

ESH Newsletter

Volume 1, 2015 / *Views, Reviews, Interviews*

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Festina lente!

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Letter from the President

by Consuelo Casula



Dear Friends and Colleagues

Festina lente (Make haste slowly) is a motto attributed to the Emperor Augustus by the Roman writer Suetonius. The sentence contains an oxymoron that combines two divergent concepts, speed and slowness, and indicates a course of action without delay, but with caution. This is the feeling I have as president of the ESH board, while writing now. I hope that, as you read, the situation will have changed, and my mood as well.

The slowness and caution of the board is due to the fact that, until now, we don't know where the next ESH congress will be held in 2017. Three months have already passed since the Sorrento congress, October 2014, and we still don't know about the next congress. This lack of knowledge gives the board an opportunity to exercise the virtues of patience and hope.

The virtue of patience requires time distortion, expansion and extension of the present, a pause in the incessant process of daily changing. Patience is the reflective and waiting side of courage, an arduous halting that requires the support of hope. The virtue of hope helps to keep in mind that the future will bring a bid from some constituent society, thus ensuring the next ESH congress. Patience and hope are nurtured by informal promises made by two CSs who have shown interest in organizing the congress but have not yet formalized their offers.

While we are waiting in this limbo, the board keeps doing its job. You have proof with this Newsletter, edited by András Költő. Among other interesting articles, this issue presents the first interviews with some presidents of ESH CSs. We hope to interview each ESH CS president (or representative) during our three-year tenure, so that we have a map of the state

of the art of hypnosis in Europe. We thank you in advance for your collaboration.

The board members are concentrated on preparing their presentations, lectures or workshops for the congress "Change Perspectives", organized by the Swedish Society of Clinical Hypnosis and The Southern Branch, in Lund, Sweden, 21-22 March 2015. The board members are also preparing for the onsite meeting that will take place in Lund before and after the congress, hosted by SSCH. We thank them for their kind generosity.

During the board meeting we will be informed by Martin Wall regarding the CEPE activities, while Flavio di Leone will show us the new website. We also intend to define the activities and functions of the committees, which will lead us to propose changes in the Regulations that have remained unchanged since 2011. Once we have defined activities and functions of the board members and committees, we will make plans, organized into yearly objectives, of our tenure. We will present these plans to you at the ISH congress in Paris during the ESH CoR meeting.

Despite our busy schedule, I hope that the most important activity at our Lund meeting will be writing the contract for the next ESH congress.

Post Scriptum

I am happy to inform you that ESH has received a formal bid from two companies, the Milton Erickson Society Germany (MEG) and the British Society of Clinical and Academic Hypnosis (BSCH): they are both very interesting and we thank them. CSs might find it difficult to choose the one that offers the best guarantees for the success of the 2017 ESH congress. The ESH's task is to review the requests and then send them to the CSs for their evaluation and final decision. It is our care to keep you informed.



Schreiben der Präsidentin

Übersetzt von Stefanie Schramm

Liebe Freunde und Kollegen,

Festina lente (Eile mit Weile) ist ein Motto, das laut dem römischen Schriftsteller Sueton Kaiser Augustus zugeschrieben wird. Der Satz enthält ein Oxymoron, das zwei widersprüchliche Konzepte, Schnelligkeit und Langsamkeit, kombiniert und für unverzügliches, aber vorsichtiges Handeln steht. Dies ist das Gefühl, das ich als Präsident des ESH-Vorstandes habe, während ich diese Zeilen schreibe. Ich hoffe, dass, wenn Sie dies lesen, die Situation und auch meine Stimmung eine andere sein wird.

Die Langsamkeit und Vorsicht des Vorstandes liegt daran, dass wir bis jetzt nicht wissen, wo der nächste ESH-Kongress 2017 stattfinden wird. Drei Monate sind bereits seit dem Sorrento-Kongress im Oktober 2014 vergangen, und wir wissen immer noch nicht über den nächsten Kongress Bescheid. Dieses fehlende Wissen gibt dem Vorstand Gelegenheit, sich in den Tugenden Geduld und Hoffnung zu üben.

Die Tugend der Geduld erfordert eine Zeitverzerrung, Ausweitung und Verlängerung der Gegenwart, eine Pause im unaufhörlichen Prozess des alltäglichen Wandels. Geduld ist die reflektierende und abwartende Seite von Mut, ein anstrengendes Innehalten, das der Unterstützung durch Hoffnung bedarf. Die Tugend der Hoffnung hilft uns, daran zu denken, dass die Zukunft ein Angebot von einer Mitgliedsgesellschaft bringen und so den nächsten ESH-Kongress sichern wird. Geduld und Hoffnung werden genährt von informellen Verheißungen seitens zweier Mitgliedsgesellschaften, die ihr Interesse an der Ausrichtung des Kongresses bekundet, ihre Angebote aber noch nicht formalisiert haben.

Während wir in diesem Zustand der Ungewissheit warten, führt der Vorstand weiter seine Arbeit aus, wie dieser Newsletter unter der Redaktion von András Költő beweist. Neben anderen interessanten Artikeln präsentiert diese Ausgabe die ersten Interviews mit einigen Präsidenten von ESH-Mitgliedsgesellschaften. Wir hoffen, jeden Präsidenten (oder Vertreter) der einzelnen ESH-Mitgliedsgesellschaften im Laufe unserer dreijährigen Amtszeit zu interviewen, um so einen Überblick über den aktuellen Stand der Hypnosekunst in Europa zu erhalten. Wir möchten Ihnen an dieser Stelle jetzt schon für Ihre Zusammenarbeit danken.

Die Vorstandsmitglieder konzentrieren sich auf die Vorbereitung ihrer Präsentationen, Vorträge oder Workshops für den Kongress „Change Perspectives“, der von der Swedish Society of Clinical Hypnosis und dem südlichen Zweigverband in Lund, Schweden, am 21. und 22. März 2015 organisiert wird. Weiterhin bereiten sich die Vorstandsmitglieder auf das Ortstreffen vor, das vor und nach dem Kongress in Lund unter der Ägide des SSCH stattfinden wird. Wir danken ihnen für ihre freundliche Großzügigkeit.

Auf der Vorstandssitzung wird uns Martin Wall über die CEPE-Aktivitäten informieren, während Flavio di Leone uns die neue Website vorführen wird. Wir beabsichtigen auch, die Tätigkeiten und Funktionen der Ausschüsse zu definieren, um aufbauend darauf Änderungen an den Bestimmungen vorzuschlagen, die seit 2011 unverändert geblieben sind. Sobald wir die Tätigkeiten und Funktionen der Vorstandsmitglieder und Ausschüsse definiert haben, werden wir Pläne über unsere Amtszeit, gegliedert in jährliche Zielsetzungen, erstellen. Diese Pläne werden wir Ihnen auf dem ISH-Kongress in Paris bei der ESH-CoR-Sitzung vorstellen.

Trotz unseres geschäftigen Zeitplans hoffe ich, dass die wichtigste Aktivität bei unserem Lund-Treffen darin bestehen wird, den Vertrag für den nächsten ESH-Kongress aufzusetzen.

P.s.: Es freut mich sehr, dass ich Sie nun informieren kann, dass wir in der Zwischenzeit zwei formale Bewerbungen um die Ausrichtung des ESH-Kongresses 2017 erhalten haben: eines kommt von der Milton Erickson Gesellschaft Deutschland (M.E.G.), das andere von der British Society of Clinical and Academic Hypnosis (BSCAH). Beide Bewerbungen sind sehr interessant und wir danken beiden Gesellschaften für die Einreichung. Die CSs werden es vielleicht schwierig finden zu entscheiden, welche der beiden Bewerbungen die beste Garantie für einen gut gelingenden und erfolgreichen ESH-Kongress 2017 bietet. Die Aufgabe des ESH-Vorstandes ist es, beide Angebote gut zu prüfen und diese dann an die CSs zur Bewertung und abschließenden Entscheidung zu senden. Wir werden Sie weiterhin mit entsprechenden Informationen versorgen.



Lettre du Président

Traduite par Denis Vesvard

Chers Collègues et Amis,

Festina lente ! (hâte-toi lentement !) est un adage que l'historien Suétone a attribué à l'Empereur Auguste. La devise comporte un oxymore qui réunit deux concepts opposés, la vitesse et la lenteur, et qui propose d'agir sans délai, mais prudemment. C'est ce que je ressens en tant que présidente du Bureau de l'ESH alors que je suis en train de vous écrire. J'espère que, au fil de votre lecture, les choses auront changé, tout comme mon état d'esprit.

La lenteur et la prudence du Bureau est due au fait que, jusqu'à présent, nous ne savons pas où va se tenir le congrès 2017 de l'ESH. Trois mois se sont déjà écoulés depuis le congrès d'Octobre 2014 à Sorrente et on ne sait toujours rien du congrès à venir. Cette incertitude donne l'occasion au Bureau de pratiquer la patience et l'espoir.

La patience est une vertu qui exige la distorsion de temps, l'expansion et l'extension du présent, une pause dans le processus permanent de changement quotidien. La patience est la dimension réflexive et attentive du courage, un moment d'arrêt difficile, soutenu par l'espoir. L'espoir est cette vertu qui nous aide à garder à l'esprit que demain nous apportera la proposition d'une CS (= Constituent Society = Société Membre de l'ESH) pour organiser le prochain congrès. Patience et espoir se nourrissent de l'engagement informel de deux CS qui ont manifesté leur intérêt dans l'organisation de ce congrès mais qui n'ont pas, jusqu'alors, formalisé leur proposition.

Alors que nous attendons dans les limbes, le Bureau poursuit son travail. Vous en avez pour preuve cette Newsletter éditée par András Költő. Parmi d'autres articles intéressants, ce numéro présente la première interview de quelques présidents de CS. Nous souhaitons interviewer tous les présidents (ou représentants) des CS au cours de notre mandat de trois années afin d'avoir une sorte de cartographie de l'hypnose en Europe. D'avance, nous vous remercions de votre collaboration.

Les membres du Bureau se concentrent sur la préparation de leurs présentations, conférences et ateliers pour le congrès « Change Perspectives » qu'organise la Société Suédoise d'Hypnose Clinique (SSCH) et la Southern Branch à Lund en Suède du 21 au 22 Mars 2015. Les membres du Bureau, se préparent aussi à la réunion sur site qui se tiendra

avant et après ce congrès où ils seront les hôtes de la SSCH. Nous les remercions pour leur hospitalité.

Au cours de cette réunion du Bureau, Martin Wall fera le point sur les activités du CEPE tandis que Flavio di Leone nous présentera le nouveau site web. Nous avons l'intention également de préciser les activités et les fonctions des commissions, ce qui nous conduira à proposer des changements dans le Règlement intérieur qui n'a pas été modifié depuis 2011. Une fois qu'auront été définies les fonctions et activités des membres du bureau et des commissions, nous allons organiser notre travail sous forme d'objectifs annuels pour la durée de notre mandat. Nous allons vous présenter ces objectifs au congrès de l'ISH à Paris au cours d'une réunion des représentants de l'ESH (= ESH CoR meeting).

Bien que notre programme soit déjà chargé, j'espère que l'action la plus significative de notre réunion de Lund sera la rédaction du contrat du prochain congrès de l'ESH.



P.S. Je suis heureuse de vous informer que l'ESH a reçu des propositions en bonne et due forme de deux sociétés, l'Institut Milton Erickson d'Allemagne (Milton Erickson Gesellschaft, MEG) et la Société Britannique d'Hypnose Clinique et Universitaire (British Society of Clinical and Academic Hypnosis, BSCH): l'une et l'autre sont très intéressées et nous les en remercions. Les CS de l'ESH risquent d'éprouver des difficultés à choisir celle des deux qui offre les plus grandes chances de succès pour le congrès de 2017. Le travail de l'ESH va être de valider les demandes et de les adresser aux CS pour évaluation et décision finale. Nous allons faire de notre mieux pour vous tenir informés.

Carta de la Presidenta Traducido por Maria Escalante de Smith

Estimados amigos y colegas:

Festina lente (Apresúrate lentamente) es el lema atribuido al Emperador Augusto por el escritor romano Suetonius. Esta frase contiene un oxímoron que combina dos conceptos divergentes, velocidad y lentitud, e indica un curso de acción sin tardanza, pero con precaución. Este es el sentimiento que yo tengo como presidente de la mesa directiva de la ESH, mientras estoy escribiendo ahora. Espero que mientras vosotros leéis, la situación habrá cambiado, al igual que mi estado de ánimo.

La lentitud y precaución de la mesa directiva se deben al hecho de que, hasta ahora nosotros no sabemos dónde se realizará el congreso de la ESH en el año 2017. Ya han pasado tres meses del congreso de Sorrento, en octubre del año 2014, y todavía no sabemos sobre el próximo congreso. Esta falta de conocimiento da a la mesa directiva la oportunidad de practicar las virtudes de paciencia y esperanza.



La virtud de la paciencia requiere distorsión del tiempo, expansión y extensión del presente, una pausa en el incesante proceso del cambio de todos los días. La paciencia es el lado reflectivo de la valentía que anhela, una ardua espera que requiere el apoyo de la esperanza. La virtud de la esperanza nos ayuda a recordar que el futuro traerá una propuesta de alguna sociedad constituyente, así asegurando el próximo congreso de la ESH. La paciencia y la esperanza son alimentadas con las promesas informales hechas por dos Sociedades Constituyentes que han mostrado interés para organizar el congreso pero que no han formalizado todavía sus ofertas.

