functionally specific locations, and at critical time points, to 'gate' the flow of information processing along goal related pathways. So for example when attention is focused on a location in the right visual field alpha activity decreases in the left visual cortex (decreased inhibition where this information is processed) but increases in the right visual cortex (increased inhibition where information from the left visual field is processed). Even more importantly performance on a task which requires a response to events in the attended location is strongly related to increased alpha at cortical sites processing potentially competing information (see e.g., Haegens et al., 2012). This mechanism is one way of explaining the phenomena of 'absorption' in the suggestions the hypnotist during which they are experienced as more vivid and real then the external reality which fades into the background (Ronald Shor's loss of Generalized Reality Orientation).

Adding to this explanation single cell recording studies in animals have established the role of (gabaergic) inhibitory projections from the thalamic reticular nucleus to regions within specific thalamic nuclei, which act as links in wider cortical-thalamic-cortical loops, in the dynamic control of alpha (inhibition) throughout the cortex during waking mental activity. These known mechanisms provide a close fit with those required for the dynamic control of hypnotic dissociation as defined above.

We took the successful (reversible) response to hypnotic amnesia suggestion as a paradigm case of hypnotic dissociation. If such a process occurs anywhere it occurs here. We then employed the extremely well studied New-Old memory paradigm of cognitive psychology, using face stimuli, to study cortical oscillations during this task after suggested amnesia for faces and then after the lifting of this suggestion. Behavioural data were used to confirm the differing effect of the face amnesia suggestion for high and low susceptibles and the reversal of this effect in highs following cancellation of the suggestion.

We identified the timing and the cortical coordinates of significantly increased power in upper alpha (functional inhibition) evoked during retrieval failures (identifying an old stimulus as new) compared to functionally matched (identifying a new stimulus as new) but correct responses of high susceptibles responding to amnesia suggestion. This occurred late, almost 1 second following the stimulus, in right posterior intra parietal sulcus in a region implicated in top down attentional control supporting visual retrieval in memory tasks (Ciaramelli et al., 2008; Sestieri et al., 2013).

We then studied functional connectivity (synchronization of activity) between cortical regions during this time period in upper alpha (which we interpret as coordinated inhibition/decreased information exchange). When we compared the same conditions as above, we found significantly increased coordination of upper alpha activity between the right parahippocampal gyrus (which plays an essential role in the recall of recent events) and the above mentioned parietal region (a source of top down attention control) and separately, and also between the right parahippocampal gyrus and anterior regions of the right superior and inferior temporal gyri previously identified as contributing to an extended face recognition network (Gobini and Haxbi,2007). The integration of information within this network of functional regions is essential for successful recall of recent faces. In the context of positive amnesia response spatial and temporal coordination of upper-alpha band appears to suppress the integrated functioning of these regions (and hence recall). These patterns were not found after reversal of the amnesia suggestion.

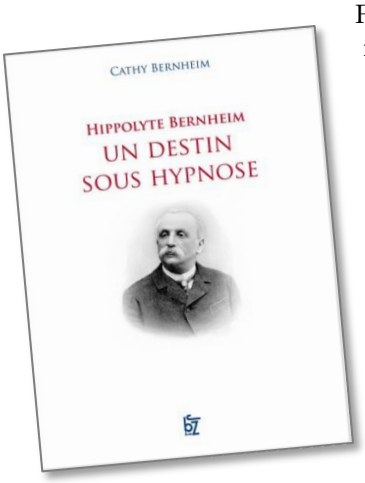
Although both replication and extension of this work is essential the immediate implication for clinicians is that at least for a subset of high susceptibles hypnotic suggestion may elicit genuine dissociations in high level cognitive processes, in this instance the retrieval of recent experiences of a particular kind. The ongoing construction and reconstruction of personal identity is closely linked to the control of recall, which is therefore a core process contributing to stability and change within the person in both healthy and pathological conditions. The extent to which the hypnosis related mechanisms identified here are involved in regulating these patterns-of-the-self in the wider population, remains to be determined. The detail of these processes awaits further exploration. However, even if limited to a relatively small group, it remains of vital importance for clinicians to understand their role in permitting and diminishing human flourishing and to adapt that knowledge for the benefit of their clients.

French Corner

By Christine Guilloux

FRENCH CORNER

Hippolyte Bernheim :
Un destin sous hypnose
Cathy BERNHEIM
Éditions JBz & Cie, 2011
ISBN 978-2755607116



Fluidités et simplicités pour narrer la biographie d'un homme simple et humble, avenant et bon vivant, maître dans l'art de l'hypnose et de la psychothérapie, un de nos familiers, Hippolyte Bernheim.

Regarder derrière soi, Catherine Bernheim, arrière-petite-nièce entrevoit « comment les descendants d'une histoire familiale sont traversés par elle sans même le savoir « et entreprend et s'engage dans une enquête approfondie « comme un indien suivant une trace, Le Dernier des Mohicans version 2.0 ».

Au sein du foisonnement politique et culturel de l'époque, après le second empire, la médecine se cherche et se veut science exacte. Entre l'art et la science, Hippolyte Bernheim est attentif à ses patients, les questionne avec bienveillance et remet le malade au centre de la maladie. Il s'appuie sur des « faits matériels, visibles, palpables, sensibles », qu'il annonce, dans sa leçon inaugurale. Sa médecine sera basée sur la clinique. A Nancy, le docteur Auguste Liébault, ancien séminariste, s'inspire des travaux des magnétiseurs et de Braid, pratique l'hypnose comme il respire. Dans l'ombre. A Nancy, tout est calme. Bernheim observe Liébault : « il n'y a pas de fluide magnétique ; il n'y a pas d'action physique hypnotisante, il n'y a qu'une action psychique : l'idée ».

L'aventure commence… Vous la connaissez peu ou prou. Vous savez le «pouvoir de l'idée suggérée ». Vous aurez plaisir, dans cet ouvrage bien documenté, à découvrir le parcours d'un précuseur, injustement oublié… Hommage lui est enfin rendu.

L'autohypnose
L'art de s'influencer bénéfiquement
Francine-Hélène SAMAK
Éditions Bussière, Paris, 2013
ISBN 978-285090-448-6

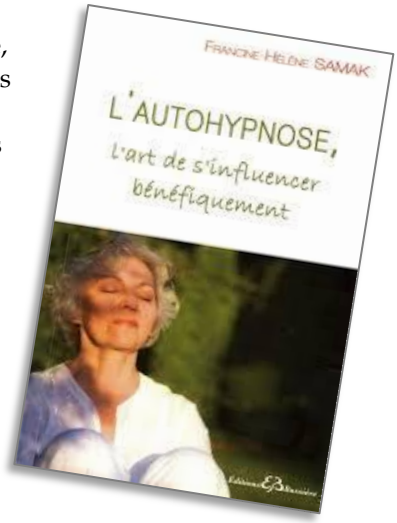
Souffler n'est pas jouer. Ne s'agit-il pas plutôt d'expirer, d'inspirer et de respirer aux parfums subtils et virtuels d'un voyage en autohypnose réussi ? Sentez-vous les thyms et les romarins ?

Francine Hélène Samak, psychologue, docteur en psychologie, vice-présidente de l'Institut Milton H.Erickson Nice - Côte d'Azur, nous propose L'autohypnose, L'art de s'influencer bénéfiquement et nous promène sur des rives qui peuvent être abordées par des lecteurs non avertis. Se laisser embarquer à l'intérieur de soi tout en s'oubliant tout en s'ouvrant à des espaces plus intimes pour se mieux connaître. Entamer un dialogue avec notre esprit non conscient, le guider, l'orienter, le solliciter dans le sens que nous désirons. Trouver le (bon) ton pour permettre le changement souhaité.

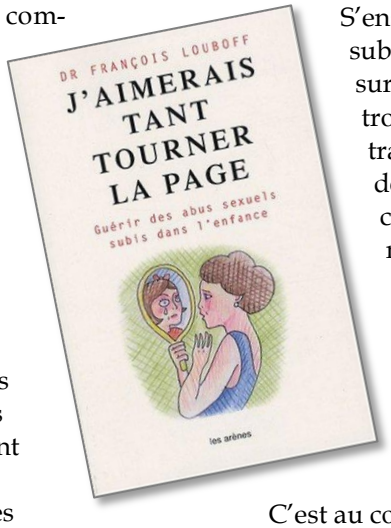
Milton H.Erickson nous a enseigné comme bien de ces prédécesseurs que l'hypnose est un processus naturel mis en œuvre par le patient lui-même. Cet ouvrage apprend au lecteur que l'hypnose est un état familier, quotidien, connu bien que non identifié, comment faire l'apprentissage de l'hypnose de manière décidée et non plus constatée, comment entrer en hypnose et l'utiliser au service d'orientations, d'objectifs que l'on peut se donner. Pour s'entraîner et s'inspirer, passer d'une posture de l'extérieur à une posture de l'intérieur, quelques exercices, quelques scripts accompagnés d'explications simples sur l'état de transe, le mode littéral de l'inconscient, quelques indications de l'hypnose dont la douleur, les maux de tête, la boulimie, les phobies, l'anxiété…

Un petit ouvrage, de lecture aisée, au pays des possibles.

Emboîtons le pas à Maître Dögen : « Se connaître soi-même, c'est s'oublier. S'oublier soi-même, c'est s'ouvrir à toutes choses. »



J'aimerais tant tourner la page
Guérir des abus sexuels subis dans l'enfance
Dr François LOUBOFF
Éditions Les Arènes, Paris, 20008
ISBN 978-2-35204-051-4



Honte, dépression, manque d'espoir se combinent avec flash-back, insomnies, cauchemars, troubles alimentaires, douleurs inexpliquées… « J'aimerais tant tourner la page » soupire ou s'écrie, en silence ou en catimini, la victime d'abus sexuel.