Mientras nosotros estamos esperando en este limbo, la mesa directiva sigue haciendo su trabajo. Vosotros tenéis la prueba de esto con este Newsletter, editado por Andrés Költő. Entre otros artículos interesantes este número presenta las primeras entrevistas con algunos presidentes de las Sociedades Constitutivas (CSs, por sus siglas en inglés). Esperamos entrevistar a cada uno de los presidentes de las Sociedades Constitutivas (o representante) de la ESH durante nuestro periodo de tres años de manera que tengamos un mapa de los últimos y más modernos

avances en hipnosis en Europa. Les agradecemos de antemano por su colaboración.

Los integrantes de la mesa directiva están concentrados en preparar sus presentaciones, conferencias o talleres para el congreso "Change Perspectives" organizado por la Sociedad Sueca de Hipnosis Clínica y la Rama Sur, en Lund, Suecia, del 21 al 22 de Marzo del año 2015. Los integrantes de la mesa directiva se están preparando también para la reunión en el sitio del congreso que se llevará a cabo en Lund antes y después del congreso, organizada por la Sociedad Sueca de Hipnosis. Les agradecemos por su gran generosidad.

Durante la reunión de la mesa directiva, Martin Wall nos dará información acerca de las actividades de Comité Europeo para Programas Educativos, (CEPE por sus siglas en inglés), mientras que Flavio di Leone nos mostrará la nueva página web. Nosotros también tenemos la intención de definir las actividades y funciones de los comités, lo cual nos llevará a proponer los cambios en los Reglamentos que han permanecido sin cambios desde el año 2011. Una vez que hayamos definido las actividades y funciones de los integrantes de la mesa directiva, haremos planes, estableciendo los objetivos para el año de en el que ocupemos nuestros puestos. Presentaremos estos planes a vosotros durante el congreso de París durante la reunión del Consejo de Representantes de la ESH.

A pesar de nuestro programa tan saturado, espero que la actividad mas importante en la reunión que tendremos en Lund será escribir el contrato para el próximo congreso de la ESH.

Post Scriptum

Tengo el gusto de informaros que la ESH (Sociedad Europea de Hipnosis), ha recibido una propuesta formal de dos compañías, la Sociedad Milton Erickson de Alemania (MEG) y la Sociedad Británica de Hipnosis Clínica y Académica (BSCH): ambas son muy interesantes y les damos las gracias. Las Sociedades Constituyentes (CSs) podrían encontrarse con dificultades al elegir a la que ofrezca las mejores garantías para tener éxito en el congreso de la ESH del año 2017. La tarea de la ESH es revisar las solicitudes y posteriormente enviarlas a las Sociedades Constituyentes para su evaluación y decisión final. Estaremos al pendiente y os mantendremos informados.

Lettera del Presidente

Tradotto da Flavio Giuseppe di Leone

Cari amici e colleghi,

Festina Lente (Affrettati Lentamente) è un motto attribuito all'imperatore Augusto dallo scrittore latino Svetonio. Si tratta di un ossimoro che contiene due concetti divergenti, velocità e lentezza, e indica il corso



di un'azione senza ritardi ma con cautela. Questa è l'impressione che ho come Presidente del Direttivo della ESH, proprio mentre scrivo queste parole. Spero che, quando le leggerete, la situazione sarà diversa, così come i miei sentimenti.

La lentezza e la cautela del Direttivo è dovuta al fatto che ad oggi ancora non sappiamo dove si terrà il congresso ESH del 2017. Tre mesi sono già trascorsi dal congresso di Sorrento, nel nell'Ottobre del 2014, e ancora non sappiamo cosa ne sarà del prossimo. Questa situazione dà al board l'opportunità di esercitare le virtù della pazienza e della speranza.

La virtù della pazienza richiede una distorsione temporale, l'espansione ed estensione del presente, una pausa nell'incessante processo del cambiamento quotidiano. La pazienza è la componente mite e riflessiva del coraggio, un arduo e incerto incedere che richiede il sostegno della speranza.

Mentre sto scrivendo, sospesa in questo limbo, il Direttivo continua il suo lavoro. Ne avete la prova con questa Newsletter, redatta da András Költő. Tra i numerosi e interessanti articoli, questo numero presenta la prima di una lunga serie di interviste ai presidenti delle Società Costituenti la ESH. Noi tutti speriamo nel corso di tre anni di intervistare ogni presidente (o rappresentate) delle Società Costituenti, così da costituire una mappa dello stato dell'arte dell'ipnosi in Europa. Ringraziamo tutti in anticipo per la collaborazione che ci darete.

I membri del Direttivo sono concentrati nella preparazione delle presentazioni, seminari e workshop per il congresso "Change Perspectives" organizzato dalla Società Svedese di Ipnosi Clinica a Lund in Svezia il 21 e 22 marzo 2015. I membri si stanno inoltre preparando per la riunione del Direttivo, ospitata dalla SSCH, che si terrà a Lund sia prima che dopo il congresso.

Durante la riunione, Martin Wall presenterà le attività della CEPE e Flavio Di Leone ci mostrerà il nuovo sito della ESH. Intendiamo inoltre chiarire e definire le attività e le funzioni delle commissioni che richiederà un cambiamento al Regolamento societario rimasto immutato dal 2011. Una volta chiarite attività e funzioni del Direttivo e delle Commissioni, faremo dei progetti e organizzeremo annualmente gli obiettivi del nostro mandato.

Nonostante tutti questi impegni, spero che la principale attività a impegnare il Direttivo a Lund sarà la stesura del contratto per il prossimo congresso ESH.

Post Scriptum

Sono felice di informarvi che la ESH ha ricevuto due proposte da due differenti società, la Società Milton Erickson Tedesca (MEG) e la Società Britannica per l'Ipnosi Clinica e Teorica (BSCAH): sono entrambe davvero interessanti e ringraziamo le società che le hanno redatte. Le Società Costituenti troveranno difficile scegliere tra queste due offerte che garantiscono entrambe un sicuro successo per il congresso ESH del 2017. Il compito del Direttivo è di revisionare le proposte e inviarle alle Società Costituenti per la loro valutazione e la decisione finale. Sarà nostra cura tenervi aggiornati.



Letter from the Editor

by András Költő



Dear Colleagues,

Spring must be definitely on the way, hypnosis experts reinvigorated from their winter hibernation, demonstrated by the large quantity of excellent manuscripts I have received for our 2015/1 ESH Newsletter. Following the order of our traditional “Views–Reviews–Interviews” subtitle, first you will find an essay by Professor Emanuele Invernizzi on English as a possible *lingua franca* of international communities. Although he did not mean hypnosis people, it would be useful if we made our thoughts on the linguistic aspects of this area. Two commentaries were made, from the “hypnotic” perspective of a non-native speaker (myself) and a native English (John D. Lentz). We would be glad to hear more opinions on the essay in the following ESHNL issues.

Many books were reviewed, including *La terapia naturalistica di Milton Erickson* [The naturalistic therapy of Milton Erickson], a textbook by Italian colleagues; *Managing Your Medical Experience* by Elvira Lang; *Psychosomatic Medicine* by Michael Blumenfield and James J. Strain, and *Unwrapped: Integrative Therapy with Gay Men... the Gift of Presence* by Rick Miller. In the French Corner, three books are reviewed by our Associate Editor Dr. Christine Guilloux. My – otherwise negligible – sorrow was that I haven’t got any conference reviews. I am nevertheless happy to inform you that the Board of Directors will join the Annual Congress of Svenska Föreningen för Klinisk Hypnos, the Swedish Society for Clinical Hypnosis, held in Lund, South Sweden, between 21–22 March 2015. In the next issue a detailed report will be provided. To prime ourselves to the atmosphere, I selected some freely reusable photos (from [Flickr](#)) showing picturesque Swedish landscapes.

For the first time in the history of ESHNL, a meta-analytic research study is published. A systematic review of Italian works on Ericksonian hypnosis –of the theses submitted to the European School of Hyp-

notic Psychotherapy, a renowned Milanese institute – was sent to ESHNL by Dr. Silvia Giacosa, Dr. Carlo Jamoletti and Dr. Constanza Licari. It was intriguing to see how many Italian colleagues are trained in hypnotherapy and what a large variety of mental, somatic and psychosomatic problems are treated with hypnosis.

On 8th March, the International Women’s Day was celebrated. This is a special occasion to publish interviews in ESHNL with two prominent hypnosis experts, whose contributions in both clinical application and research are outstanding, and eventually, being females. Professor Éva Bányai (Hungary), a Past President of the European and the International Societies of Hypnosis, was interviewed after she had been awarded Honorary Membership in the ESH. In the interview she talks about what it meant for her to be the first female president of ESH and ISH, and her experiences as a young girl, a teacher, a hypnotherapist, a cancer patient, and – most recently – a researcher of hypnosis applied in psycho-oncology. Professor Marie-Elisabeth Faymonville (Belgium) talks about the hypno-sedative method she developed and about her clinical work in anaesthesiology. They both offer valuable pieces of advice to younger colleagues. I hope even those who do not know them personally can share in the wisdom they convey to their students and fellow scholars.

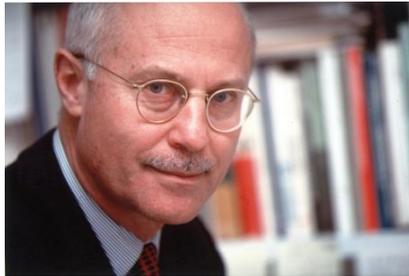
We aim to interview all presidents of ESH’s Constituent Societies, to give personal portraits about chair(wo)men of national hypnosis associations across Europe. First you can read interviews with Dr. Udi Bonshtein (Israeli Society of Hypnosis) by Shaul Navon and with Dr. Ali Özden Öztürk (Turkish Society of Medical Hypnosis) by Consuelo Casula.

Besides Views, Reviews and Interviews, you can find detailed information on the upcoming events organized by our Constituent Societies. I hope to meeting to many of you in the 20th World Congress of Hypnosis, to be held in Paris, 26–29 August, 2015.

I am glad for the help of Dr. John Lentz who reviewed the manuscript for proper English; and for all of the authors of the current issue for the indeed rich contributions they made. I am certainly looking forward to getting many more manuscripts from you, to be shared with all European and international colleagues in hypnosis. Don’t hesitate to contact me at kolto.andras@gmail.com. It is always a pleasure to hearing about you.

WHICH ENGLISH ARE WE USING? From local English to English as *lingua franca*

by Emanuele Invernizzi



Most European and international associations have adopted English as its official language. The reason for this decision is that English is *de facto* the only international language that allows cultural and professional exchange as well as cross-fertilization. Personally, when I was President of the European Public Relations Education and Research Association (EUPRERA), in 2010 and 2011, I was among those who strongly supported this idea.

Our decision in EUPRERA did not come out of the blue. It was coherent with the extraordinary spread of English around the world as the language for international exchange: in other words, English became a *lingua franca*, the international language for communication, much like ancient Greek, Latin and French during the Middle Ages and the Renaissance throughout the Mediterranean.

Are there any possible consequences to this development? Could it be a threat to national languages and multilingualism? Could it lead to dominance of native English speakers in mixed environments? Instead of attempting to provide an answer to all these questions, I believe we should consider a few tendencies.

On June 10, 2009, the Global Language Monitor announced that the English language had crossed the one million word threshold. The editors of Webster's Third New International Dictionary estimate in their preface that about 2500 words are added to the English language each year. A number of factors explain this growth. The most important is the borrowing of words from other languages. In 1997, for example, the Science Citation Index reported that 95% of its articles were written in English, even though only half of them came from native English-speaking authors.

As a matter of fact, the number of non-native speakers has grown enormously to the point that now only one out of four English speakers are native (380 million versus 1500 million). More than half of the world's technical and scientific periodicals, as well as three quarters of the world's mail, are in English. About 80% of the information stored in the world's computers is also in English.

Given these two tendencies, it is interesting to ask whether international users ought to limit their use of English to a form that would be found perfectly appropriate by an English native speaker (Wood, 1977).

If it is true that English has become the new global *Lingua Franca*, then it follows that as a language it does not belong exclusively to its native speakers. It belongs instead to the whole community of its users (Berns, 1995; Modiano, 1999), all of whom contribute to making the language grow richer, as the tendencies I mentioned above demonstrate.

To facilitate communication in international scientific and professional settings, it is important for both native and non-native English speakers to be aware that they are using English as *lingua franca*.

On one hand, this presupposes that non-native speakers should have an adequate command of the English language; and also that they should constantly strive to improve such command, without losing the cultural background of their mother tongue.

On the other hand, however, it also presupposes that native speakers conform their language to internationally recognizable scientific and professional linguistic standards valuing the linguistic innovations and cultural contributions supplied by non-native speakers.

In conclusion, the attitude of non-natives and natives should be the same. Everybody speaks another language that is English as a *lingua franca* no matter if they have always spoken all their life one of the several varieties of the English language. It doesn't matter if English is for each of us a brand new language, or only a different version of the local English we have always used. The attitude for non-native and for native English speakers should to be the same: if we want to understand people from different culture and to make ourselves understood by them we, native and non-native, should use a new language that is English as *lingua franca*.

VIEWS

The Apple, the Pear, the Fish and Katie

A commentary by András Költő

The Latin proverb *Haud procul a proprio stipite poma cadunt* has an equivalent in many languages. These are, however, not exactly the same as 'the apple is not falling far from its trunk'. For instance, Bulgarians say *Крушата не пада по-далеч от дървото* ('The pear doesn't fall far from the tree'). Portuguese put it *Filho de peixe sabe nadar* ('A fish's child knows how to swim'). Romanians tell *Așchia nu sare departe de trunchi* ('The chip is not jumping further than the trunk'). Slovaks keep it the simplest: *Aká matka, taká Katka* ('Like mother, like Katie'). [Find more of these sayings here](#). Even if all who has enough practice in English will easily understand the core meaning of the proverb with the apple, our culture and our personal background influences how do we utter it in our own language.

I agree with Professor Invernizzi that non-native English speakers should do the best to hone their English skills, and I really appreciate if a native speaker makes effort to accommodate her or his local dialect to [International English](#). It is, however, not that simple issue with psychotherapy. Although we have evidence that psychotherapy can work across cultures, it has a layer – let us call it the “shared culture” – which makes it possible that the client and the therapist will understand each others' jokes, points and references that are just understandable for those who belong to the same culture. Two people or a group of people, in addition, may develop specific references that describe memories of their shared life events and are not comprehensible even for people from the same culture. Hungarians tell *Félszavakból is értjük egymást* ('we understand each other from half words') to describe these private references.

Erickson emphasized how important is it to utilize the patient's own words and phrases in inducing her or his trance. Certainly it can happen in an interaction between a patient and a hypnotist who are not from the same culture. However, the layer of the “shared culture” cannot be fully utilized even if the therapist is putting great efforts in accommodating or assimilating the patient's cultural background. The shared culture is primarily conveyed or represented by language. The vehicle of hypnosis is language, too. Therefore I think someone cannot reach the full potential of psychotherapy and especially hypnotherapy if s/he is doing it in a language s/he is not native in.

Beyond shared understanding (which may not require that the client and the therapist share native language) and shared culture (which may partially be acquired through learning), hypnotherapy also has the third “shared domain”: the language of the “potential” or “transitional space” how Winnicott theorized it, that is based on the meanings the client and the therapist develop together. (According to Baker, [hypnosis itself can be understood as a transitional space](#).)

Psychotherapy and hypnotherapy can certainly be understood as strive and learning process to understand our clients, which may also involve learning about our cultural similarities and differences, and also in creating the transitional language for the here-and-now therapeutic setting. I would highly appreciate if in our hypnosis conferences, this intercultural and transitional aspect of therapy would have been addressed in papers and workshops.

English may become a *lingua franca* for us hypnosis practitioners to refine our skills and to learn from each other. We may create shared meanings in English, too. In these ways we can help clients who not have the same mother tongue as we have. The “apple”, the “pear”, the “fish” and “Katie” refers to the same phenomenon; still they have specific cultural and individual levels of meaning. I think, therefore, that hypnosis itself cannot have a *lingua franca*, as the shared culture and the shared language cannot be translated into a commonly understood set of linguistic elements.

Idioms, Feelings and Language

A commentary by John Lentz

Invernizzi makes an excellent point that it would be good for the world to agree upon which English. I suspect that one reason we have not is the difference between native and non native feelings about formal English. I hope to clarify that idea below.

Költő makes a great point that idioms in different languages mean sort of the same things but not exactly. The same is true about feelings, and context. With different people and in different contexts our feelings alter what we hear, see, and understand.

The thoughts of Invernizzi and Költő are from the perspective of multi language individuals who are gifted with words. They both make excellent points.

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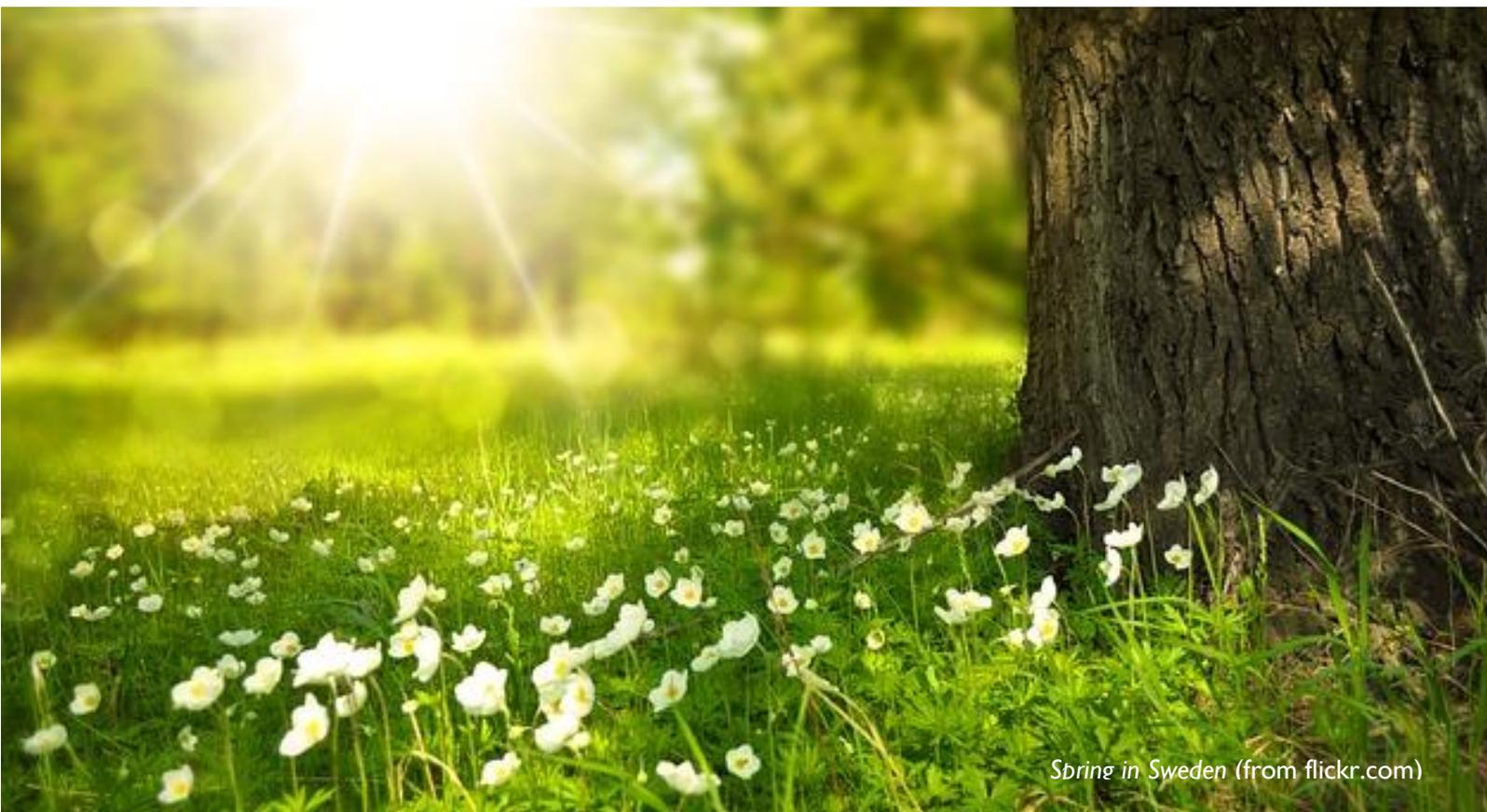
When I read them together they make even more sense, because native English speakers from the United States often begin when speaking with non-native English speakers from a place of uncomfortableness. On the one hand being one of those folks I tend to feel a bit gleeful that I am understood in other countries by people who have taken the time to learn English. On the other hand I feel more than a little bit uncomfortable because my limited vocabulary in other languages makes me feel less competent. It would be easy for miscommunications to occur because when feelings are entered into the mix then whether the *lingua franca* is formal English or informal my feelings may cause either for me to miscommunicate out of a feeling of being less than, or even mishear because of feeling less than. When native English speakers whose formal English is lacking because of their emphasis upon using informal or local English and the idioms that go with it, even the lack of the informality can be disconcerting because it points to our inadequacy.

I have a large dictionary of local idioms of English just in the United States. There are few people who would understand the complexity of those idioms or grasp all of them. Local idioms are influenced by not only regions, but backgrounds. The dictionary is quite amazing because most native born speakers don't even realize how complicated their own language is because of the idioms of local English. Both Invernizzi and Költő speak and use formal English so

well that it would be easy to be intimidated in their presence. Although they both are so genuine and kind they make talking with them easy. However, my hunch is it would be good for both native English speakers and non-native English speakers to be aware of the gulf in language knowledge that generally occurs and how emotions can also alter the mix of what is experienced going both directions in the communication. Even though I would make a case for formal English to be the choice for communication it is very difficult for native born speakers of English to not realize how full their vocabulary is of idioms that come from their local understanding.

While I have studied French, German, Hebrew, and Greek it has been only enough to have given me the awareness of how little I know. Unlike either Invernizzi or Költő I am not fluent in any other language than English, and feel intimidated easily by folks whose English is so good, and who are fluent in several languages.

Since, communication is 93% emotions, body language, context, facial expressions etc. and only 7% language, it is useful remembering that even when reading or writing formal English that sometimes our feelings come through and will distort, or clarify what we are saying. Both Invernizzi and Költő are such decent people that the emotions I project upon their words is clarifying, uplifting, and helpful, but then I like them both as well.



The Legacy of Erickson reviewed by Renzo Balugani

Claude Mammini & Renzo Balugani (eds): *La terapia naturalistica di Milton Erickson. L'uso dell'ipnosi nel rispetto del soggetto, dei suoi contesti e dei suoi modelli di relazione* [The naturalistic



therapy of Milton Erickson: The use of hypnosis in respect of the subject, the context and its relationship models. In Italian]. Milan, Italy: FrancoAngeli. 176 pages. €23.00 (paperback; also available as ebook). ISBN: 978-8891708298

The most innovative contribution Milton Erickson gave to the history of psychotherapy is probably naturalism. Beginning from 1950's, his reflections about the client's ownership in terms of recovery, his firm belief in the inner resources as key factors for the treatment and the description of the unconscious as a reservoir of meaningful learning and useful experiences are precursors of the core principles proposed 20 years later by the positive psychology. The human being as intrinsically devoted to wellbeing and self-fulfilment always emerges in his case-studies: his clinical approach was so flexible and tailored that it allowed the uniqueness of every patient to develop during therapies. In Italian literature there was not a full, updated essay on the topic so far: the one proposed here tries to fill the gap. What it offers is a collection of contributions addressing naturalism from different points of view (i.e. children, individual, family, group psychotherapy), and is introduced by a theoretical essay by Loriedo and Di Leone, that deepens the concept of naturalism in the Erickson's work, putting it into an enlightening historical perspective. All the contributions are accompanied by clinical cases, in order to help the reader to grasp the pragmatic usefulness this approach can have, even in nowadays therapy settings.

The reader will find one of the many possible way to get closer to the essence of Erickson's revolutionary contribution, in a way similar to the one taught by him: not by means of conceptual argumentations, but via the collection of good, coral experiences.

Your Pain Eased reviewed by Denis Vesvard

Elvira Lang: *Managing Your Medical Experience*. Brookline, USA: Hypnanalgesics, LLC, 2014. 178 pages. \$10.78 (paperback; also available as ebook), ISBN: 978-1499705539.

Therapeutic hypnosis is a phenomenon that is usually meant as emerging from an interaction between two people: a patient and a care-giver. As a consequence, self-help books on therapeutic hypnosis and self-hypnosis manuals can have a paradoxical dimension and be difficult to use. After her celebrated book for care givers (*Patients Sedation Without Medication*) where she taught how to build "instant rapport" with patients, Dr Lang has accepted the challenge of writing a book for lay people who have to manage by themselves (without rapport) their anxiety related to a medical test and a possible care-provoked pain. In her easy to read manner, she proposes three main tools to reduce anxiety and pain: information, coping strategies and self-hypnosis.

The informative tools are given to a patient who is supposed to have a medical test that can be painful and anxiety-provoking. There are evidences in favour of information efficiency in reducing anxiety when practical pieces of information are given about the course of the operation and its consequences. Dr Lang's book gives numerous pieces of information, explains how to get reliable complementary information and how to deal with all this material. The US reader also gets useful legal information on her/his rights (that would have to be adapted in a hypothetical translation) concerning hazards, treatment of pain, insurance companies and secret.

This book also prepares the patient to cope with acute pain and anxiety in medical settings. We fully agree with the author when she suggests to the patients to ask systematically to their doctor what s/he expects from a proposed test and what are the diagnosis and hazards that could follow this test. But, for example, it is not so easy to ask to one's surgeon how many times s/he has already used a specific technique. All these important questions that are useful before making any decision can only be asked by a self-confident patient. Dr Lang's book boosts self-confidence, the basic ability towards assertiveness. An assertive patient and a Comfort Talk (the com-

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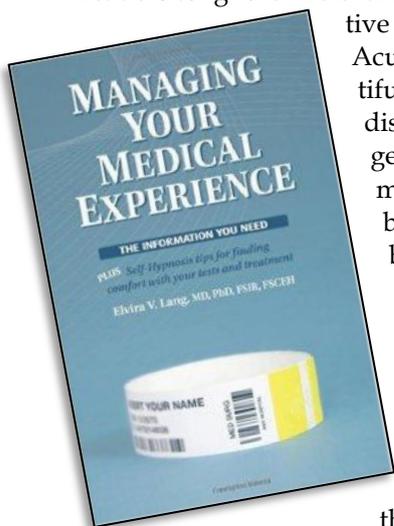
mercial name of Dr Lang's approach) trained caregiver will for sure improve their relationship and will be able to transform their interaction into an "instant rapport", as necessary.