L'ouvrage du Dr François Louboff, ancien interne des hôpitaux, formé à l'hypnose et à la thérapie EMDR, psychiatre à Tours, J'aimerais tant tourner la page revient sur 20 idées fausses qui sont véhiculées sur les abus sexuels et qui, bien souvent, augmentent la culpabilité et renforcent le sentiment d'impuissance déjà bien installé chez les victimes. Parmi celles-ci , « Ce que j'ai subi est définitivement gravé en moi, et rien ne peut m'aider à aller mieux ; je vais garder cette blessure toute ma vie » ; « Pour aller mieux, je vais être obligé de tout raconter dans les moindres détails. » ; « Tout cela est du passé, il faut oublier maintenant. » ; « J'aurais dû pouvoir parler quand c'est arrivé. » ; « Toute personne ayant été abusée va reproduire l'abus sur ses propres enfants. » ; « L'abus sexuel, ça se passe uniquement entre un adulte et un enfant. » ; « Seul le viol est un abus sexuel » ; « Les femmes ne sont jamais des abuseurs », etc.

S'ensuivent des explications sur les blessures subies devenues traumatisantes chez l'enfant, sur leurs conséquences psychologiques et les troubles somatiques. La question du souvenir traumatique, de la mémorisation, de l'oubli, de la dissociation sont évoquées comme celle des faux souvenirs. Le livre fournit notamment au lecteur des éléments de compréhension du fonctionnement du cerveau chez l'enfant, du travail de la mémoire, du stress et du traumatisme, de l'attachement, des mécanismes de défense et de la neurobiologie.

Pour aider à la guérison, pour tourner la page, la parole ne suffit pas. C'est au cœur des émotions qu'est à chercher la guérison, grâce à l'hypnose et à l'EMDR. L'hypnose en train de se réveiller, l'EMDR en train de se développer : les deux approches de traitement sont clairement présentées et décrites.

Le Dr Louboff s'est investi dans l'écriture d'un ouvrage pédagogique, d'un ouvrage à mettre entre toutes les mains pour montrer et démontrer qu'il n'y a nulle fatalité, que la confiance peut se reconstruire, qu'il est possible de guérir d'un abus sexuel dans l'enfance.

ESH Newsletter
Volume 1, 2016

SOCIETY NEWS

News from VHYP Belgium: Growth in the logo and the working alike

By Nicole Ruysschaert

With pride and satisfaction, I can let you know, that in the past 2-3 years VHYP BoD has worked quite hard on different issues. After preparing and seeding the soil, it takes patience to wait for the results, which are hardly visible at the beginning; once things begin to grow and you begin to see the results, the fruits of the work , it's very rewarding! We have an on- site meeting, about once every month, usually on Saturday morning, in my house, where my husband, Roger, treats the 9 BoD members with a nice breakfast/ brunch/ lunch and meetings are run in a nice and warm atmosphere. In between we have skype meetings to deal with urgent matters.

We reflected on the eligibility for training in hypnosis, and as a result defined criteria for access that would allow different professions and professionals involved in healthcare. As different professionals need a different training, we studied and worked out 3 different curricula, with different criteria for eligibility and content:

- hypnosis in medical interventions (HCiMS and advanced workshops)
- hypnosis in medical treatment
- hypnosis in psychotherapy.

We felt the need for a new, up-to-date PR strategy: marketing specialists helped to design a new logo and a 'house-style: it has been interesting to learn about colours and shapes and their psychological meaning and impact! With this information we chose our new VHYP logo and house-style, and have created a new website. Feel free to visit www.vhyp.be.

A special software program has been written for digitalisation of all the work our society is doing: registrations, payment, follow-up, communication platform for members, submitting of home-work assignments, access to documents for training, feedback, keeping track of each trainees training.

Our teamwork has been facilitated by familiarising ourselves with some new software: Asana, team management – to classify and work on different projects, to reduce the email load, and clearly see progress. All important documents are saved in Google Drive: an excellent means for working together, correct documents, and add suggestions. It has the advantage of clearly seeing who makes changes and when. Now everything is running fine, and we continue to benefit from specialist assistance whenever something doesn't run smoothly. I especially thank Sergio Wong Chung, our webmaster and IT specialist who patiently introduced us to the newest developments in the digital world and who is committed to continuing the work of secretary and the contact for members.

We are getting more and more access to universities: the 5 days training HCiMS – hypnotic communication in medical settings – I, together with other colleagues, deliver the course in the university hospital of Antwerp and it is very successful, and attracts more participants every year. Other Flemish universities and university hospitals got interested, and invited us for information sessions. And so we continue to spread the word, and share expertise.

We are looking forward to a flourishing future of hypnosis in Flanders!

Board of VHYP
Dr. Sabine Maes (anesthetist), Dr. Riño Wong Chung (psychiatrist), Guido Aerts (dental surgeon), Dr. Erik De Soir (psychologist), Leen Marguiller (psychologist); Dr. Tania Mahler (gastroenterologist, paediatrician); Ann Roete (nurse), Dr. Nicole Ruysschaert (psychiatrist), Moira Pirkl (psychologist)

Photo by Sergio Wong Chung, webmaster and secretary of VHYP

Notes for a theorisation of Hypnotic Psychotherapy: A Theoretical Didactic Manifesto

By European School of Hypnotic Psychotherapy, AMISI[1]

"The decadence experienced by hypnosis is only a temporary incident in the history of psychotherapy"

(*Janet*)

It is very frequent to find psychiatrists, psychologists and psychotherapists who think that what we consider as hypnotic psychotherapy is the employment of a common therapeutic procedure aiming at healing certain pathology, where the therapist uses hypnotic trance as a basic condition to operate on the patient. Some even think they can replace traditional therapies with other suggestive procedures.

In other words, hypnosis is still seen as a simple means to amplify different therapeutic elements, a concept inherited from the ancient magical-mystic origins of the universal fluid.

Curing a drug-addict, an obese, or a person suffering from painful syndromes with hypnosis, treating asthma or neuroses and encouraging athletes to do their best in sport competitions does not mean applying well-known therapeutic procedures on a hypnotised patient, so that he can receive them at a deeper level. Rather than that, it implies using hypnotic psychotherapy by taking advantage of a modified state of conscience, which allows a certain restructuring of a compromised personality, carrying out a dissociative process, strengthening the individual's EGO or enhancing his concentration abilities and catalysing his strengths.

In other words, it means tapping into resources trapped in the patient's unconscious and consequently using them to reach the desired goals through a real psychotherapeutic process.

Of course, this does not exclude a possible use of hypnosis as a complement for some medical therapeutic procedures, but we do not think that inducing a state of calm and relaxation, strengthening the patient's personality or conditioning hypnotised individuals so as to obtain better results could be defined as a "hypnotic therapy".

The general misunderstanding surrounding this topic may derive from the fact that even today, more than two centuries after Mesmer's death, a general agreement on the nature and theory of hypnosis is still to be reached, and hypnosis itself has not been clearly defined yet, nor have we discovered scientific parameters to quantify trance.

What is clear, today, is that there is definitely a link between the human body and mind, through which thoughts and emotions stimulate and promote healing, and therapeutic hypnosis is the most effective method to induce this process.

Since the vision and meaning of the complex phenomenon of hypnosis is not limited to the formal although interesting aspects of trance, what we would like to underline is the concrete, original and independent character of a kind of psychotherapy defined as hypnotic because it derives or can be implemented through an altered state of conscience, that is to say, hypnosis. Other therapies, such as surgery, pharmacology or paediatrics are based on different principles, but each of them is linked to the other by specific elements while at the same time preserving their own distinct identity.

A scalpel or an ECG cannot be defined as therapies, but rather as therapeutic instruments. Only once the therapeutic process is over does it become possible to identify a surgical or cardiology therapy, and not concentrate on the mere instruments used to achieve it.

Similarly, hypnosis, which is nothing but the instrument at the operator's disposal, represents only one of the elements that build the practical approach to healing through psychotherapy. From a clinical point of view, its meaning is limited; what really counts is what derived from it, that is to say hypnotic psychotherapy.

Almost all procedures to induce hypnosis, albeit through different methods, aim at obtaining a state of isolation and inner focus, beginning with a gradual muscular relaxation which tends to become deeper and deeper. Patients then generally to close their eyes, either spontaneously or by the therapist's request. At this point the well-known phenomenology of hypnosis will occur, more or less evidently, at somatic and psychic level.

Neurophysiologists agree that hypnosis provokes a basic high activity of alpha waves, documented by EEG results, as a cerebral manifestation of a deeper mental relaxation. Despite that, the correlation between hypnotic trance and alpha waves does not seem to be specific of this situation, but rather to all conditions where the individual is relaxed.

[1]*The original version of this manifesto was prepared in 1995, in collaboration with the following teachers of the European School of Hypnotic Psychotherapy: G. Mosconi, A. Massone, G. Benatti, C. Casula, M. Cigada, G. Gagliardi, I. Lanzini, A. Pennati, & M. Redana.*

Since we know that this is no prerequisite for hypnosis, we can state that alpha waves, which represent the normal rhythm characterising rest and occurs every time we close our eyes, is not an identifying trait of hypnosis as an altered state of conscience, but rather a consequence of this procedure, which mainly uses relaxing suggestions.

The condition which favours hypnosis, and the reason why it has been labelled, although improperly, as „hypnotic sleep", is precisely a state similar to drowsiness, during which objective and subjective phenomena occur and identify the hypnotic condition. Just like when we are about to fall asleep, in the initial phase of hypnosis patients experience rapid hallucinatory movements and produce thoughts or allow memories and intuitive visions to come to the surface; such material generally does not leave any trace in their memory. Losing or perceiving a change in the perception of one's body is another typical phenomenon; at the same time, the critical and censoring abilities are reduced.

This condition, defined as hypnagogic, is characterised – from a neurophysiological point of view – by a higher presence of theta waves, a sign that sleep will soon occur, and should therefore be considered as the beginning of trance. The correlation between slow theta waves (3-7 Hz) and the hypnotic state is evident, although it cannot be clearly identified from a psycho neurobiological point of view. What is particularly important for a theoretical understanding of this kind of psychotherapy is that during the whole hypnagogic period the hemispheric predominance is modified, if not utterly inverted.

As we all know, the dominant hemisphere, which in right handed people is the left one, is mainly specialised in linguistic functions, such as logic, mathematics, reading and writing, while the non-dominant hemisphere focuses on visualisation, imagination, creativity, synthesis, dreams, emotions and so on. This hemisphere works through sensorial experience, such as visual images, and exerts a deep influence on human behaviour. According to Erickson's teaching, while the left hemisphere hosts the conscious part of the mind, with its characterising functions, such as acting according to the principle of reality, the right one is the seat of the unconscious, whose actions are based on the principle of pleasure, which avoids pain and seeks satisfaction. Recent studies have shown that the region of the brain where the image of an object is reconstructed is to be found in the latter. This might be a further proof of the presence of associative functions typical of the right hemisphere, making it one of the magical places where the "intelligence of the sight system" (Jox Hirsch, Proceedings, July 1995) operates. Erickson states that the right hemisphere is particularly responsive to hypnosis and suggestion, and is therefore the region which hosts processes taking place at a very deep level below the conscience threshold. Such processes form the unconscious in the Ericksonian meaning of "unconscious mind".

The most credited hypothesis is that the passage of information operated by the right hemisphere, which typically occurs for emotional conditions and body image as well, is strictly linked to the limbic-hypothalamic system and to body-mind communication, both for placebo effect and hypnotic psychotherapy. This would develop an ability to produce emotional reactions and point to particular pathways, resulting in physiological or biochemical changes. This hypothesis is backed by E. L. Rossi, who agrees with I. Wickramasekera that individuals under hypnosis and particularly responsive to this condition tend to emphasize and amplify the effectiveness of therapeutic agents, therefore linking the patients' response to the receptiveness of their non-dominant hemisphere.

We would like to underline that we have so far mentioned hypotheses which we – and the quoted authors alike – judge to be likely and worth considering in the interpretation of clinical results. As a matter of fact, we always pay particular attention to all the recently discovered techniques which show different quantities in the nervous structures of different brains, besides differences in the functions and activities of some nuclei in modified or altered psychic conditions. The differences in the volume and structure of hypothalamic nuclei present in males and females are equally important, as is the ability of the female brain to achieve a stronger connection between the right and the left hemispheres, thanks to a higher number of fibres in the corpus callosum. Such discoveries are fundamental for future studies and researches in the field of hypnosis.

Leaving excessive optimism aside, we are confident that the hypotheses considered so far and backed by scientific research will soon lead to a concept of self-healing which, according to Erickson, we all have in our mind and which is used indirectly through hypnotic trance to experience a re-association and a reorganization of one's experiential life, which leads to healing.

The phenomenology we have described concerning the right hemisphere is, of course, neither specific nor characteristic of the hypnotic state only; on the contrary, it can occur also in various situations in everyday life, when the individual, in certain particular states of conscience, spontaneously generates phenomena similar to those experienced during induced hypnotic trance. In the latter case, however,

results are obtained and memorised through precise messages using an intentionally irrational language and content.

Verbal messages follow a pretty well-known path and reach the non-dominant hemisphere when the other one is distracted and gradually isolated, while at the same time stimulating the specific activities of the right hemisphere. The introduction of metaphoric-allegoric language at the right evolutionary stage of the changing conscience, that is in correspondence with the "theta stage", which the therapist attempts to maintain and prevent from developing further, represents the actual beginning of the therapeutic procedure and the link between the individual's external reality and the internal one which he or she is about to create and experience thanks to the therapist's words.

The therapeutic process remains inactive, and therefore cannot be defined as "hypnotic", if it doesn't fulfil precise requirements – for example, if the metaphoric language is used outside the necessary altered state of conscience we have described, or if, during this state, when the non-dominant hemisphere is more stimulated, the language used is mainly logic and rational. However, it is the very beginning of the process, when the therapist sends out the carefully chosen holistic, analogical, metaphoric information, which marks the deep difference between the strictly technical procedure and the therapeutic process. In other words, the border which defines the territory where the group of processes more or less able to induce hypnosis has always been kept, also marks the end of the "technical" field and the beginning of the therapeutic one, leaving all the rules for the dynamic induction of hypnotic trance behind while embracing the creative process of therapy. These two areas – very close to one another and yet separated – are linked by a bridge representing the patient/therapist relationship, a fundamental and substantial prerequisite, symbolically represented by a contract and maintained mainly by the empathic attitude of the therapist, whose purpose is to lead patients back to the "good and wise unconscious" invoked by Erickson.

Ericksonian psychotherapists define the "unconscious" as the individual's personal pool where all the information and experiences learned through the years are stored. This concept differs from the image of the unconscious present in traditional psychoanalysis, and underlines its role as a resource rather than an entity dominated by conflicting drives which require various defensive mechanisms to preserve one's emotional and social balance. According to Erickson's theories, the unconscious collects what we know even if we are not aware of knowing it, along with an often ignored innate potential. The analogical metaphoric language is the instrument used by Ericksonian psychotherapists to communicate with the portion of the patient's mind which Erickson defined as unconscious, corresponding more to Freud's preconscious. If we assume this to be true, it is possible to admit that the fact of leading a patient into a hypnotic state, even at a very deep level, hardly has a therapeutic value *per se*, since it does not collect all the information stored in the individual's mnestic structures spontaneously and effectively, in order to use it for therapeutic purposes. It is rather a prerequisite to allow the psychotherapist's message to reach and be accepted into the right levels of the patient's mind.

During hypnotic trance, the individual has the opportunity to create new subjective or virtual realities, corresponding to what Erickson defined as "hypnotic realities", which are in a certain sense similar to dreams, where one can experience suffering and delight, different states of mind and intense emotions, from pleasure to terror, or moments of anxiety and satisfaction. We believe that dreams too can help patients find practical solutions in the context of an Ericksonian therapy, by spurring them to look for an answer, albeit unconsciously, in what they experience during the trance, when the therapist connects them to their resources and shows them how to solve their immediate problems. According to Freud, "although dreams do not come from another world, they do manage to transport the individual into it"; when patients are in a state of trance and remember their past experiences, they live this as-if situation so intensely that they can even mix imagination and rationality. This results in the typical confusion characterising hypnagogic states.

The subjective reality of hypnosis, controlled by the therapist, translates into real behavioural experiences in which patients are led to carry out situations already present – together with other resources – in their unconscious, although only at a potential stage. Real images of a certain behavioural pattern, desirable or desired but not satisfied, take form in the emotional mind of the patient in the various circumstances where he understands the defects of his neurotic, de-structured or disturbed Ego and feels spurred by a childish Es still dominating a fragile or inconsistent personality. By carefully and repeatedly presenting the most suitable stimuli, the rational, left cerebral hemisphere learns to steadily accept what the emotional, right hemisphere described and acted as the subject's script; this way, patients can translate and repeat the experiences and behavioural patterns they imagined – and wish they had – into their everyday life.

This means becoming adult, allowing one's Ego to grow up and making in stronger by engaging it on two fronts: keeping the inner world under control, while at the same time acknowledging that the Ego's most important function consists in understanding that it is possible to intervene on that reality, also by means of an internal model. Erickson underlines that when hypnotized patients modify their behaviour, the therapist's intervention only influences their self-expression; it is indeed patients themselves who match and reorganize their complex internal realities and tap into their own resources, according to personal experiences. The hypnotist's role consists in being an "intelligent guide" who tries to set up and maintain a strong therapeutic alliance. As it has been repeatedly said, „hypnosis does not alter people, not even their past experiences, but rather allows them to learn more about and express themselves more adequately" (M.H. Erickson).

Hypnotic psychotherapy lets patients move away from external reality, where they normally live and have been, or maybe are still being, psychologically traumatised and during creative trance helps them realize their independence from the restrictive schemes that limit their existence. The problems reported by patients limit their full realization; they are trapped in life systems which prevent them from realizing and using their own abilities; the hypnotist's job consists precisely in creating new reference structures and new patterns inside the patient. By releasing their creativity through hypnotic psychotherapy, patients can then transfer the emotional product of their personal resources to their everyday life, thus experimenting new and desired models.

What we have reported so far underlines the effort made by our school to place the use of hypnosis among therapeutic methods deriving from the medical experience of professionals who chose to match their activity with a careful and constant analysis of the cases treated. It is therefore crucial now to add the considerations of one of our members on the use of hypnosis in treating psychic conditions, where a complex and qualified approach such as hypnotic psychotherapy was able to lead to optimal results by discovering the meaning and origin of neurotic symptoms (G.P. Mosconi).

The hypnoanalytic method, which represents an incomparable instrument to overcome unconscious resistances – in the Freudian meaning of the word – should consequently be adopted only by specifically trained therapists. The present document is actually only a presentation of hypnotic psychotherapy, since it requires a much personalised didactic training. Psychotherapy as we teach it in our school is, however, a procedural method based on the relationship between the therapist and the patient which analyses the latter's unconscious and consequently changes any pathologic or incoherent thinking and behavioural patterns.

As a result, dynamic psychotherapy, which aims at the discovery of each patient's deep and unique individuality, is to be considered as the meeting point and the common ground for the therapeutic work and research of those who, like us, see Freud, Erickson and all the other dynamists not as the isolated creators of conflicting theories, but as teachers who opened up new horizons. Such new roads are often highly problematic, but always challenging, useful and productive as long as we will be able to see each scientific study as a contribution to the knowledge basis of this discipline.

What we try to teach our students, also thanks to this document for the theorisation of hypnotic psychotherapy, is that dogmatic dissertations are useful only if they are properly supported by in-depth clinical and experimental studies and by the ability to humbly and peacefully confront other theories and researches. From a global point of view, the arguments presented here remain inevitably in the field of hypothesis; consequently, the assumptions concerning the healing mechanisms we are about to illustrate still preserve their experimental character.