In the "hypnotic" part of her book, Dr Lang not only deals with anxiety but also with other practical issues. She helps patients to cope with tissue losses. She also proposes to systematically transform noises into trance deepening suggestions. She trains her readers to ignore irrelevant sentences told by talka-

tive or careless practitioners. Acute pain is "eased" (a beautiful wording) with classical distraction and comfort suggestions. She finally teaches mental imagery to modify blood circulation and other body functions. To do that, the patient is taught a simple way to enter hypnosis and to build self-suggestions. This can easy be learned from the clear scripts that are proposed at the end of the book and that can be

recorded by the patient her/himself. US people can also download on their smartphones from Dr Lang's website (www.hypnalgescics.com) a recorded version of these scripts.

As non-US caregivers we would like to have translations and adaptations of Managing Your Medical Experience into our native languages and contexts to help our patients to take their part in the medical interaction. But with these two complementary books written by Dr Lang we can already train ourselves (as present or future patients!) to build in advance comfortable relationships with our medical, surgical or dental colleagues.



Body and Soul

reviewed by Maria Escalante de Smith

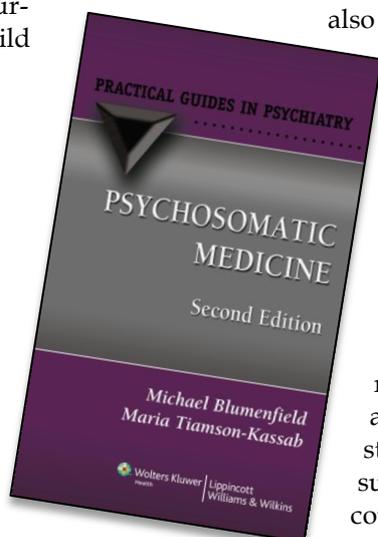
Michael Blumenfield & James J. Strain: *Psychosomatic Medicine (With an Interactive DVD Inside)* Riverwoods, USA: Lippincott Williams & Wilkins, 2006. 987 pages. Prize: N/A. (hardcover). ISBN: 978-0781772426

Psychosomatic Medicine is a book and DVD package "providing a fresh approach to mastering the concepts and practice of modern consultation-liaison psychiatry for residents, practitioners, and other professionals interested in psychiatric and medical comorbidity" (from back cover).

Chapter 2 "An International View of Consultation Liaison Psychiatry" is a very interesting chapter because it explores what is happening in many countries in this area. A quote that is included in this chapter called my attention "The organization and delivery of services to patients with physical/psychiatric comorbidity and somatization in Germany demonstrates how historical and cultural forces shape the service provided" (p. 23). As readers keep exploring this chapter, they can also find what the trends are regarding funding of psychiatric treatment in different countries, for example in Australia where "medical and psychiatric care are provided by a national insurance plan" (p.23). Unfortunately this is not the case in some other countries.

A good example of the importance of Consultation Liaison (C-L) Psychiatry can be found on Chapter 5, "Depression a Systemic Illness" where this disease is studied from a psychiatric point of view and where comorbid conditions such as diabetes mellitus are also taken into account. There is also a section that includes differential diagnoses such as Anxiety Disorders with depressive symptoms. Since I grew up in Mexico, I was happy to find that there is an enthusiastic C-L movement in Mexico that is growing.

Since I have always been interested on medical conditions, Section II "Physical Conditions" called my attention. Here readers can find useful information about a wide variety of topics, for instance Oncology on Chapter 10. Tables such as "Normal Responses to Crises Encountered with Cancer" summarize important issues like initial responses to diagnosis when disbelief, denial or despair may occur. The



importance of quality of quality psychological support provided by oncology staff, are highlighted.

On Chapter 13 where “Endocrine and Metabolic Disorders” are addressed, we can find data about “The presence of anxiety in patients with thyroid disorders. For example, symptoms of hyperthyroidism overlap with presentations of primary anxiety disorders and include anxiety, fatigue, irritability, tremor, insomnia, increased sweating, and palpitations” (p. 183), among others. Clinicians need to be aware of the possibility of a medical issue should the client experience these symptoms.

Chapter 17 that addresses HIV Disease, particularly called my attention because it includes a section on “Psychiatric Disorders in HIV Infection”. Psychiatric disorders that can also occur when people have AIDS are addressed in this chapter. Depression is the most common psychiatric disorder for which HIV-infected patients seek for treatment. Generalized Anxiety Disorder and Panic attacks are also common in this population.

Since I have been interested on hypnosis for a long time, particularly on how it can be used during surgery, I was pleased to find that Chapter 21 “Surgical Conditions” devotes a section to the importance of utilizing hypnosis as an adjunct to analgesia. Hypnosis can also help to reduce the convalescence period as well as the amount of pain killers the patient will need after surgery.

The book is a really good source of information both for novice and experienced professionals because it covers a wide array of other topics such as pregnancy, sexuality, ethical considerations, Cognitive Behavioral Therapy and Evidence Based Treatments. I really recommend it.

Gay Gentlemen: Welcome in Psychotherapy!

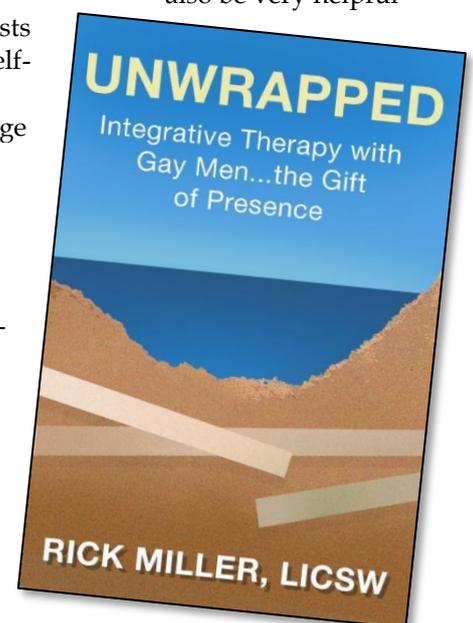
reviewed by **András Költő**

Rick Miller: *Unwrapped: Integrative Therapy with Gay Men... the Gift of Presence*. Phoenix, USA: Zeig, Tucker & Theisen, 2014. 224 pages. \$27.95 (paperback), ISBN: 978-1934442500

Some of the seasoned psychotherapists I know are reluctant to treat LGBT (Lesbian, Gay, Bisexual and Transsexual) clients. Their main reason for that is indeed not a lack of tolerance, but rather a lack of knowledge of the specific issues these clients may struggle with. They say they also cannot imagine how to address these issues. “How could I understand him” – a male colleague of mine asked – “if he is gay and I am straight?”

These excuses do have a point, although many handbooks are available in the psychotherapy of LGBT clients, and a lot of evidence exist for that straight therapists can indeed help gay clients. Nevertheless, Rick Miller’s recently published book is exceptional among for now published books. First of all, he offers an integrative way, combining Ericksonian hypnosis and body/mind paradigm, to treat issues specific for the gay male clients. On the other hand, Rick’s book is highly personalized: it is stuffed with case vignettes, scripts and his personal experiences about the issues he discuss. Although not being a prerequisite, in the psychotherapy of gay men it means some advantage if the therapist is gay, if he (I mean the therapist) is not closeted but he openly and honestly shares his own struggles and shortcomings on these problems. It may also be very helpful

to straight therapists to develop their self-confidence and practical knowledge in such issues. In my opinion, the collaboration of a straight therapist and a gay client is similar to intercultural psychotherapy; the “amicable strangeness” may even help the client to disclose himself. That he must conciliate the



meaning of his issues with the therapist may help both of them in mutual understanding and acceptance.

Rick's book is a rich resource in the woes and miseries of gay men. A revelative part of the book is where he describes what he calls constant "self-editing" of gay males: it refers to their unstoppable urge to monitor their actions and carefully chose which behaviours would have been accepted from them by the environment. "Self-censorship" may also be used, as it also covers self-criticism and over-compartmentalizing. This may become so automatic that gay men are not noticing it anymore how much of their energy is devoured by the process. It would be interesting to see whether this high level of self-monitoring is associated with higher hypnotic susceptibility. I am happy to inform you that we made some discussion about it with Rick in Sorrento ESH Congress, and such a research is definitely on the way!

The books also deals with internalized homophobia, the effect of adverse childhood events on self-acceptance, the issues of sex and sexual compulsivity (especially barebacking) and its association with the threatening HIV. Pioneering parts, scarcely covered in other handbooks, are those on the religion and the aging issues of gay men. An intriguing chapter deals with "the urban gay stereotype" and its insidious damaging effects.

The ultimate ideology of book is gay-affirmative, which fits very well to the Ericksonian basic stance "You can". You can freely face your experiences and in my office you are not obliged to maintain self-editing. You can simply be who you are and you are entitled to act as you wish. Such a position, even without a single hypnotic suggestion, may be liberating and highly empowering for the gay clients over years or even decades of burdensome self-monitoring and internalized guilt and shame.

I miss one topic from the book, especially that the author offers a mind/body approach. This is the psycho-neuro-immunological aspects of male homosexuality. The high level of bullying, stigmatization and exclusion the boys who discover they are attracted to their own gender experience seem to dis-tune their Hypothalamic-Pituitary-Adrenal (HPA) axis. This may be a cause of lesbian and gay people having remarkably higher chances for somatic problems (Cochran & Mays, 2007) and their indeed higher odds for psychiatric disorders (Sandfort, de Graaf,

Bijl, & Schnabel, 2001). I hope it will be included in the next editions.

My other sorry is that Rick's book only covers issues of GG (Gay Gentlemen). I am aware that there are excellent resources for psychotherapy and psychology of homosexual women (e.g. Corwin, 2010, or Burch, 1993, to name a few); still if only such a book was written which could help us crafting integrative hypnotherapy for LL (Lesbian Ladies).

Nevertheless, many pieces of the practical knowledge – especially the scripts – seem to be easily applicable in psychotherapy of Lesbian, Bisexual and some may be even transformed for use with Transsexual clients.

All in all, it is a *fabulous* (pardon) and very personal handbook, and I hope it will empower many straight colleagues to take and better understand gay clients.

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A New Book and a DVD

reviewed by Nicole Ruyschaert

Gary Elkins: *Relief from Hot Flashes. The Natural, drug-free program to reduce hot flashes, improve sleep, and ease stress*. New York: Demoshealth, 257pp. \$19.95 (softcover), ISBN: 978-1-936303-56-4.

It's a self-help book, describing a 5 weeks training program, accompanied by 5 MP3 audio-files which can be downloaded. The book is the result of year long experience by the author, who worked out a program, and can give readers hope for changes, based on a large study with promising results.

A full review on the book will be published in the *American Journal of Clinical Hypnosis*.

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*In the Room with Milton H. Erickson. Volume 1. October 3rd-5th, 1979. Discs 1-6 and
In the Room with Milton H. Erickson. Volume 1. October 3rd-5th, 1979. (The transcripts of discs 1-6)
Produced by Jane Parsons-Fein, LCSW, BCD, DAHB*

The full DVD with subtitles and a hard-cover book with the transcripts is a unique way to familiarize with Milton Erickson's work. It has been a tremendous work for the author to carefully listen, provide the DVD with subtitles and making the full transcript. For those who missed the opportunity to learn directly from Milton, watching the DVD gives you a feeling as if you are really present in the room with other students. In this first volume known and less known stories, experiences with clients are told. Each of the 6 Discs last about 2 hours – this first volume gives you the opportunity to spend 12 hours in the room with Milton H. Erickson. I can highly recommend this work! It's a 'must-have' for trainers and professionals who want to learn directly from the Master and/or spread the word.

To order, you can contact Jane-Parsons Fein directly <http://www.bookmasters.com/marktplc/04476.htm>



French Corner by Christine Guilloux

Lire le cerveau
Pierre CASSOU-NOGUES
Éditions du Seuil, , 2012
ISBN 978-2-02-105054-7

Détecter les mensonges, lire dans les pensées, capter et conserver la mémoire, modifier les souvenirs... Explorer encore et encore, inventer l'appareil capable de lire le cerveau et remonter le temps... Univers futuristes et science-fiction pour se renvoyer la balle alors que les recherches sur les mécanismes du cerveau s'intensifient et améliorent la résolution dans l'identification des objets de pensée consciente chez un sujet donné (*1). Mais de là à lire les pensées, le chemin est long !

Le roman commence sur les missions secrètes, secrètes à elles-mêmes pour mieux étudier le comportement de l'agent du FBI, pour mieux étudier les « pensées cachées ».

Le roman ? L'ouvrage de Pierre Cassou-Noguès se veut une Neuro/science/fiction pour aborder sous différents angles les fantaisies imaginées, les délires et les rêves, les inquiétudes et les menaces, les avancées technologiques et questionner nos vies si nous pouvions lire dans nos cerveaux nos propres intentions et les intentions des autres ? Transparences vertigineuses avec l'auto-cérébroscopie de Feigl pour fixer le rapport entre les états mentaux et les états cérébraux, pour observer son propre cerveau en temps réel ou avec un léger décalage, pour faciliter un travail d'introspection ; avec le « general brain reading device » pour décoder et reconstruire l'image de l'expérience visuelle d'une personne à n'importe quel moment du temps...

Détours et contours multiples de la personnalisation sémantique, la neuroimagerie, les puces électroniques... pour parvenir aux décodeurs de mensonge, aux lecteurs cérébraux, aux enregistreurs du moindre de nos souvenirs, de nos pensées, de nos divagations... Détours et incursions dans le cinéma et la littérature, d'Hitchcock à Proust en passant par Edgar Allan Poe et la « méthode analytique » de son détective. « Il est peu de personnes qui ne soient amusées, à un moment

FRENCH CORNER

quelconque de leur vie, à remonter le cours de leurs idées et à rechercher par quels chemins leur esprit était arrivé à de certaines conclusions. Souvent cette occupation est pleine d'intérêt et celui qui l'essaie pour la première fois est étonné de l'incohérence entre le point de départ et le point d'arrivée. » (*2)

Pierre Cassou-Noguès, professeur de philosophie à l'Université Paris 8, nous fait voyager à la manière d'un Méliès ou d'un Jules Verne, nous alerte sur les atteintes à la « privauté mentale » sans nommer Big Brother, nous éclaire sur nos modes de pensée et de communication dans le suspens de ces aventures dans les labyrinthes de nos cerveaux : liaisons dangereuses, histoires à dormir debout, vols au-dessus d'un nid de coucou ?