We agree with the numerous researchers who take the psychotherapeutic process and its strong correlation with altered states of conscience into consideration because of the characteristic suggestions and procedures created by the interpersonal relationship and the specific approach of the therapist to his patients. As we have already mentioned, according to Erickson and the Ericksonian school, the particular psychological conditions created during the trance allow patients to re-associate and re-elaborate their complex inner psychological realities, and it is exactly this process which finally leads to healing.

We close our brief considerations in line with Erickson's principles, also because we think that, among all the other theories, they offer certain continuity with what has been presented so far. According to such principles, healing, or at least the desired therapeutic changes, might be obtained though the memory and learning patterns depending on the state which characterizes the Ericksonian creative unconscious, also defined as "experiential learning".

The patients' personal resources are therefore tapped into and used to solve their problems. We have purposely decided to illustrate Ericksonian hypotheses only marginally in this document, since

we take it for granted that they are well known to those who might be interested in our discipline.

However, we would like to underline that the mind-body problem, together with Erickson's principles, might conceal possible solutions if we consider the two factors as a single system of information flow. Therefore, accessing and using the memory, experience and behaviour depending on the state of conscience, which codifies symptoms, and consequently modify it to allow the therapeutic change, is a process which can be identified with hypnotic psychotherapy. The Ericksonian School assumes that it is possible to create a bridge between the mind and the body, at least from a theoretical point of view, through a hypophyseal action regulated by the hypothalamus. The latter, acting as a transducer, would convert nervous impulses in the brain into hormonal messages sent through the body. This would generate new peptides and proteins forming informational substances that would allow an easier communication at a cellular level.

The neuropeptide system, with its communication pathways with the endocrine, immune, central and peripheral nervous systems is the main point of reference for Erickson's hypotheses. Neuropeptides, sent through body fluids, with their specific function as transducers of information and body-mind communication, would constitute the basis for various answers in the field of hypnotic psychotherapy, thus giving a psychobiologic interpretation to some forms of healing and therapeutic changes. If, when and for what reason hypnotic psychotherapy can bring about positive results is still to be understood, and constitutes an important theoretic question.

"The decadence experienced by hypnotism – wrote P. Janet in 1923 – is only a temporary incident in the history of psychotherapy". Today we may have overcome this „incident". If we can better understand the difference between hypnotism, hypnosis and hypnotic psychotherapy, the latter will clearly gain not only a dignity in the clinical field, but also an identity of its own, which is one of the purposes of our school.

The Board of Directors at the Annual Congress of the Danish Society of Clinical Hypnosis

By András Költő

The Board of European Society of Hypnosis received a kind invitation from the Danish Society of Clinical Hypnosis (DSCH) to attend their annual congress, to be held in Copenhagen, 12–13 March 2016. Actually, BoD had arrived on 9 March, and we spent those three days preceding the DSCH Congress working on issues that needed a face to face meeting.

The most important tasks were to clarify what the Board wants to achieve in the remaining time of our mandate, until August 2017, and which methods we want to use to reach these goals. To allow the Board members to get to know one and other better, we spent the afternoon and evening of the 9th March with organisational development through exercises and sharing our experiences. Since Kathleen Long, our First Vice President is a licensed Myers-Briggs Type Indicator® (MBTI®) Trainer, she taught us to identify our personality types according to the MBTI system. You can imagine the variety in the personality preference of the nine people on the ESH BoD. With our different age, gender, nationality and professional background, Kathleen gave us a detailed feedback on how this variety could be turned into productive collaboration.

The next day was spent discussing operational issues and goals. Lead BoD Members gave an account on the annual financial report, ESH Newsletter and new website, and on the planned ESH study on European hypnosis research. We worked on a renewed application form and criteria. We are getting more and more applications from prospective Constituent Societies with relatively few members who don't have experience in formal training in hypnotherapy. We discussed the way forward and how we can continue to expand membership and maintain a European hypnosis network. These steps need careful consideration and the discussion is on-going.

We felt honoured that we had received a membership application from the Iranian Society of Clinical Hypnosis who are outside the geographical confines of Europe. Hypnosis societies geographically not belonging to Europe, according to ESH Constitution Article V, paragraph d), can earn Associate Membership. Considering this point,

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we agreed to evaluate their application in accordance with the ESH constitution.

Martin Wall, President-Elect of ESH, gave an update about how the next ESH Congress, to be held in Manchester, is proceeding. Martin informed us that the Congress Website is ready, and abstract submissions will be invited in the very near future. Nicole Ruysschaert, ESH Past President gave an overview on ESH Awards, and we discussed fully a new award, to acknowledge early career European hypnosis researchers.

Future personal gatherings of the BoD were discussed; you can find a list of where we have been invited in the presidential letter by Consuelo Casula, in Page 2 of the present Newsletter. Currently we are making preparations to meet each other and our Swiss Colleagues at the Annual Meeting of the Swiss Medical Society for Hypnosis.

Finally, we dedicated time to discuss how the Committee on Educational Programmes in Europe (CEPE) proceeding, and what could we do to make European Certificate of Hypnosis, issued by ESH, more popular among hypnosis colleagues.

Acknowledging the importance of social activities (and sports), the ESH Board of Directors played a round of bowling in a nearby bowling club. Some more sporty BoD members also engaged in a very competitive game of table soccer!

Returning back to hard work, BoD of ESH and Danish Society of Clinical Hypnosis had a joint meeting before the congress started: We discussed how our Danish colleagues could make advances in promoting legislation on hypnosis in Denmark, and how they could encourage more professionals to learn hypnotherapy.

At the congress, ESH Directors presented workshops and papers to the attendees. Around 40 colleagues participated; medical doctors, dentists, psychologists, and two physical therapists. Consuelo Casula spoke about how the patients' stories (and the "petals" of their identity) can be transformed into therapeutic intervention; then Flavio Giuseppe di Leone presented his findings and practice in evidence-based hypnotherapy for psychogenic non-epileptic seizures. In a parallel session, Martin Wall delivered a workshop on hypnosis as a philosophy of (dental) practice, while Stefanie Schramm spoke about hypno-systemic crisis intervention and support. To close the day, Gaby Golan presented how not to forget remembering the influences of hypnosis on memory.

The second day started with the presentation of Nicole Ruysschaert, on the flourishing (and prevention of burnout) of health care practitioners. Kathleen Long presented cases from general practice, on how to use short therapeutic techniques in PTSD, obsessive-compulsive disorders and phobias. Åsa Fe Kockum shared her experiences on using hypnosis with stress-related problems. The last speaker, András Költő presented how hypnosis can be applied in the treatment of psychodermatological diseases. The Danish colleagues were heavily engaged with the presentations, and, to our delight, asked several questions and made comments on each presentation.

We enjoyed our time with them very much. The *hygge* Danish people create for their gatherings and their hospitability made our stay in Denmark memorable. We are grateful to Randi Abrahamsen (DSCH President), Anne-Marie Harnum (DSCH Past President), Carina Kruse (DSCH BoD Member) and all of the colleagues who welcomed us and spent their valuable time in attending our presentations.

Dr Martin Wall, ESH President-Elect is teaching at the Annual DSCH Congress, Copenhagen, Denmark, 12 March 2016

INTERVIEWS

Interview with Katalin Varga and Tamás Dávid, Immediate Past President and New President of Hungarian Association of Hypnosis (HAH)

By Consuelo Casula and András Költő

This interview is "a piece of four hands". First Consuelo interviewed Katalin Varga in early 2015. From the interview we learnt that after 6 years of service, she is to resign. That was our reason to contact her predecessor, Tamás Dávid, who was interviewed by András in early 2016. Therefore you can trace a transition process, and get acquainted with two distinguished Hungarian hypnosis professionals – a researcher with clinical practice, and a clinician interested in research.

CONSUELO: Dear Kata, please tell us something regarding Hungarian Association of Hypnosis. You have resigned recently; what changes occurred under your mandate?

KATA: In the Hungarian Association of Hypnosis (HAH) we have 3 years terms, and I will resign in 2015, ending a 6 year period (2 terms) presidency. During this period we changed the "style" of the work in HAH: following a family-like functioning we introduced a more structured way, with transparent processes. For instance a 57 step process was described starting with the first contact with HAH up to the point that someone gets the hypnotherapist degree. This system describes all the responsibilities of the teaching committee, the board, and the economic aspects: what to do, whom to contact, what is the next step.

Another important goal of mine was to strengthen the medical application of hypnosis / suggestive techniques. During these years a very good cooperation could be built with several hospitals, more and more colleagues are using these techniques in various fields. This is summarised in the book "*Beyond the words*" (Nova Sciences, New York, 2011) in 32 chapters covering various professional fields. Another achievement of this movement was the 1st International Conference in Medical Hypnosis, held in Budapest, 2013.

ANDRÁS: Dear Tamás, as the newly elected Chair of HAH, please tell me about yourself. What if your profession? How did you get acquainted with hypnosis? For what purposes / clients do you use hypnosis? Do you participate in any hypnosis research?

TAMÁS: I am a clinical psychologist and psychotherapist. In the beginning of my career, I worked at the National Institute of Psychiatry and Neurology. There I have met many colleagues who formed my thinking on psychotherapy. They inspired me to learn and use many forms of therapy, including individual and group methods. Finally, I was trained in relaxational and symbolic (imaginative) therapies, and in hypnotherapy. For the past 15 years, I have been working at the Department of Cardiology at Péterfy Sándor Hospital. The challenges of my everyday work with patients with cardiac or circulation disorders made me to turn to hypnosis. I learned that in the therapeutic approach of many psychosomatic and somatoform diseases and symptoms of anxiety the traditional explorative, psychodinamically oriented, verbal methods are not fruitful with these clients.

In my work with cardiology patients it became more and more important that I should help them in the auto-regulation of their psycho-vegetative processes. That was the first step towards getting training in hypnotherapy.

Although I feel I am more inclined with psychotherapy than with research, lately we conducted several clinical studies with cardiological patients (including those with cardiac arrest, hypertonia or syncope).

CONSUELO: When was your society established (how many years ago)? When and why did it become a member of ESH (which year)? We would like to know something regarding its history, its development, and the different professions/specialisations of your membership (e.g. medical doctors, psychologists, dentists, other health care professionals such as nurses, midwifes, social workers or others).

KATA: We celebrated our 20th anniversary of being an independent society in 2011 (before that, hypnosis was represented by a workgroup within the Hungarian Association of Psychiatry). This explains how it was possible to have our 25th annual meeting in 2014, we were already in existence before becoming an independent association.

We have a small number of active colleagues, but – fortunately – a much bigger number of colleagues who are interested in our trainings, programs, events.

One of the things I like most is that, although we are from various professions, – psychologists, doctors, and dentists –, you can hardly tell who is representing what field. Our common interest, hypnosis, provides a solid basis for everyone.

As in Hungary hypnotherapy can only be used by psychologists, medical doctors and dentists, we have a special training for midwives, nurses, assistants, and other professional helpers, so – fortunately – we are approaching more and more people.

ANDRÁS: How many active members does your Association have? What does "regular" and "friend" membership mean? Does your Association collaborate with any universities? Do you have any scientific or clinical publications?

TAMÁS: We have 73 active members who paid their membership fee for this year. There are some, nevertheless, who have still to pay the fee, but we expect they will complete it later (around 10 people).
"Regular" members of HAH are trained hypnotherapists. Regular membership can be obtained upon the recommendation of two regular members. At the moment, we have 42 psychologists, 26 medical doctors and 5 dentists belonging to this category. Anyone can be a "friend" member who agrees with and supports the aims of HAH. Usually the "friends" are those colleagues who are being trained, but we have friends from other professions, including teachers, obstetric nurses, physical therapists and art therapists. Both kinds of membership comes with reduced participation fees in our professional events and trainings. Regular members receive our quarterly journal "HIPNO-INFO". Friends can also subscribe to this journal if they are recommended by two regular members.

From the publications under the auspices of HAH, I highlight that our Lifetime Honorary Presidents Éva I. Bányai and Gabriella Vértes contribute to handbooks on psychotherapy and psychiatry with chapters on hypnosis. Gabriella Vértes edited a Hungarian handbook of hypnotherapy: its second edition had just been published. Éva I. Bányai and her colleagues published on the theories, research and applications of hypnosis which has also been sold out. We are looking forward to its second edition, too. Kata has many books on suggestive communication; these are translated to English and Spanish. Éva is soon publishing a book on the method she and Ernest R. Hilgard developed at Stanford University, the active-alert hypnosis. It will be launched parallel in Hungarian and German. Some of our members have recently presented their PhD on topics related to hypnosis and/or suggestive communication.

Since many of our members are teaching at universities (in psychological science and medicine), all interested students have the possibility to gain initial knowledge and experience of hypnosis.

From the ongoing research projects on hypnosis, I have to mention the psycho-oncological randomised controlled clinical study conducted by Éva Bányai and her team. Their results give stunning evidence to the vital effect of adjunctive hypnotherapy on the well-being and healing of breast cancer patients.

CONSUELO: Can you give some examples of the best practices in your society (research, teaching, congress organisation, clinics…) and how your society has developed them over the years?

KATA: I think one of the main strengths of our association is that we are equally strong in clinical field, theoretical background and research. This is the way professor István Mészáros (a medical doctor) and Professor Éva Bányai (a psychologist) tailored the association and we keep this tradition. Briefly: we not simply want to *do* hypnosis, but want to understand as well *why* it is working. This is very inspiring for all the "sides". This theory-research-practice complex is appearing in our trainings, in the meetings and in the works of the leading hypnotherapists.

Three Generations of HAH Leaders:

Katalin Varga (Immediate Past President);

Tamás Dávid (Incoming President);

Éva Bányai (Honorary President)

ANDRÁS: It is a priority in the world of (evidence-based) hypnosis that applications and research should be more integrated. How do you evaluate the position of hypnotherapy and hypnosis studies in Hungary?

TAMÁS: It is clear that, according to a study conducted a couple of years ago, many trained hypnotherapists in Hungary have stopped using hypnosis in their practice. One of the reasons for this is that they have gained training in other methods, too. Some urgent steps have to be taken, however, to facilitate and maintain the therapists' interest and sense of competence in hypnosis. Scientific investigation of hypnosis is in the front line in Hungary and even in the world. Despite this, hypnotherapy seems to be in a "lag". Therefore we would like to give more attention to the therapeutic applications – not to the expense of research, and not just in the circle of hypnosis professionals. We aim to promote hypnosis in other Hungarian associations of medicine and psychology. We are organising workshops for attracting interested colleagues, and to maintain and hone the therapeutic skills of those who have already been trained as hypnotherapists. Some of these events have already taken place. Although attendance was not as numerous as we expected, I hope many participating colleagues got inspired.

CONSUELO: What is the next project of your society?

KATA: The new presidency will work to balance the picture and – following the medical application era – will strengthen the classical clinical work. Another focus is to attract more colleagues to learn hypnosis at HAH, although there are many "one week-end" training available...

ANDRÁS: It seems that these one-day workshops might also be interesting for other Constituent Societies of ESH. We aim to share the best practices and facilitate CSs to learn from each other. Could you please tell us more about these workshops?

TAMÁS: We were delighted to meet many old and new colleagues in two of these workshops, held by HAH teachers, with the titles "Planning, Strategy and Techniques in Hypnotherapy" (aimed to attract colleagues new to hypnosis) and "Approaching Obstacles in Reproduction, and Hypnotic Techniques in Disorders Considered to be of Autoimmune Origin" (for those who are already trained). Our next two projects, in the same order, are "An Introduction to Hypnosis: Theory and Experience", with a lecture and a subsequent group hypnosis, and "Possibilities of Hypnotherapy in Psychogenic Movement Disorders and Post-Stroke Depression". The growing interest and attendance inspires us to make more of these workshops. We aim to offer two more additional trainings, held by seasoned colleagues: "Transgenerational Effects and their Elaboration in the Hypnotherapeutic Process", and "Hypnotherapeutic Strategies in Explorative Therapies". In the long run, we plan to offer some longer advanced courses in explorative psychotherapy and in work with pain.

CONSUELO: Now a change of topic! This is about the relationship between your society and ESH.
What would you like to have from ESH? How can ESH help you to achieve the goals and projects that you want for your society? What do you think the main role of ESH should be? How can ESH improve relations with each CS and between CSs? What do you think should be the main role of ESH congress?

KATA: Personally I am satisfied with ESH, as I attend all the meetings I have more and more very good friends, I feel "to belong to", what means a lot.
Of course I am very much for running conferences where research AND practical application of hypnosis are both covered.
Perhaps that would be beneficial to support young colleagues to attend our conferences, and to make it (financially) easier for the CoR representatives to be present in the meetings.

ANDRÁS: What would you like to have from ESH? How can ESH help you to achieve the goals and projects that you want for your society?

TAMÁS: We would be delighted if ESH BoD members attended our annual meetings and taught workshops to colleagues in HAH. We would also benefit a lot from articles on hypnotherapy in ESH Newsletters. I mean, if recently published books are reviewed or internationally acknowledged hypnotherapists were interviewed in ESHNL. Hungarian colleagues would be very interested in these articles. (Our members receive the ESHNL immediately, once a new issue is published.)

It's a pity that the *European journal of hypnosis* – former *Hypnos*, then its successor *Contemporary Hypnosis and Integrative Therapy* – is not published anymore. Our members were regular authors in this journal. We are excited to hear that its re-launch is being considered.
One more thought on scientific journals of hypnosis: It would be great if CS members could subscribe to these journals for a discounted fee.

It would have been great if ESH organised a European Summer School on hypnosis (combining therapeutic applications and research) for early career hypnosis professionals, where they could learn from the above mentioned "masters" of hypnosis, and then they shared the knowledge they gained in local forums.

Interview with Carlos Castro, President of Portuguese Association of Clinical Hypnosis and Hypnoanalysis (APHCH)

By Consuelo Casula

Carlos Castro

CONSUELO: First, please tell us about yourself. What is your profession? How did you first get involved with hypnosis? What is your professional background and is your main interest in treatment of patients /research or both?

CARLOS: I am a clinical psychologist and my connection with hypnosis began about 20 years ago, when, for leisure, I was watching a television program on hypnosis. I was really struck by the extraordinary ability of our mind. I thought, if our mind is capable of something so fantastic, we could use all the unconscious ability to help people in their recovery. That was the moment when I felt that this would be my way in the future, my career choice and my devotion in life.

So I started my training in that area. Because in Portugal the course of clinical psychology does not provide expertise in hypnosis, I chose to take hypnosis training and almost simultaneously, I completed clinical psychology as academic training.

Over the years, with more experience and more knowledge about the extraordinary capacity of the unconscious mind, it was practically impossible not to move forward in terms of research and investigation.

How much do you use hypnosis in your practice?

Nowadays, I use hypnosis in 95% of my clinical cases, as I believe that the use of this clinical practice allows the recovery of the well-being of the patient in a faster, more efficient way and with a permanent effect, as it is the patient who has the control of the process and acts on the change he/she needs.
I also do research, primarily in the area of depression and spirituality.

When and how did you become president of your society? What do you hope to achieve during your presidency? What are your main goals and what is the term of your presidency? Is the role as president for one term only or if the president be re-elected? If your society allows more than one term as president is this the first time you have been president or have you previously held this post with your society?

In Portugal, Associations are led by three organsations, called "General Assembly", "Direction" and "Supervisory Board". I had been working as a hypnotherapist for several years when I was invited five years ago by a friend to revive the inactive association that had been established ten years before. I immediately accepted, because it was a way to get others to know about this fantastic technique and to promote hypnosis with the seriousness and credibility it deserves. The term of office is three years, after which there will be elections and we can always reapply and continue the work. I am already in my second term and with objectives clearly set and defined for each three-year period. The main objectives are:

- Present an evidence-based methodology on clinical hypnosis.
- Provide adequate training properly recognized to researchers and institutions as well as provide an update to therapists already formed.
- To investigate, publicise and advise on the effect of new investigations and activities about hypnosis and its practical effects in the clinical setting.