(*1) Jean-Pierre Changeux, interview AFP, in Sciences et Avenir, décembre 2011

(*2) Edgar Allan Poe, « Double assassinat dans la rue Morgue », traduction Charles Baudelaire, in *Contes, essais, poèmes*, Paris, Robert Laffont, 1989

Focus

Attention et concentration : les clés de la réussite

Daniel GOLEMAN

Éditions Robert Laffont, 2014

ISBN 978-2221140031

Dispersion, distraction, éparpillement, déficit d'attention... à en devenir trouble. Le monde zappe, balade et encapuchonne les oreilles d'écouteurs, cligne de l'écran de l'ordinateur, du téléphone, de la tablette, file à tout allure d'une sollicitation à une autre, d'une activité à une autre, d'une consommation à une autre. Nous volons d'une chose à une autre au fur et à mesure que chacune nous agrippe subrepticement. Et nous nous épuisons. Envoûtés.

Savons-nous encore où nous habitons ?

Dans des temps anciens, pas si anciens, nous écoutions de la musique pendant nos devoirs d'écoliers... Notre attention se focalisait et nous faisons fi des distractions environnantes. Nous savions, et nous savons toujours, nous téléporter dans le passé comme dans l'avenir, ruminer sur ce qui est arrivé, ce qui aurait pu arriver, ce qui pourrait arriver, ce qui n'arrivera pas...

Daniel Goleman, psychologue américain, co-créateur d'un Centre Collaboratif pour l'Apprentissage

Académique, Social et Émotionnel à Chicago, après s'être penché, épanché et avoir attiré notre attention sur nos intelligences émotionnelle et relationnelle, la porte sur une autre composante : l'attention. La concentration et la focalisation de l'attention. Un processus que nous connaissons bien et dont nous usons aisément dans notre pratique d'hypnose.

Quelques exemples accompagnent sa démonstration. Du voyageur qui lit dans le métro au journaliste qui écrit son article dans la salle de rédaction : l'attention se fait sélective, se focalise et met en sommeil le monde environnant aussi bruyant ou fébrile qu'il soit. Même si cette capacité est limitée – un lecteur s'évade en pensée entre 20 et 40 % du temps de sa lecture -, elle peut se muscler !

Dans cet ouvrage *Focus*, Goleman joue à distinguer la focalisation intérieure, la focalisation vers autrui, la focalisation extérieure – Conscience de soi, mise en phase avec notre intuition et aide à nos prises de décision. Présence à l'autre et empathie. Présence au monde alentour et alternance d'observation des détails des vues d'ensemble.

Illustré de quelques leçons simples pour se débrancher, notamment de l'environnement numérique, pour observer ses pensées et ses émotions par des approches de méditation de pleine conscience, pour s'entraîner tel un sportif à réguler ses émotions, l'ouvrage incite le lecteur à décider de porter son attention de manière canalisée et ciblée, fluide et vigilante, tout en l'animant d'un objectif pour ainsi accéder à un état de conscience de réceptivité et d'attention.

L'attention et la concentration, activations pour mieux écouter nos idées et nos intuitions, donner plus de douceur dans nos relations aux autres, prendre de meilleures décisions ? L'attention et la concentration, clés de la réussite ? Dans ce monde nomade où le virtuel frappe à toutes nos portes, serions-nous tous atteints du *trouble* de déficit de l'attention par *hyperactivité* ? Aurions-nous tous besoin d'être rééduqués ? de redéfinir nos priorités ?

Vivre, Penser, Regarder

Siri HUSTVEDT

Actes Sud, Arles, 2013, traduction française

ISBN 978-2-330-01414-8

Parcours sans faute pour qui navigue dans les méandres, les connections et les déconnections synaptiques, peut-être intergalactiques de nos

cerveaux encore bien mystérieux.

Après *La femme qui tremble*, après *Élégie pour un Américain*, Siri Hustvedt, écrivaine américaine, aux origines norvégiennes, nous livre *Vivre, Penser, Regarder* sans en faire un *Penser, Classer* à la Georges Perec, mais aussi un essai à trois volets, sa seconde vie. Celle qui s'instruit de l'expression et de la suppression de certains gènes lors d'événements de notre vie, heureux ou malheureux...

Parcours personnel d'abord pour se questionner et questionner les symptômes migraineux, les troubles neurophysiologiques qu'elle rencontre depuis son enfance. *Vivre* nous fait explorer la relation complice avec sa mère, les principes éducatifs, notamment d'autonomie et de liberté, le rôle du père, les fonctionnements et les dysfonctionnements de la mémoire affective mais également ce qui a pu donner naissance à ses personnages de fiction.

Parcours moins narratif ensuite pour approfondir les liens entre fiction et mensonge, entre autobiographie et œuvre d'imagination. *Penser* nous fait explorer les chemins de la lecture et de l'écriture, des émotions, de la vérité, de la mémoire, de l'amnésie. Sans détours. Parcours pour questionner la philosophie, la psychiatrie, la psychanalyse, comme les neurosciences sur les fonctionnements du cerveau qui président et précèdent la maladie comme la création artistique. Kierkegaard, Merleau Ponty, Freud, William James, Jaak Panksepp, Antonio Damasio font partie du voyage et de l'analyse.

Parcours panoramique des arts plastiques, de la photographie et de la peinture plus particulièrement pour nous apprendre à regarder. *Regarder* nous fait explorer la participation de notre corps, de notre sensibilité, de notre sensorialité bien davantage que la mobilisation de nos savoirs académiques.

Une lecture touffue, dense, intense et de lecture aisée, à croquer à pleines dents, à savourer des yeux et des oreilles. Un ouvrage à apprivoiser comme nous avons à apprivoiser la complexité des tenants et des aboutissants de l'expérience humaine. Une réconciliation entre les sciences et les humanités, entre la neurobiologie et la philosophie. Un passionnant essai où allier notre propre curiosité à celle, insatiable, de l'auteur. Un exercice de plasticité du cerveau pour mieux nous découvrir. – Ne sommes-nous pas créés par les interactions avec les autres cerveaux ? – A lire absolument.



Swedish Lake (from flickr.com)

Up-to-dateness in hypnosis: Methodology and clinical practice of neoericksonian hypnotic psychotherapy

by Silvia Giacosa, Carlo Jamoletti and Constanza Licari¹

Premise

This article is a summary of a longer research which can be requested from the authors via e-mail.

Introduction

Thanks to the work of Milton H. Erickson (Erickson, 1984), the revival of hypnosis occurs in the sphere of psychotherapy: the American psychiatrist must be credited for having understood, discovered and shown that the future "...is not hypnosis, but the psychotherapy which does not leave hypnosis out of consideration, and which enriches and redefines it through the investigation of the relationship and the communication between the therapist and the patient." (Lanzini, 2001). Consequently, the therapeutic element of hypnosis is not hypnosis in itself, but the possibility to associate the experiences of the patient again through hypnosis.

The neoericksonian hypnotic psychotherapy, as it has been developed in the last fifty years by the Italian Medical Association for the study of hypnosis (A.M.I.S.I.), has collected Erickson's knowledge and clinical experience and it has developed it into a theory and independent clinical practice (A.M.I.S.I. Manifesti Teorico-didattici 1995,1998,2001), according to a new teaching and explanatory method driven by different factors: new scientific discoveries on the subject of hypnosis (thanks to neuroscience); the practical need to measure the ways and the types of the hypnotic process, on one hand according to the cultural contest of the European patient, on the other hand to the new modified relationships between the contemporary patient and hypnosis.

In this new neoericksonian frame, there is a clear distinction between a therapy in hypnosis and the hypnotic therapy; the former allows the application of a therapy, medical or psychological, to a person who has been sent into a trance with direct modality; the latter, hypnotic psychotherapy, is a type of psychotherapy which aims at retrieving the resources

stored in the unconscious, thanks to indirect hypnosis and to a modification of the conscious state of a communicative type. The objectives of a neoericksonian therapist are the recovery and psychic change of the patient, these are different from the mere removal of the symptom through direct suggestion; in this way it is possible to return memories and capacities to the patient, which he or she has and which he or she thinks not to have (Giacosa, 2011).

Aim

The current research aims at evaluating the results of neoericksonian hypnotic psychotherapy, both from the empirical point of view (effectiveness studies, comparisons with other therapeutic methods) and from the practical side (ways of intervention); this clinical evidence, in addition to the solid theoretical ground underlined in the introduction, undoubtedly makes the neoericksonian hypnotic therapy an independent form of psychotherapy (Bongartz, 2008).

Materials and methods

We have analysed 274 master degree theses, which were discussed at the European School of Psychotherapy of Milan from 1998 (the year when the school was officially recognised by the Italian Ministry of University) to the second half of 2013. The papers were handed in at the end of the fourth compulsory scholar year, according to the Italian legislation, in order to confer the title of "Specialist in Psychotherapy" to psychologists or doctors. Each postgraduate submitted his or her work to the supervision of a psychotherapist trained at the school; the data were collected after an informed consent granted by the patients and according to the criteria of Good Clinical Practice (GCP), international standard of ethics and quality required for the planning, the management, the recording and the methods of relation of clinical studies which are related to human subjects. The current research is of a retrospective and observational type.

We then selected 197 studies in which hypnotic psychotherapy had been used to treat psychopathological conditions defined by the DSM-V criteria (the remaining researches had considered theoretical and experimental aspects of hypnosis and therefore are not analysed in our study).

RESEARCH

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We have carried out a quantitative and qualitative analysis of the large number of data, related to hypnotic psychotherapy practice and the most specifically methodological aspects (for the details please refer to the full article).

Results

The data of our sample show that neoericksonian hypnotic psychotherapy has been used, in almost half the cases, in treating Anxiety Disorders and Depressive Disorders with clinical results which agree with the effectiveness data available in literature at present time (Abramowitz et al, 2013); a similar validity has been noticed in the therapy of Feeding and Eating Disorders, Elimination Disorders, Sleep-Wake Disorders, Sexual Dysfunctions and Addictive Disorders (see **Table 1** and **Figure 1**). Hypnotic psychotherapy proves to be effective in pain treatment (e.g. neoplastic or associated with fibromyalgia), proposing itself as a valid alternative to pharmacological therapies (Jensen et al, 2014).

The majority of our researches also points out that the clinical benefits are at a follow-up of 6 and 12 months; finally, hypnotic psychotherapy shows the same effectiveness when it is compared to other forms of psychotherapeutic treatment or with pharmacological therapies.

The methodological analysis of the researches has highlighted the fact that some procedural aspects have already been improved and have become part of the neoericksonian psychotherapist's good practice. In particular, the idea that it is necessary to follow a mental and procedural path both in the whole

therapy and in the individual session has been strengthened, against the flexibility in the structuring of the objectives as well as in dealing with the therapeutic process: this calls for the definition of the objectives and a following evaluation of the results each time.

The idea (and the practice) of a psychotherapy which has to give account for the characteristics and the effectiveness of its procedures has already been accepted: in the attempt to build clinical studies even better from a methodological point of view, our school has been using objective tools which could test the results of the therapy (psychometric evaluations according to the test/retest and follow-up methods); comparing studies with other groups of patients have increased in the years – treated with different forms of therapy – trying to describe more varied clinical people (not only anecdotal cases) and qualitatively similar (as for their problem, for their diagnosis etc.), but even to produce studies of more scientific relevance.

Finally, thanks to the teaching of G. Mosconi (Mosconi 1998, 2001, 2010) we have emphasised the centrality of rapport, a therapeutic relation which forms the basis of each psychotherapy, but which becomes fundamental of the neoericksonian hypnotic process; even the role of the therapist, who was just a neutral and external observer, now has gradually been gaining importance and meaning as a subject taking part in his or her own intervention.

Type of disorder	Cases
Anxiety disorders	57
Depressive disorders	43
Feeding and eating disorders	23
Elimination disorders	28
Sleep-wake disorders	15
Sexual dysfunctions	13
Addictive disorders	7
Other	21

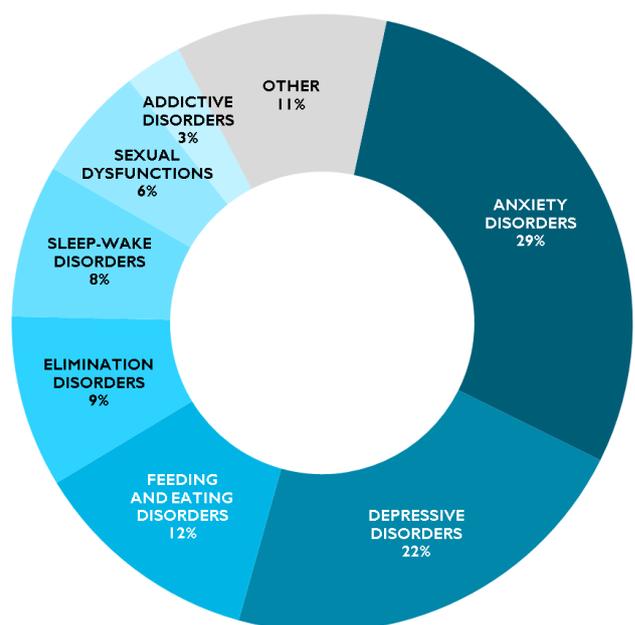


Table 1 and Figure 1
Distribution of the cases (n and percentage) where hypnotic psychotherapy was used

Conclusions

The quantity of data and observation collected with our researches has allowed us to come to some conclusions which can be considered as starting points for further research: despite the validity and the effectiveness of neoericksonian hypnotic psychotherapy in different clinical contexts, our attention can be focussed mainly on what happens in the process (that is, the way the therapeutic process develops itself). In addition, the attention for methodological research, the use of reliable evaluation tools, statistical analysis and a precise data collection could also answer the question of why psychotherapy works.

The effort of conducting controlled and random studies could also enable meta-analyses which allow us to gather and compare data from different sources; all this is possible only if we guarantee the necessary exclusiveness of the therapeutic relation, which is unique and built upon the patient's needs.

A further aspect to analyse is the interplay among the different variables; for example, how do the patient's personality structure, the use of specific techniques, the personal style of the therapist and the quality of the relation interact leading the therapies to positive or negative outcomes? How is it possible to relate intermediaries to moderators of the change? Questions such as these are an input for future research, which will be able to give hypnotic psychotherapy a new scientific and modern identity.

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“As if that little girl had ‘hypnotized’ the boys”

Éva Bányai interviewed by András Költő

Éva I. Bányai is a Psychologist and Professor of Affective Psychology at Eötvös Loránd University (ELTE), Faculty of Education and Psychology, in Budapest, Hungary, and she is the Honorary President of the Hungarian Association of Hypnosis, which was started to be organized by her and her colleagues in 1980 (then as a Working Group within the Hungarian Psychiatric Society). She was the chair of the Department of Experimental General Psychology between 1990 and 2002; since then, her successor – leading the now called Department of Affective Psychology – is one of her former students, Dr. Katalin Varga. Professor Bányai is a founder of the Doctoral School of Psychology at ELTE where she leads the Program for Behavioural Psychology. She is an Honorary President of the Hungarian Association of Hypnosis, and she was the first female President of both the European and the International Societies of Hypnosis (between 1993–1996 in ESH and 2000–2004 in ISH, respectively). In 2014, she was awarded **Honorary Membership of ESH**, for “having made an outstanding contribution to the field of hypnosis.” She taught in many European countries, including Italy, Spain and Sweden, and did a lot to bring European colleagues together. In the current interview, I asked her about her innovations in research and therapy, and her leadership in the field of hypnosis from a female perspective. She also shares her experiences as a little school-girl, as a teacher, and as a patient.

ANDRÁS: You were 7 when you started your career as a hypnotist...

ÉVA: Oh my! It happened when I went to first grade in elementary school. It was a few years after WWII. The country was still very poor, so we had to collect waste metal. To facilitate the kids to collect as much as they can, there was a competition among the classes of the schools. For the surprise of all the teachers, the first grade girls’ class won the competition. Everyone was wondering how this could happen, that the smallest and weakest little girls collected the most scrap metal? My mother came home from a parents’ meeting, laughing. At supper, she told what she had heard from our class master: She (the class master) discovered how the little girls won the competition over the older classes. She noticed

that one of the girls – me – went to a group of boys, the strongest and oldest ones in the whole school – some were even repeating the eighth grade – told them something; and the boys, as “if being hypnotized”, followed her! This was the very first time I had heard the word “hypnosis”, making me curious what it meant. I asked my parents, who were also teachers. Luckily enough, they knew what hypnosis was, and they were able to explain it to me with simple words. They told me that the hypnotist tells something to another person. This other person pays so close attention to the hypnotist’s words that s/he follows the suggestions given by the hypnotist, and that’s it. I was a bit surprised, because I knew I hadn’t done anything peculiar – I just told the boys that I knew some places where waste iron were piled up in Buda hills where we lived. (*After so many years, Éva is still living in the same house, in a highland district of Budapest.*) For me, it was natural that they trusted me. Is it that natural that 14+ year old boys – much older, smarter, and way more self-confident than a small girl – believe what such a little girl tells to them? That’s why my teacher told my parents that it was as if that little girl had “hypnotized” the boys. Looking back at the whole situation from today, I think it is still not obvious why the boys collected and put all the waste metal into our class’s account. Ever since this very first occasion I heard this strange word with connection to my name, I became so interested in hypnosis that I always looked for something to read about it. I read everything what I could find, first, fiction, like [Mathias Sandorf](#) by Jules Verne...

But in those times, hypnosis was forbidden in Hungary, wasn’t it?

Yes, and it was very good, because the forbidden fruit is always sweeter! So I became even more motivated to find everything connected to hypnosis. As I grew older, I went to the library, but, unfortunately, I couldn’t find any relevant literature on the subject, because it was available only for the scientists. That was my main motive to become a researcher.

Still, I suppose there were some Soviet books about it. Given that almost all fields of psychology were treated with suspicion by Soviet authorities, I never understood how they could make an exception to hypnosis.

INTERVIEWS

The reason for this “permissiveness” was that Ivan Petrovich Pavlov was interested in hypnosis. His prestige and power gave a protection to both researchers and practitioners who used hypnosis. Fortunately, there was a Hungarian friend of Pavlov, the psychiatrist Dr. Ferenc Völgyesi (*who also published as Dr. Franz Völgyesi*). After all, I found Völgyesi’s books that gave references to important classic works. Unfortunately, he died not much before I started my quest, but his address was still in the phone register. I managed to speak to his widow, who allowed me to visit his library. It was like a treasure chamber! He had the most important books, like those of Bernheim, William James, and Hull, in original edition! Indeed, he had Pavlov’s books dedicated to him. I was lucky enough to get access to these books; that was the beginning of my reading, starting with the classics. Then, as a young psychologist, it was very natural that I wanted to study hypnosis. I got acquainted with a physiologist, Dr. István Mészáros, who had learned hypnosis at the Medical School of Leningrad University. He got a special training in hypnotic treatment of alcoholics.

Did he want you to help him treating alcoholics?

As a matter of fact, after he came home, first he studied hypnosis at the Department of Physiology at the Budapest Medical School. I learned about his study, but when I actually got acquainted with him, just before I began my last year of studying psychology at ELTE, he had already changed his interest to the study of electrophysiological correlates of conditioning in animals. But we did have discussions about his former studies, and he was open to collaboration in this area. After graduation, I became a Junior Research Fellow at the Institute for Psychology of the Hungarian Academy of Sciences. When Professor György Ádám, then the head of the Department of Comparative Physiology at ELTE became the director of this institute also, he invited me to his department. He really wanted me to get there, because he knew I already had a lot of experience in carrying out physiological research. Luckily, I was in a situation where I could tell him that I would go to his department if I could study hypnosis together with Dr. Mészáros.

Where, as a young researcher, you challenged the hypnosis theory of Pavlov.

Like everybody those days, when I attended Professor Ádám’s lectures, I learnt that hypnosis is a sleep-like state, postulated by the Pavlovian model. At

first, I was very open to this theory, but when I began to work with hypnosis and saw hypnotized subjects day by day, to my surprise, I saw some subjects whose behaviour or subjective experiences did not fit into the sleep-like quality of hypnosis. In my doctoral research, I studied the effect of hypnosis on learning and memory. It was a between-subjects and within-subject design study. Twenty-four subjects served as their own controls. They learned nonsense syllables and words, 5 times in the waking state and 5 times in hypnosis. Four of those twenty-four subjects just did not fit into the Pavlovian theory of hypnosis being a sleep-like state. After being dehypnotized from a traditional relaxational+ hypnosis, they told me “Why did you say it would be like as if I would be sleeping? I became even more fresh and alert than in waking state!” Their movements did not show that slow, relaxed, sluggish and sleepy quality we usually associate with hypnosis, either. They did not feel that they were sleeping. Not at all. Instead, they added “I didn’t feel sleepy and drowsy; I felt I could think crystal clearly, and I could focus my attention much better than in the waking state!” Since these four persons did not fit into the Pavlovian model, I began to think about an alternative explanation. Of course, I asked my boss, Dr. Mészáros, and I suggested that sleep-like features may not be essential to hypnosis. He replied: “Éva, those four people are the exceptions. And you know the saying: ‘Exceptions strengthen the rule’, keep it in mind”. Then I went to professor Ádám, a very well known researcher and theorist all over the whole world, and I told him about my doubts. But he said practically the same: “Éva, you are so young. You should learn what more experienced colleagues advise you to.”



Knowing how stubborn you are, I can imagine you were still obsessed with those exceptions.

I certainly was. But in the beginning of the 1970s, the Pavlovian theory was still prevailing all over the world. It was very appealing, you know. It yielded a physiological model that seemed to be very feasible. The idea that I can prove my hypothesis was not a sleep-like state came from an experience when I went to a movie. I saw a documentary film on the Vietnam War.

The cameraman shot the picture from the North Vietnamese side. First there was a long shot of an attacking group of soldiers. Then those soldiers came closer and closer. The camera focused on one of the soldiers. This man was just about to kill. He ran closer and closer to the cameraman with a machine gun in his hand, so he was not in a sleep-like state at all. He was actually in a very highly aroused state, both emotionally and physically. But when his face got into the focus in close-up, I was shocked to see that his face was very much the same as the faces of the subjects I saw day by day in hypnosis! His face had the same “mask-like” quality, with open eyes, but with unfocused gaze. That very moment was an Aha! moment for me, so actually I sprang up and ran out of the movie, leaving my boyfriend behind. He ran after me – he and all the others may have thought I turned mad – and he asked me why I had run out. I said “I know I am right, because this soldier was in

an altered state of consciousness, very similar to hypnosis, in a highly aroused state”. Suddenly, like a flashback, I realized that in the history of mankind there were several rituals like shamanistic dances or voodoo, where people got into such altered states of consciousness...

...or like the whirling dervishes we saw in Istanbul...

...or as dervishes, who were induced into ASC by a highly active state, sure! So I decided to prove with an experiment that not only the traditional rituals can induce altered states of consciousness by increasing the activity level, but even in the laboratory, we can induce a hypnotic-like ASC with a procedure that actually increases activity.

That’s how you arrived to [Active-Alert Hypnosis](#).

That was it. It’s actually quite simple. Instead of asking the subject to sit into an easy chair and listen to suggestions of getting more relaxed, drowsy, and sleepy, in the active-alert induction procedure, we ask the subject to ride a stationary bike, and start pedalling the bicycle. While exercising in this manner, s/he listens to the words of the hypnotist. We give a feedback about the naturally occurring changes. Instead of saying “You become more relaxed, we say “You become more and more alert, more attentive. You can feel stiffness in your thighs.

Éva Bányai (middle) is inducing active-alert hypnosis in the 1980s.

The subject (right) is pedalling the stationary bike, while the observer (left) is taking notes.



You can feel your blood is running in your vessels. Your breathing becomes faster but regular”, and so on. The structure of the induction is very similar to the traditional one that emphasizes relaxation, but we rather highlight activity and increment of arousal.

This may have a therapeutic effect.

Indeed. It turned out that hypnosis with the active-alert method increases the susceptibility to suggestions to the same extent as the relaxation method does, and it also leads to ASC. But besides the similarities, there are many differences. These differences are very important for the therapeutic utilization. In active-alert hypnosis, people feel themselves more active and emotionally much more positive than in the traditional process. That’s why this method is especially useful with depressed patients. There is one other advantage. As it turned out in our experiments with healthy volunteers, although people perform the suggestions at the behavioural level exactly the same way as in the traditional relaxational hypnosis, they feel that in this form of hypnosis, they are able to perform suggestions because they become so “strong” that they can do anything; while in the traditional form, they have the feeling they cannot resist the suggestions. So this method is very helpful with patients who need ego-strengthening.

It seems to be associated with an increase in the sense of agency.

It enhances the sense of agency by emphasizing the subject’s activity, but it also increases the feeling of self-efficacy. Therefore it is also useful, for instance, with alcoholics or drug addicts.

You have another innovation, rooted in your laboratory research projects as well, which has great therapeutic significance. It seems quite obvious today that we cannot fully understand hypnosis without examining what happens to the hypnotist, but it was quite an odd thought 30 years ago.

I realized in the 1980s that although there were a lot of data about the hypnotized subjects, there was no evidence on the experiences and characteristics of the hypnotist, although it may also be important for an integrative theory. On the other hand, in the schools of hypnotherapy – especially in workshops with an Ericksonian perspective – they emphasized the qualities and the features a hypnotist should have. So there was a gap. The labs studied hypnotized individuals only, while therapists’ trainings emphasized the skills of the hypnotist. After studying the hypno-

tized subjects with EEG and developing active-alert hypnosis, I began to realize that in order to understand the nature of hypnosis better, we have to study the interaction between hypnotists and subjects. From 1982, we began to study hypnosis from this interactional perspective; I think our findings somehow helped to bridge the gap between experimental and therapeutic hypnosis.

Please give an example of how laboratory findings can inform or inspire therapy.