- Establish agreements and protocols with partners in the field of medicine and complementary medicine, to contribute to a broader and integrative health in order to generate mutual gains.
- To promote social solidarity actions in order to help people who because of financial needs are unable to see guaranteed their right to be happy and find their natural psychological well-being.

Please tell me about your team. How many people are involved in the operation of the Constituent Society? How many members are in your CS?

The APHCH is constituted by nine elements distributed over the above mentioned three governing bodies that always work together as a team. The APHCH is the most representative association of hypnosis, with over one hundred members, and still growing every year.

When was your society established (how many years ago)? When and why did it become a member of ESH (which year)?

The APHCH was established 15 years ago, but only about five years ago began its work with defined objectives and initiatives to achieve. In 2015 we decided to join the ESH, because we believe that it is an association that has played a key role in the credibility of hypnosis and promotion as a fundamental technique for the treatment of psychological disorders. We understand that associations are the mirror of their representatives. Having personally known its president Consuelo Casula, and having recognized in her the skills and aspects of her fantastic personality, also drove us to apply for ESH membership.

Does your CS have formal or informal working relationships with traditional medicine?

In Portugal there is still no regulation of clinical hypnosis so any person can use hypnosis as a technique without having a qualification. The APHCH also emerged in order to bridge this gap and credibility in hypnosis as well as to recognise appropriately trained therapists. The APHCH has been working for regulation so it becomes a reality. For this, we have already made several meetings with the government of Portugal. APHCH has appropriately trained members from various professions such as psychologists, doctors, psychiatrists, teachers, nurses ...).

These members have to be adequately trained and fulfil the criteria for membership of APHCH including supervised training to be recognised as a hypnotherapist.

APHCH, represented by its president of Direction, was the first association to do research in a reference hospital in Porto with scientific validation of the effectiveness of hypnosis in pain analgesia.

Does your society collaborate with Medical Universities? Does your society have publications in scientific journals?

The governing bodies of APHCH are constantly requested for lectures, workshops, training, debates etc. in various hospital congresses, national and international universities, as well as in the media (TV, newspapers ...) to discuss and demonstrate the applicability of this technique. I think this is a fantastic option to increase the credibility and capability of hypnosis.

Can you give some examples of the best practices in your society (research, teaching, congress organisation, clinics…) and how your society has developed them over the years?

The APHCH over the years has been hearing the opinions of therapists in order to understand their difficulties and improve those deficiencies and thereby contribute to the dignity of their profession and Hypnosis.

The APHCH aims and values excellence of hypnotherapists in Portugal. To ensure this goal the APHCH offers training in psychology, history of techniques and quality of care and psychological disturbances and other topics to encourage greater professionalism and greater efficiency in the therapist.

APHCH has been promoting various television programs, lectures, workshops in the media, in order to promote the practice of hypnosis in clinical context.

The APHCH organises an international conference every year with professionals from various fields of psychology and medicine. Hypnotherapists from Portugal and other countries are invited to share their expertise, and to provide knowledge from their professional practice, so we can learn about the most up-to-date clinical practice and research findings in hypnosis.

Please indicate if your CS involves, or has members who are involved in, hypnosis research. We would be grateful if you could tell us about the most interesting or renowned research projects that your society has been, or is currently, involved in and who the principal investigators are?

There are several research programs in Portugal in which some members of APHCH are involved and that stand out for their professionalism and for the results obtained:

- Dr. Carlos Manuel Castro, Psychologist / Clinical Hypnotherapist and Director at Lugar Seguro – Clinical Psychology and Clinical Hypnosis, developed research of treating depression with hypnosis in a group of seniors. He also conducted research on treatment of depression in line with the neuroscientific findings.
- Dr. Alberto Lopes, Neuropsychologist / Hypnotherapist and Clinical Director at *Clinica Dr. Alberto Lopes,* has conducted research work in a hospital with the title "Analgesia: Effect of Hypnosis *versus* Opioid Treatment".
- Dr. Paulo Dias, Neuropsychologist / Hypnotherapist made research in Development of Children and treatment of psychopathology with hypnosis.

The APHCH supports and provides the necessary means that can help in the investigation as well as to the dissemination of the findings.

What is the next project of your society?

There are several projects underway. We keep on disseminating hypnosis as an excellent technique for mental health. Our work continues to focus on seeing Hypnosis recognised as a therapy and to have its practice regulated in Portugal. We do our best to support research, its application and dissemination throughout the society. We continue to promote awareness and solidarity of psychological support to minorities. And as a continuous project: to disseminate about hypnosis in a serious, credible and scientific way, to raise awareness to all the benefits of using it.

Now a change of topic! This is about the relationship between your society and ESH. What would you like to have from ESH? How can ESH help you to achieve the goals and projects that you want for your society? What do you think the main role of ESH should be? How can ESH improve relations with each CS and between CSs? What do you think should be the main role of ESH congress?

Much of what we consider important to have from the ESH already exists. Their Board is a professional, serious team, dedicated, friendly, efficient and available to listen and hear their associates. No doubt, the ESH deserves public recognition for their work and the quality and professionalism of the staff that make it up, especially in the person of its current president Consuelo Casula.
The main role of ESH should be the dissemination and sharing of findings presented by various scholars and therapists across Europe by ESH. In my opinion it is an asset to bring the members closer, and at the same time to contribute to the diffusion of hypnosis. In general, I consider that the ESH has played an outstanding role on behalf of Hypnosis and European associations. My congratulations on your excellent performance.

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Interview with Klaus Hönig, president of German Society for Hypnosis and Hypnotherapy (DGH)

By Stefanie Schramm

STEFANIE: Dear Klaus, first, please tell us about yourself. What is your profession? How did you first get involved with hypnosis? How much do you use hypnosis in your practice? What is your professional background and is your main interest in treatment of patients /research or both?

KLAUS: I am a psychologist and psychotherapist, currently heading the consultation-liaison service of the Department for Psychosomatic Medicine and Psychotherapy at the University of Ulm, Germany. The main focus of our work is on psycho-oncology, both clinically and scientifically. My team and I additionally engage in various teaching activities with a special emphasis on psycho-oncology, and communication and counseling.

The first time I got involved in hypnosis was during my basic psychology training at the University of Konstanz, where I met Walter Bongartz the first time. During my first year at university I served as a subject in his experimental research projects and was quite fascinated both by him personally and by the hypnotic effects I experienced.

Although my current position necessitates a growing amount of organisational duties, I still use hypnosis /hypnotherapy in the majority of my clinical contacts.

When and how did you become president of DGH? What do you hope to achieve during your presidency? What are your main goals and what is the term of your presidency? Is the role as president for one term only or if the president be re-elected? If your society allows more than one term as president is this the first time you have been president or have you previously held this post?

My election for president of the German Society for Hypnosis and Hypnotherapy (DGH) was in 2013. During my presidency I hope to launch initiatives to strengthen the empirical basis for the effectivity of hypnosis in the treatment of psychosocial distress, particularly in the context of cancer, as well as anxiety disorders. Another main goal is to promote hypnosis as an evidence-based treatment for psychotherapists, physicians and dentists who in addition to their mandatory basic training successfully completed a quality-controlled curriculum of hypnosis including theoretical lectures, practical training, and supervision. As such, we are highly interested to give detailed information to students of psychology, medicine, and dentistry about clinical hypnosis and make this highly effective treatment more attractive to students from these faculties. Presidents of the DGH are elected for a three years term, with the opportunity to become re-elected.

Please tell me about your team. How many people are involved in the operation of the society? How many members are in DGH?

We have a steering committee composed of five elected society members. The work of this executive board is supported by a scientific advisory board that can be extended ad hoc depending on the current task demands. There is also a central office, managed by our vice-president, Dr. Hüsken-Janssen with assistance from three part-time secretaries. Our society holds about 1400 members, with the majority being psychotherapists, followed by medical doctors and dentists.

Klaus Hönig

When was DGH established? When and why did it become a member of ESH? We would like to know something regarding its history, its development, and the different professions/specialisations of your membership.

The DGH was founded in 1982. It was also a founding member of the ESH in 1990. A central motivation at that was to enhance hypnosis and hypnotherapy at a European level and to collaborate with other CSs in that development. As I already mentioned, our society consists of psychotherapists, medical doctors, and dentists.

Does DGH have formal or informal working relationships with traditional medicine? Does your society collaborate with Medical Universities? Does your society have publications in scientific journals?

There is a project-wise collaboration with Medical Universities, for instance the Charité Universitätsmedizin Berlin, University Hospital of Ulm or the University Hospital of Bonn. Ever since the foundation of our society the research activity of our members in the context of hypnosis, suggestion, trance, mind-body medicine etc. has been published as articles in our annually appearing society journal "*Suggestionen*", the German Journal "*Hypnose – Zeitschrift für Hypnose und Hypnotherapie*" as well as in peer-reviewed international scientific journals. A few examples for the latter are:

Ulrich, M., Kiefer, M., Bongartz, W., Grön, G., & Hoenig, K. (2015) Suggestion-Induced Modulation of Semantic Priming during Functional Magnetic Resonance Imaging. *PLoS One, 29, 10*(4).

Ulrich, M., Keller, J., Hoenig, K,. Waller, C., & Grön, G. (2014) Neural correlates of experimentally induced flow experiences. *Neuroimage. 86*, 194–202.

Wolf, M., & Bongartz, W. (2009). The determination of emotional resource potentials--psychometric analysis of a test for the assessment of individual emotional experiencing. *Psychotherapie, Psychosomatik, Medizinische Psychologie, 59*(1), 5–13.

Ray, W. J., Keil, A., Mikuteit, A., Bongartz, W., & Elbert, T. (2002). High resolution EEG indicators of pain responses in relation to hypnotic susceptibility and suggestion. *Biological Psychology, 60*(1), 17–36.

Bongartz, W. (1985). German Norms for the Harvard Group Scale of Hypnotic Susceptibility, Form A. *International Journal of Clinical and Experimental Hypnosis, 33*(2), 131-139.

Can you give some examples of the best practices in your society (research, teaching, congress organisation, clinics…) and how your society has developed them over the years?

- The Annual Congress of the DGH
- Mini-Conferences on selected topics like "smoking cessation (2011)" or "psycho-oncology (2013)"
- Summer Schools for "Medical Hypnosis" at the Charité Universitätsmedizin Berlin (2014, 2015) and Bonn (2016)

What is the next project of your society?

We are currently organising a Summer School on Medical Hypnosis at the University Bonn. The summer school for medical hypnosis 2016 will be held in Bonn from October 7-9. It will be organized in cooperation with the LVR Clinics for psychological and neurological care in Bonn and two departments of the university clinic of Bonn (Department for Psychosomatic Medicine and Psychotherapy, Institute for Family Medicine). We will have talks and seminars covering a broad range of topics including basic aspects of hypnosis as well as psychotherapeutic ones concerning for instance psychosomatic aspects, anxiety, and pain. Both talks and seminars will be held in German. Our target attendees are medical and psychology students, medical doctors, dentists, psychologists and psychotherapists.

Now a change of topic! This is about the relationship between your society and ESH. What would you like to have from ESH? How can ESH help you to achieve the goals and projects that you want for your society? What do you think the main role of ESH should be? How can ESH improve relations with each CS and between CSs? What do you think should be the main role of ESH congress?

I think the ESH could bring together colleagues from different European countries who work in the field of hypnosis to share their knowledge and stimulate cooperation – especially with respect to research. The ESH could serve here a central European interface.
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News on ESH Congress 2017

By Ann Williamson

Arrangements are progressing well for ESH 2017. A super early bird rate of £325 (approx. 455 Euros) will be available for registrations made until July 2016 and the conference fee includes all lunches and refreshments during morning and afternoon breaks. A reduced fee is also available for students and those from countries with a low GDP (see list on www.esh2017). Rooms have been reserved at various hotels with a spread of prices so if you don't wish to stay at the conference hotel there will be other possibilities available.

So book your place before July 2016!

The call for abstracts will be going out to all ESH constituent societies within the next few weeks, with a deadline of 31st October 2016. All types of papers, from clinical case studies, clinical research, theoretical papers and experimental hypnosis research, as well as clinical workshops, are welcome. Papers and workshops should fit into the main theme – Hypnosis- unlocking hidden potential or the three subthemes of the conference; Communication, Health and Healing. Poster Presentations, which are a great way to display research, case studies and even techniques, are welcomed from those in the early stages of their career, as well as from more established practitioners.

We have some new Keynote speakers booked: Professor Ulrike Halsband; Dr Claude Virot and Dr. Veit Meßmer. Members of the ESH Board and some notable speakers from the UK such as Prof Leslie Walker and Dr Michael Heap have also agreed to contribute and details will soon be up on the website.

Here to whet your appetite are a few topics that are going to be presented.
Since 2000 Prof Halsband has been the president of the Scientific Advisory Board of the German speaking societies of hypnosis (WBdH). In 2004 she was awarded the Milton Erickson prize for her research in hypnosis. She researches the efficacy of hypnosis and meditation in normal subjects and in patients with specific phobias and anxiety disorders. Functional magnetic resonance imaging (fMRI), positron-emission-tomography (PET), and electroencephalography (EEG) provide proof for the detectability of physiological state changes as correlates to different states of awareness, consciousness or cognition during hypnosis. She will also report on her work with the use of hypnosis in dental phobia and performance anxiety which demonstrate that hypnosis is a most powerful and successful method for inhibiting the reaction of the fear circuitry structures.

Dr Nicole Ruysschaert from the ESH Board will show how the neuroscience data of psychotherapy, matched with clinical experience, demonstrate which processes are required for promoting health and wellbeing. She will show how therapeutic interactions in hypnosis mobilize hidden potentials in both the therapist and the client.

Hypnosis may be used very effectively to treat side-effects (nausea, vomiting, fatigue, negative body image and pain): to improve coping and to enhance quality of life during and after cancer treatments, and to prolong survival. Leslie G Walker, Emeritus Professor of Cancer Rehabilitation at the University of Hull, UK who continues to carry out research and give invited lectures, will discuss these applications. He will also focus on the research into the psycho-neuroimmunology of breast, brain and colorectal cancers.

Should there be laws about who may use hypnosis? Should hypnosis be used for the interrogation of witnesses in criminal investigations? Can hypnosis be used to make people commit crimes? Can a hypnotised person be unable to resist assault by the hypnotist? Can false memories of sexual abuse be created by hypnosis? How does one assess a claim of psychological harm due to hypnosis (including stage hypnosis)? Is hypnosis as it is applied in the clinical context the same as hypnosis as it is investigated in the laboratory and on which theories of hypnosis are based? All these questions and more will be ably addressed by Dr Michael Heap, a clinical and forensic psychologist from Sheffield UK who has taught and practised hypnosis in the UK, Europe, Canada and the USA for more than 38 years.
So, as you can see, we already have much variety in the topics being presented and soon we can share even more exciting news with you as more speakers get booked and the scientific programme takes shape.

Calendar of forthcoming events

By Christine Henderson

Institut Milton Erickson de Nice: Formation à l'autohypnose et à la lecture intuitive

Dates: 28-29-30 mars 2016 - niveau 1
Horaires: 09:30 – 17:00
Lieu: Nice
Orateur invité: Francine Samak, psychologue
Langue utilisée: français
Traductiions: À partir de 50 personnes
Tarifs:
Pour les members de l'ESH: 575 Euros en individuel ttc
Pour les non-membresL 590 Euros en individuel ttc
Site de réservation par internet: **www.abchypnose.fr**
Courriel: **Francine.samak@sfr.fr**
Tel: 0033 (0)4 93 13 81 69

Société Française D'hypnose : Rencontre Professionnelle

Date: Samedi 23 avril 2016
Horaires: 09:00 – 17:00
Lieu: FIAP – 30 Rue Cabanis, 75014 Paris
Orateur(s) invité(s): Christine Guilloux, Olivier Grinda, Ana Luco, Jane Turner
Langue utilisée: français
Tarifs:
Pour les members de l'ESH = 10 Euros
Pour les non-members: = 30 Euros Paiement sur place
Site internet (pas de reservation) Programme sur:
www.hypnose-sfh.com
Couriel: **contact@hypnose-sfh.com**

Emergences: Hypnosis & Pain Congress / Congrès « Hypnose & Douleur »

Dates: 5 – 7 May 2016 (Pre-Congress: 4 May 2016)
Venue / Lieu: Palais du Grand Large, Saint-Malmo, Bretagne, France
Orateur(s) invité(s) / Invited Speakers: Gaston Brosseau, Teresa Robles, Mark Jensen, Ernil Hansen, Shaul Livnay etc…
Language / Langue utilisée: French, English / Français et anglais
Translations / Traductions: English to French / De l'anglais vers le français
Fees / Tariffs:
ESH Constituent Society Members / Pour les membres de l'ESH:

- Reduced rate * : 360 € with the code MALO1 (until 11 march 2016)** /
- tarif réduit* : 360 € avec le code promotionnel MALO1 (jusqu'au 11 mars 2016)**
- Full rate : 430€ with the code MALO2 (until 11 march 2016)** /
- tarif plein : 430€ avec le code MALO2 (jusqu'au 11 mars 2016)**

Non-Members / Pour les non-membres:

- Studients : 250€, / Étudiants : 250€
- Reduced rate *: 400€, / tarif réduit* : 400€
- Full rate: 500€, / tarif plein : 500€
- Convention rate : 650€ / tarif convention : 650€
- tarif DPC : 700€

* dental assistant, nurse, physiotherapist, midwife / assistant(e) dentaire, infirmier(e), kiné, sage-femme
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CUHL: Cycle d'initiation à l'utilisation de l'hypnose et des techniques de communication spécifiques dans la prise en charge des douleurs aiguës et chroniques

Date: 20 mai 2016
Horaires:
Chaque vendredi : de 16h à 22h30 (cette session se termine par une conférence donnée par un expert dans des domaines variés) – repas prévu sur place
Chaque samedi : de 9h à 18h30 (lunch prévu sur place)
La journée de rencontre le 20 mai 2015 : de 9h30 à 18h30
Lieu: Service d'Algologie – Soins Palliatifs, Bloc Central + 2, CHU Liège, Domaine Universitaire du Sart Tilman – B 35, 4000 Liège, Belgique
Orateur invités:
FAYMONVILLE Marie-Elisabeth (CHU Liège, Belgique)
NYSSEN Anne-Sophie (Université de Liège, Belgique)
TRIFFAUX Jean-Marc (CHU Liège, Belgique)
DOUTRELUGNE Yves (Tournai, Belgique)
IGNACE Isabelle (Paris, France)
HALFON Yves (Rouen, France)
KAISER Kenton (Herve, Belgique)
COLOMBO Stefano (Genève, Suisse)
Langue utilisée: Français
Tarifs: 1.850 Euros
Courriel: **mfaymonville@chu.ulg.ac.be**
Téléphone: + 32 4 366 80 33

BSCAH: Annual Conference: 'Confidence, Motivation and Performance.' Awarded 18 ECH Credit Points