We demonstrated the existence of interactional synchrony between the subject and the hypnotist. We studied how interactional synchrony “happens” in the hypnotists. It turned out that there are different patterns in the interactions. We applied a multidimensional recording. Not only the behaviour and the experiences of the hypnotized subjects, but also those of the hypnotists were recorded. There were some experiments where their psychophysiological responses like EEG, ECG, and galvanic skin response were also recorded. In some cases, a lot of interactional phenomena were found, like moving together, breathing together, even their heart rates changed in synchrony with each other. In other cases, relatively few synchronies appeared. It turned out that these [hypnosis styles](#) have some therapeutic implications. What we call “maternal” hypnosis, characterized by a high amount of interactional synchrony and free expression of emotions, is especially helpful in treating patients with early, preverbal developmental problems. Such problems are presented mainly by psychosomatic patients, borderline patients, and those with psychosis. On the other hand, patients with problems in a later phase of their development – like neurosis –, can be helped much better with the “paternal” type of hypnosis. This style is characterized by much less interactional synchrony and by a rather cognitive and controlling attitude of the hypnotist, letting the subject less emotional expression. We learnt a lot about these styles from the subjective experiences of the hypnotists, reported after hypnosis interactions. Hypnotists preferring maternal style spoke about their own physical experiences, like warmth in their face, their own relaxation, as if they were learning the subjects’ state from their own bodily reactions. Hypnotists using a paternal style, on the other hand, analyzed the situation cognitively, instead of speaking about their own subjective feelings and bodily sensations.

These hypnosis styles seem to be useful in treating patients with different problems. Can you teach

hypnotists to apply a style according to the patients' needs?

Sure. If we look at the famous Ericksonian "pacing" and "leading" rules in the context of hypnosis styles, we can conclude that "pacing" is very characteristic of maternal style. In the hypnotherapeutic training classes of the Hungarian Association of Hypnosis, we speak about the importance of pacing with psychosomatic patients. Leading, on the other hand, is more associated with paternal style, when the patients, like those with phobias, need more "structured" and controlling attitude. Please don't misunderstand! Female hypnotists are not always maternal, and male hypnotists do not always use paternal style! Hypnotists of both genders can be engaged in both styles, if they are trained for that.

You are a pioneer in your field of research, but also in leading roles: you were the first female president of both the European and the International Societies of Hypnosis. What was your mission as a leader? What did you want to transmit to the hypnosis community?

I think I represented a new, more feminine style. I wanted both associations to be more democratic than in the time of my predecessors. I rather prefer to discuss things and work in a team than giving orders. I remember how we were able to get the right to organize the Eurohypnosis '96 in Budapest. There was a very strong competition in Vienna in 1993, with the French and the Dutch associations also running for organizing the next ESH congress. According to economical and financial conditions, both of them were in a much better positions than us, but our invitation had a special flavour: We used a humorous hypnosis induction as an invitation. This kind of humour, very characteristic of Hungarians, brought us success. I attribute this success to a very good team, where the atmosphere was warm, with a lot of laughing and fun, and cooperation, instead of carrying out authoritarian orders. I have always thought that cooperation is much better for developing a good society, than to keep a very strong hierarchical structure.

Maybe that's the secret why many senior colleagues still bring up how much they liked Eurohypnosis '96, the 7th ESH Congress in 1996 in recent conversations...

We got very good feedbacks about both the organization and the venue. My intention has always been to help people discuss things instead of quarrelling; trying to understand each other's arguments instead

of not communicating. It was a really important feature of the conference. We had a special program called "Hot Issues", which was brand new in those times. We invited experts who had completely opposing views on problems. I clearly remember the "State vs. Non-State theories of hypnosis" panel. First, the speakers did not even want to be in the same panel with the representatives of the opposing views, but afterwards, they began even to cite each other's work, and I am very proud of that!

You are also a teacher, well known all over the world. You created a group consisting of scholars and researchers who have become leading figures in the field of research in hypnosis. What are your values in teaching and in transferring your knowledge to the younger generation?

I think the secret is that I have always looked for students who didn't want to follow me, but who rather wanted to discuss things, and sometimes to argue, opposing my views. So I sought for original thinkers. I have always thought it was very important to discuss their ideas from the very beginning; so, sometimes I was sitting with fresh(wo)men discussing their first paper for hours...

...correcting even their grammar mistakes, and making debates over each sentence...

...until, late in the evening, the caretaker called us that she wanted to lock the building! Yes it is quite laborious. Still, helping them finding the beauty and the responsibility of conducting research and hypnotizing people is rewarding for me. It is a real honour and a very great responsibility. I find it very similar to hypnosis, because in a hypnotic situation, an individual allows us, hypnotists to get into a very close, intimate relationship with her or him. This relationship, in some ways, resembles only the most important, long-lasting relationships in our lives, like the parent-child relationship, friendship, or love. It is, again, honour and responsibility. We researchers are entitled by the society to make people engaged in a delicate interpersonal situation, to understand the secret of such relationships. Our responsibility is to continue these investigations until we get really close to the essence of hypnosis. I have always thought that for me, hypnosis and hypnosis research is a source of joy and happiness, and I have looked for students who share this joy!

Both at national and international levels, you have become a woman in a leading position in male-dominated contexts many times. For example, right

now you are a principal research investigator at an oncology department. There are much more male than female oncologists. Did your gender hinder or help you in reaching your goals?



Éva and András in Sorrento, 23 October 2014, after Éva was awarded **Honorary Membership of ESH** (photo by Gail Cunningham)

I think it is helpful that I have always wanted to cooperate. I have never wanted to give orders or to dominate. Since working at a department of physiology for 15 years – where, at the beginning, I was the only female who had a scientific degree, all the other females were assistants –, and since I worked mainly with medical doctors, I learnt to speak their language. So my attitude was to learn as much as I can from them, and then to help them understand and discover that I can help them by other means. It's very similar to what I told you about teamwork. I never wanted to dictate, even though I'm the principal investigator in this research. I am eager to learn the opinion of other experts of the field. Although I became quite well educated now in the field of oncology, I am of course not a medical doctor. So in that field, I give the oncologists the leading role. And now, after 3 years of cooperation, I feel that they begin to realize that we can help them. It helped a lot

that the patients who get our psychological help cooperate much better with them – and they appreciate it.

Please tell me about this project. How did you get involved with the application of hypnosis in oncology?

It had a personal motivation. In 2001, I discovered a lump in my breast, and as it turned out, this tumour was a malignant breast cancer that already gave metastases in the lymph. I got the treatment according to the protocol, chemotherapy and radiotherapy following the operation. My prognosis was really bad. My oncologist was surprised to see how well I managed with the side effects of the chemotherapy which was a rather aggressive one. In those days, it was in an experimental phase, and 99 of the 100 patients who got this therapy had to finish it prematurely, ahead of time. I was the only one who got the whole treatment according to the protocol, because my blood sample and my general condition permitted carrying out the whole treatment. I realized that the reason of my successful coping with this dangerous disease was that I used self-suggestive methods and all my psychotherapeutic means that I used with patients before. Although I started my career as a whole-hearted researcher, I became a therapist, too. During my first stay in the USA at the Stanford Laboratory in 1973–74, when I participated in standardizing the Stanford Clinical Scale of Hypnosis, I realized that hypnosis was extremely effective in helping pain relief and improving the quality of life in different kinds of patients. Actually, I realized this after testing the Stanford Clinical Scale with a male patient who was in the terminal phase of stomach cancer; his heavy pain was gone, without giving him any analgesia suggestions. After this experience, I decided to fight for re-introducing hypnosis into medical therapy in Hungary. I decided taking training in hypnotherapy. My first trainer was Dr. Erika Fromm, who introduced hypnoanalysis to me. She invited me to her home several times, and we had very intensive training sessions. Then I continued my therapeutic training in Hungary in group methods, too, and I began my therapeutic work in 1981. So it was eleven years later than starting my career in research.

I remember you telling us at a course that you had another Aha! moment in a hypnotherapy session, which led you to the interactive research paradigm.

Yes. In fact, I got the idea of the interactional approach from treating a patient with ulcerative colitis. Initially, she was pretty much against hypnosis. Later

on, after explaining to her what hypnosis is, she changed her mind. The very first time she allowed me to hypnotize her I applied Jack Watkins's affect bridge technique, in order to learn about the source of her symptoms. At one point, as I counted backward and she was getting back to the age of 2, suddenly, I saw intensive changes in her breathing, and her face became extremely pale. At this very moment, I myself felt a sharp pain at exactly the same spot where she usually had a strong pain because of her colitis. I have never had any problems with my gastrointestinal tract, so I realized immediately that the source of this feeling comes from her. From her report what actually happened to her at this age, it turned out that she had a traumatic experience. After this session, her colitis was completely cured in two and a half months. After 33 years of follow-up, the symptoms never returned.

Even before your own illness, you had patients with cancer, so you were able to apply self-suggestions. I can imagine your oncologist was curious about how you managed to maintain a relatively good condition for the entire chemotherapy treatment.

Certainly he was, but it did not mean that I could start giving hypnotherapeutic help to other cancer patients immediately. The oncologists wanted "hard" evidence. Thus, first I had to prove them that it works. Being convinced by my healing, my first ally for fighting to conduct an experiment at the Department of Oncology was my oncologist. At the beginning, he was very sceptical. Then I gave him literature to read about the somatic effects of hypnosis, for example, the literature on immune strengthening. Step by step, he began to be less "resistant" to the idea. Now I only see cancer patients in my private practice. Some of them seemed completely hopeless for oncologists. Nevertheless, with the help of hypnosis, they got better, and some of them survived in spite of the very low chance for survival.

"Miracles", the sceptics would say. Or, like your former bosses put, "the exceptions that prove the rule."

I would rather attribute these cases of healing to the power of hypnosis and the very strong beneficial effect of social support hypnosis can communicate. So step by step, in order to get hypnosis into a much better position in psycho-oncology, I had to prove oncologists that hypnosis works. That's why I decided to conduct a randomized controlled clinical

research in this field. And as always, I work in a team, including hypnotherapist colleagues, my doctoral students, medical doctors, and a lot of undergraduate psychology students. One of my PhD students counted the number of volunteers helping in different tasks, like typing the subjective experiences of the patients after listening to the healing suggestions or the musical assemblies applied as control, or helping in data processing, things like that. We have already had more than two hundred expert volunteers who have worked in this project!

What do you see as the most essential of your findings? For instance, are there any significant differences between patients in the hypnosis group and those in the control groups?

Of course, there are differences in the quality of life and in coping. Still, I think the most important finding is that even now, with only half way to the end of the research in terms of the designated number of subjects, we have already found statistically significant differences in white blood cell counts between the hypnosis and the control groups. Subjects in the hypnosis group show not only better results in the overall white blood cell numbers, but in different other parameters, like in the count of so the so-called natural killer cells. So, "hard data" also show that patients listening to positive suggestions in hypnosis while getting their chemotherapeutic infusion are in better physical conditions and have more effective immune systems than those patients who do not get hypnosis. It's important that the patients are randomly assigned into hypnosis or music control groups. Those patients who don't agree to listening to hypnosis or musical assemblies are invited to participate in a study where the relationship between their physical and psychological state is examined. We measure exactly the same variables (blood sample, natural killer cell activity, psychological immune system, coping with illness, and quality of life; we ask them about their mood, their physical state; one of my PhD students is even analyzing their dreams) but they don't listen either to hypnosis or to music. Certainly, personality differences between those who accept and do not accept hypnosis have to be taken in account. Those who volunteer for hypnosis are different in some aspects from those who do not. Understanding these differences may also help us in the future to offer effective psychological help to those who do not want to receive hypnotic intervention.

Since you left the ESH and ISH boards, what changes do you perceive in the field of hypnosis? Do you have a vision for the future of hypnosis?

I think it is high time for hypnosis to go mainstream. Actually, that was the title of my keynote address when I became president of ISH in 2000. Since then, I feel that there are a lot of signs that hypnosis becomes accepted in mainstream neuroscience and psychology; nevertheless, I still feel there is a need to get hypnosis into a much better position in medicine. My dream is that hypnosis will be used in somatic medicine as effectively as it deserves. Unfortunately, in spite of the hard pieces of evidence that hypnosis is a cost-effective tool in medicine, not only in pain relief, but in many other fields, too, it is still not recognized as a standard adjunctive intervention for therapy.

What do you recommend for young researchers in order to be successful in reaching this goal?

It will be very helpful if they strive to learn the language of medical doctors, and apply the well-known technique of pacing and leading.

NEWS FROM THE INTERNATIONAL HYPNOSIS COMMUNITY



by Katalin Varga & András Költő,
Editors of ISH & ESH Newsletters

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 an interview Kata made with Dr. Faymonville for the ISH Newsletter.

“It was facilitated by ‘being a woman’”

Marie-Elisabeth Faymonville interviewed by Katalin Varga

Marie-Elisabeth Faymonville was awarded her degree as a Doctor of Medicine at the University of Liege in 1977, and is a specialist in Anaesthesia and Intensive Care Medicine. In 1983 she received a degree as a Doctor in Clinical Sciences after presentation of a thesis entitled “Factors influencing the duration of ventilatory weaning and post-operative complications after congenital cardiac surgery in the newborn and the child”, a thesis she prepared during her one year stay at the St. Justine Paediatric Hospital at the University of Montreal. She began her career as research fellow at the national foundation for scientific research, then as a specialist in the Department of Anaesthesia and Intensive Care Medicine of the University Hospital Center of Liege, with the responsibility of the Burn Center and the Department of Maxillofacial and Plastic Surgery. She developed, in 1992, a new method of anaesthesia: hypnoseda-tion. Professor since 2003, she directs, since 2004, the Pain Center and takes an active part, as consultant doctor, with the Palliative Care team of the C.H.U of Liege. She is Head of the Department of Algology and Palliative Care since May 2010. She is a member of many scientific societies, and author or co-author of more than 150 publications.

KATA: You developed the method of hypnoseda-tion. Please explain the “story” of this process: how and when the idea came, what steps you made to develop it, and how you tested if it is working.