Dates: 3 – 5 June 2016
Venue: Copthorne Hotel, Manchester, UK

Invited Speakers:
Dr Quinton Deeley: Suggestion and the Power of Belief
Professor Zoltan Dienes: Hypnosis as self-deception; Meditation as self-insight
Professor Ian Maynard: Sport Psychology; from Basic Techniques to Olympic Performance
Dr Philip MacMillan: Confidence and Performance – Educational Perspectives
Dr Graham Temple BDS: The Power of Belief
Dr Chris Bundy PhD. AFBPS. C Psychol & Dr. Anna Chisholm with Dr Mike Capek: Integrating psychological approaches for behaviour change with the management of patients with long-term physical health conditions.
Dr. Mark Chambers MRCGP: Mind Your Language – improving communication and motivation.
Language: English
Translations: None
Fees:
Full Conference: £300 (£325 non-members) – includes Welcome Reception and Conference Dinner
Friday only: £100 (£125 non-members) – includes Welcome Reception Thursday pm)
Weekend Workshop only: £250 (£275 non-members) – includes Conference Dinner
Registration Website: **www.bscah.com**
Email: **ann@annwilliamson.co.uk**
Tel: +44 (0) 1457832604

IMHE de Nice: Colloque et seminaire sur L'apport de l'hypnose en sexology

Dates: 3 – 4 – 5 juin 2016
Horaires: 9:30 – 17:00
Lieu: Nice
Orateurs Invités: Joelle Mignot, Thierry Zalic, John Paris, Carole Genoux n'guyen et Francine Samak
Langue utilisée: francais
Traductions: A partir de 50 personnes
Tarifs:
Pour les members de l'ESH = 399 Euros
Pour les non-members = 419 Euros
Site de réservation par internet: **www.abchypnose.fr**
Courriel: **Francine.samak@sfr.fr**
Tel: 00343 (0)4 93 13 81 69

IMHE de Nice Cote D'Azur: collogue sur l-Apport de l'hypnose en sexologie a Nice

Dates: 5 / 6 / 7 juin 2016
Horaires: 9:30 – 17:30
Lieu: Nice, France
Orateur(s) invite(s): Joelle Mignot
Langue utilised: Francais
Traductions: Possible a partin de 20 personnes parlant Anglais
Tarifs: 570 Euro
Site de reservation par internet: **www.abchypnose.fr**
Courriel: **contact@abchypnose.fr**
Telephone: 00 33 04 93 13 89 69 or 00 00 06 11 16 11 87

SMSH in collaboration with IRHyS: 18 Workshops in Clinical Hypnosis. "From Vulnerability to Resilience: using our abilities to heal and to adapt"

Dates: 10 / 11 June 2016
Venue: Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland
Invited Speakers: ESH Board of Directors
Language: English – no translations
Fees:
ESH Constituent Society Members: 550 Swiss Francs for 2 days, 300 for one day
Non-Members: 650 Swiss Francs for 2 days, 350 for one day
Registration Website: www.irhys.ch
Email: info@irhys.ch
Tel: + 41 79 383 48 91

IMHE de Nice: Formation à l'hypnose profonde

Dates: 18/19 juin 2016
Horaires: 9:30 – 17:00
Lieu: Nice
Orateur(s) invité(s): Daniel Goldschmidt, psycholoogue
Langue utilisée: français
Traductions: À partir de 50 personnes
Tarifs:
Pour les members de l'ESH = 271 Euro en individual ttc
Pour les non-members = 290 Euro en individual ttc
Site de réservation par internet: **www.abchypnose.fr**
Courriel: **Francine.samak@sfr.fr**
Tel: 0033 (0)4 93 13 81 69

IMHETO: Accordage thérapeutique

Dates: 23 au 25 juin 2016
Horaires: De 9h à 17h
Lieu: Toulouse
Orateur(s) invité(s): Jeffrey Zeig
Orateur(s) invité(s): Anglais
Traductions: Francais
Tarifs: 510€ pour toute inscription avant le 28/02/2016
560€ après le 28/02/2016
Site de réservation par internet:
http://www.imheto.com/jeffrey-zeig-accordage-therapeutique/
Courriel: **Hypnose.toulouse@gmail.com**
Téléphone: 0033 0960127901 or 0033 0684404645

DGZH: Hypnose-Kongress Berlin 2016

Dates: 8 – 11 September 2016
Times: 09:00 – 17:30
Venue: Steigenberger Hotel, Berlin
Invited Speakers: Yossi Adir, Leora Kuttner. Jeffrey K Zeig, Albrecht Schmierer, Christian Schmitt, Bernhard Trenkle plus many others
Language: German
Translations: None
Fees: 400 Euro ESH Constituent Society Members
550 Euros Non-Members
Registration website: **www.hypnose-kongress-berlin.de**
Congress Organisation Email: **mail@cwcongress.org**
Congress Organisation Tel: **030 36284040**

APHCH: 3as Jornadas Internacionais de Hipnose Clínica e Hipnoanálise (3rd International Symposium of Clinical Hypnosis and Hypnoanalysis)

Dates: 8 – 9 October 2016
Times: 09:00 – 19:00
Venue: Oporto, Portugal
Invited Speakers: Hans Tendam (Holand); Edgar Barnnet (Canada); Idalino Almeida Brazil); Consuelo Casula (ESH representation) Alberto Lopes (Portugal); Mário Simões (Portugal); other national speakers to be confirmed.
Language: Portuguese
Fees: 50 Euros
Registration Website: **http://www.aphch.com.pt/**
Email: **geral.aphch@gmail.com**
Tel: (00351) 225 028 162

IMHE Ile-de-France: Symposium - Nouveaux Regards Sur l'Hypnose

Dates: 11-12 Novembre 2016
Lieu: Paris
Orateur(s) invité(s): être confirmé
Langue utilisée: français
Tarifs: être confirmé
Site internet (pas de réservation) Information sur:
www.imheidf.wordpress.com
Courriel: **imheidf@gmail.com**

DGH: Awakening into Life

Dates: 17-20 November 2016
Venue: D-33175 Bad Lippspringe, Germant
Invited Speakers: Prof. Dr. Bongartz, Woltemade Hartman, PhD, Prof. Mark P. Jensen, PhD, Dr. Matthias Mende, Dr. Burkhard Peter, Prof. Dr. Dirk Revenstorf, Michael Yapko, PhD, Jeffrey Zeig, PhD and others.
Languages: German / English
Translations: No
Fees:
ESH Members: 320 – 370 Euros
Non-Members: 410 – 460 Euros
Registration Website: **www.hypnose-dgh.de**
Download Programme: **http://www.dgh-hypnose.de/jahreskongress-2016-4.html)**
Email: **dgh-geschaeftsstelle@t-online.de**
Tel: 0049 25 41 88 07 60

Hypnose Auvergne: 10ème Forum Hypnose et Thérapies brèves - Hypnose au Coeur des volcanos. Activons now consciences!

Dates: 10 au 13 Mai 2017
Title: Hypnose au Coeur des volcanos. Activons now consciences!
Lieu: Clermont
Tarif Pêferéntiel: Réservéaux Instituts: 330 Euros
Jusqu'au 1 Mars 2016
Site de réservation par internet:
www.hypnoseauvergne.fr
Courriel: **rdumas63@gmail.com**

ESH XIV Congress: Hypnosis – Unlocking Hidden Potential

Dates: 23 – 26 August 2017
Venue: Hilton Deansgate, Manchester, England
Invited Speakers: Prof Dr Walter Bongartz, Prof Marie-Elisabeth Faymonville, Stuart Derbyshire … more speakers to be announced
Registration Website: **www.esh2017.org**
Email: **esh2017@meetingmakers.co.uk**
Tel: +44 (0) 141 94r5 6880
Fax: +44 (0) 141 945 6899

ISH: 21st International Congress: Hypnosis and Synergy

Dates: 23 to 25 August 2018
Location: Montreal, Canada.
Further details will follow.

XIV ESH congress

hosted by

British Society of Clinical
& Academic Hypnosis (BSCAH)
23rd – 26th August 2017
www.esh2017.org

European Society of Hypnosis
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Keynotes already booked:

Prof. Dr. Walter Bongartz - taught Psychology at the University of Konstanz and is now mainly interested in the anthropological roots of hypnosis. He is a past president of the German (DGH), the European (ESH) and the International (ISH) Societies of Hypnosis.

Professor Marie-Elisabeth Faymonville - head of the Pain Clinic at Liege University Hospital in Belgium, has operated on more than 6,000 patients using hypnosis combined with a light local anaesthetic. She enjoys teaching patients self-hypnosis and self-care learning such that they are able to get out of the vicious circle of chronic pain.

Stuart Derbyshire is an Associate Professor in the Department of Psychology and the Clinical Imaging Research Centre at the National University of Singapore. Stuart will present his research examining the effects of hypnosis on pain experience and associated brain activity measured with fMRI.

British Society of Clinical and Academic Hypnosis
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In Psychotherapy and Medicine
ESH

ESH Newsletter

Volume 1, 2016

List of Contributors

Carlos Castro (Lisbon, Portugal) • carloscastro@lugarseguro.pt

Consuelo Casula (Milan, Italy) • consuelocasula@gmail.com

Tamás Dávid (Budapest, Hungary) • davidtam.25@gmail.com

Silvia Giacosa (Milan, Italy) • amisi@virgilio.it

Michael Alan Gow (Glasgow, Scotland) • mike@berkeleyclinic.com

Christine Henderson (Sheffield, England) • mail@esh-hypnosis.eu

Klaus Hönig (Ulm, Germany) • klaus.hoenig@uni-ulm.de

Graham Jamieson (Armidale, Australia) • gjamieso@une.edu.au

Flavio G. di Leone (Rome, Italy) • fgdileone@gmail.com

Kathleen Long (Glasgow, Scotland) • kathleen@maxamind.co.uk

Nicole Ruysschaert (Antwerp, Belgium) • nicole.ruysschaert@skynet.be

Stefanie Schramm (Krefeld, Germany) • s.schramm@intakkt.de

Denis Vesvard (Rennes, France) • denis.vesvard@wanadoo.fr

Katalin Varga (Budapest, Hungary) • varga.katalin@ppk.elte.hu

Ann Williamson (Manchester, England) • ann@annwilliamson.co.uk

French Associate Editor

Christine Guilloux (Paris, France) • christineguilloux@noos.fr

Editor

András Költő (Budapest, Hungary) • kolto.andras@gmail.com