MARIE-ELISABETH: Hypnoseda-tion is a new an-aesthetic technique.

Since 1992 we have used hypnosis routinely as an adjunct to slight conscious sedation with the aim to perform surgery under local anaesthesia. The story began in 1991 when Professor Alain Forster (Anaesthesiologist at the University Hospital of Geneva, Switzerland) gave a presentation around „hyp-nosis during burn dressing changes”. After his speech, I lost my myths and misconception about hypnosis. I was convinced that this technique could also be used in modern surgery to increase patient’s comfort. At that time, I was working as an anaesthe-siologist in the field of plastic surgery and I was also in charge of the Intensive Care Burn Unit. So the idea to integrate hypnosis as adjunct to conscious IV seda-

tion in our plastic surgery department came up. Therefore I followed a 2 years training on hypnosis at the Milton Erickson School of Liege organized by Doctor Paul-Henri Mambourg.

As a research fellow of the FRS-FNRS (Belgian Funds for Scientific Research), I decided to evaluate the adjunct of hypnosis in a retrospective study and then in a randomized prospective study. These studies were published in journals with peer review like *Regional Anaesthesia* and *Pain* to give credit to this technique. We started this technique in the Plastic Surgery Department as the surgeons routinely used local anesthesia and the patients were interested in avoiding general anaesthesia. Due to this overwhelmingly positive experience in 1994, we proposed the technique to patients undergoing endocrine surgery (parathyroidectomies, thyroidectomies, mammary adenomectomies) which had hitherto be performed under general anaesthesia.

Then we asked for funds from FRS-FNRS to perform studies with volunteers to explore the neurophysiological correlates of hypnosis in volunteers by using the same hypnosis technique as during surgery. In 2002, I wrote a PhD thesis about these observations,



Marie-Filsabeth Favronville

and defended it in front of an international jury (Catherine Bushnell, Canada, François Clergue, Switzerland).

One of the most important aspects of your work is that you introduced hypnosis in the daily practice, and thousands of patients are operated in this way. It is not simply a new form of anaesthesia, as it requires a continuous cooperation and communication between the surgeon, the patient and anaesthesiologist. Many points are determined by the patient - and not by the doctor(s) as it is traditionally occurring. How could you make this technique accepted by the medical colleagues?

In the Plastic Surgery Department, patients and surgeons were interested in avoiding general anaesthesia. These generally healthy patients undergoing elective surgery were interested in minimizing anaesthetic risks, and actively contributing to their own recovery. The endocrine surgery patients displayed the same motivation in avoiding general anaesthesia regardless of their underlying medical condition. Due to a successful experience comprising more than 8.000 cases of surgery performed under hypnosis, we may safely propose this technique as a valuable alternative to standard anaesthetic protocols in certain surgical procedures.

Our clinical investigations concluded that hypnosis is a very effective technique for providing relief of intra- and postoperative pain. This technique results in high patient satisfaction and better surgical convalescence. This technique can be performed safely, efficiently and cost-effectively.

Our publications about brain mechanisms underlying the hypnotic process in healthy volunteers credited hypnosis and helped medical colleagues to accept this technique as a valuable tool to manage acute pain in medical settings.

The implementation of this anaesthetic technique was facilitated by „being a woman“. As an assertive but friendly woman, surgeons felt in confidence: real team work since years, harmonious collaboration, professionalism, and lesser competition. Surgeons accepted that a female anaesthetist developed another model as the traditional paternalistic model of care and they trusted me.

You are one of the professionals who are for applying research results and using it in clinical practice, exactly as we stress more and more in ISH? Please describe how and why it is so in your case (as many

colleagues do not link so effectively the clinical and research aspects of hypnosis).

As already mentioned, it is important to use the „same language“ to those you would like to convince! Therefore, in academic structures, it is important to bring up good clinical studies that show the interest of non-pharmacological approaches and publish these studies in peer review journals.

Who were your mentors?

My mentor was Professor Maurice Lamy, the Head of our Department of Anaesthesia and Intensive Care Medicine. He was a very open-minded, curious, hard working boss with a lot of humanity and kindness. He permits his co-workers to be interested in lesser conventional approaches like „hypnosis“ and to publish results of clinical and more fundamental studies. His support enabled me to increase my self-confidence in my own resources.

You are a very effective researcher, publishing in high prestigious journals. You teach and do the clinical work as well. All these activities require lot of time and energy. How do you manage your time so effectively?

I have learned to be “present” in what I am doing, I enjoy my professional work and I consider human relationship very rewarding. Learning hypnosis is also of great benefit: it increases my communication skills, and helps me to better address the patients’ concerns, to better accept others’ reality, and it improved my listening skills ... all this is also “time saving” in human interactions.

I tend to avoid conflicts and when there are divergent opinions with some peers, I always focus on the patient or student’s interest. This sometimes implies to swallow one’s own pride. Also, in order to manage the various tasks I am responsible for, I fully trust the work of my team and have assigned specific tasks to key people. By delegating efficiently, I am able to multi tasks (clinical work, teaching and research). Finally I think that appropriate work life balance is key to perform at work and I tend to fully enjoy good moments with family.

Please tell us something about your everyday clinical work. Who are your patients? What is your general approach, preferred techniques? What is the role of hypnosis in your clinical practice in general?

I’m actually working with chronic pain, oncologic and palliative care patients. I like to perform clinical diagnostic work and enjoy teaching them self-hypnosis and self-care learning such that they are able to get out of the vicious circle of chronic pain. I work in collaboration with a dynamic team where we have developed new strategies to help patients managing chronic pain. We also evaluate our approaches and afterwards adapt our clinical practice.

And of course our traditional question: your message, hints to the young(er) colleagues?

Stay in the present.
Listen to your patient and be „human“.
Choose a job that you like.
Adapt your professional career to your needs.
Stay curious, stay foolish.
Invest your private life.

Interview with Udi Bonshtein, President of Israeli Society of Hypnosis

by Shaul Navon

SHAUL: Tell me about how you became president of your society. What you are willing to achieve during your presidency, what are your main goals, for how long you will be president, how many years does your mandate long? Please also tell if the role of president is for one term only or if it can be re-elected.

UDI: I have been the president of the Israeli Society of Hypnosis (IsSH) for the last two years. The next elections will take place in 2016. According to our IsSH rules, president can be re-elected for two consecutive terms (and after that he can serve as an advisor-member of the new society). My future goals are to encourage scientific and clinical research and to develop a better realistic public view of hypnosis. I am also intending to use social networks to contact

and inform the public about hypnosis implications. There is also a need to encourage our members to use these tools...

Tell me about your society. When it was born, how many years ago and when did it become ESH CS? Tell me also something regarding its history, its development, how many members do you have, and their specializations (medical doctors, psychologists, dentists, other health care professionals, such as nurses, midwives, social workers or others). I don't need the exact numbers but only a general impression.

The IsHS was founded in 1962 by Moris Kleinhaus who served as first president. The society promoted the enactment of the law of hypnosis in Israel (according to the law, only psychologists, medical doctors or dentists can use hypnosis and for professional objectives only). IsSH has about 150 active members, who take part in the activities during the year (monthly meetings and annual conferences). Our main interest is to "spread the word" to medical schools, professionals and the public of the great potential of hypnosis, by giving scientific information and initiating activities (such as lectures about movies that present the use of hypnosis, as we did last year). Another goal of IsHS is to encourage learning and promote advanced training.

What are the "best practices" of your society (research, teaching, congress organization, clinic...) and how did you have developed these during the years?

We have a very high clinical level. I believe our high clinical level related to the law's definition that only

licensed psychologists, medical doctors or dentists allowed to use hypnosis for clinical and diagnostic purposes only. As such, our conferences are on a high professional level.

What is the next project of your society?

The main project we are dealing with currently is our annual conference, which is to be held in May.

Now I would like to change topic and ask some questions regarding the relationship between your society and ESH. What would you like to have from ESH? How ESH can help you to reach the outcomes and projects of your society? What do you think should be the main role of ESH? How ESH could improve relations with each CS and among CSs? What do you think should be the main role of ESH congress?

I would like to see more collaboration between societies, clinical and social projects, scientific cooperation, and especially – more personal contact (between us, society representatives and also society members). We can also benefit from using internet social networks to make the world closer.



Udi Bonshtein

Interview with Ali Özden Öztürk, President Of Turkish Society Of Medical Hypnosis

by Consuelo Casula

CONSUELO: *First, please tell us about yourself. What is your profession? How did you get engaged with hypnosis? How much do you use hypnosis in your practice? Please share your professional credo (as a clinician or researcher, or if you feel so, being more specific, like a medical doctor.)*

ALI: I had my medical degree in Istanbul University, and during my internship and later on I had the opportunity to study hypnosis with my uncle Husnu Ismet Öztürk, MD who is the founder of Conscious Hypnosis method in Turkey, between 1972 and 1979 until he passed away. We had many applications of conscious hypnosis together especially in surgical hypnosis and hypnoanesthesia without the use of any chemical sedatives, analgesics and anesthetics.

This was a very good introduction to hypnosis for me: to learn hypnosis, its technique and meaning from the very best hands, from the master of hypnosis, and to have the chance to see how it can change and evolve the lives in every dimension. Since then, not only I have devoted my professional career to hypnosis but also I live hypnosis and I live with hypnosis. "To become aware of hypnosis, to be able to feel its meaning and effect in every dimension of life and to differentiate each and every moment with hypnosis" have been the main principles of my life and my treatment method: AUCH© (Awareness Under Conscious Hypnosis). "To live hypnosis and to live with hypnosis" has become my life and professional motto.

Now, besides my studies and trainings in numerous universities and institutions, I have been having my private practice more than 35 years with applications of AUCH© for pain management including migraines, surgery and obstetrics, hypnoanesthesia without any chemical sedations, analgesics and anesthetics, psychosomatic medicine, PTSD, positive psychotherapy, family therapy, hypnoacupuncture etc.

Also, besides being a hypnosis trainer and supervisor and ECH holder, I am a certified acupuncturist, positive psychotherapist and family therapist; and I have

enriched AUCH© and my hypnosis applications with these professional qualifications to be able to make interdisciplinary studies so that to elaborate, understand and improve the mechanism of hypnosis better.

Tell me about how you became president of your society, what you are willing to achieve during your presidency, what are your main goals, for how long you will be president, how many years of presidency? Tell me also if the role of president is for one term only or if it can be re-elected.

I am the founder of Turkish Society of Medical Hypnosis (THD). And since THD was founded in 1991, I have been elected for different posts such as president, vice president, treasurer, secretary and I have always been in BOD.

THD makes elections and COR meeting in every 3 years, and I have been elected as President for the last 3 terms including the current election in 2014. There is no restrictions regarding the term of presidency; and my colleagues and I are all happy to serve THD as long as we are re-elected.

I guess I have been THD President 4-5 terms in total, and I am very happy to continue my post as President and in THD because hypnosis is my life as I mentioned before. Everywhere and every time, I live with hypnosis, then I could not think anytime without hypnosis. Actually, it does not matter whether I have a post of hypnosis or not, because I have a garden of hypnosis full of life, full of potentials and capacities discovered or waiting to be uncovered, full of nice colours and scent, tasteful fruits, peaceful sounds and soothing vibrations and all the beauties I can imagine; and all of which are nourished by a warm welcoming sun, fresh embracing air, pure relieving water, comforting productive land and the joy of the nature.

I have entered into that garden in 1972, which had very big, mighty trees and a really good and wise garden-keeper. At that time, I was younger and I did not know much about garden-keepers or gardening. Then I observed, tried, experienced and learned it. In 1979, the garden-keeper gave me the key. And, he said to me: "Now, it is yours, you should keep it. You should continue and look after the garden, because if you give your best performance it will be a paradise. Now I give you some seeds, you will plant them, you will take care of them and you will grow them."



Now, I have a garden. It has the same place but it is not the same garden. It is as nice as the garden created by the garden-keeper but now there are many different changes. Because while I have been working in the garden, I have found some treasures, I have become aware of them, and I have realized some new capacities and potentials. Then, I believe if a new gardener gives his/her best performance and use the capacities and potentials in the best way possible, with each new gardener the garden/ the post will keep its beauty and will change with beauty.

I also can explain what I want to achieve during my post with this story. I want to share the fruits and seeds of this garden with other garden-keepers; and I want other gardens to grow healthily and properly. I want hypnosis to be used in every branch of medicine. For this reason, the recognition of hypnosis by the Ministry of Health is the main goal of this term of my presidency. I am in the commission of the Ministry of Health regarding the proper use of hypnosis in Medicine in Turkey and I have a position for the proper training and training programs in this commission. I am putting my best effort for having a training program which is recognized by the government, which is in compliance with ESH criteria and which is above the world standards of hypnosis; and also having a worldwide recognition and use of hypnosis.

Please tell me about your team. How many people take part in the operation of the CS? How much members of your CS have?

THD BOD has 7 members and also 5 substitutes in case it is needed. Other than BOD, COR representatives elect 3 members and 3 substitutes for Scientific and Ethics Committee. Also we have a treasurer who is chosen among BOD members. We are all happy to study together and they trust me.

Tell about your society. When it was born, how many years ago, and when and why did it become ESH CS (which year)? Tell me also about its history, its development, how many members do you have, and their specializations (medical doctors, psychologists, dentists, other health care professionals such as nurses, midwives, social workers or others). I don't need the exact numbers but only a general impression. Which contact (relations) has CS with official medicine? Does your society collaborate with Medical Universities? Does your society have publications in scientific journals?

THD is founded on 4th April, 1991 in Istanbul with the vision of reaching, maintaining, contributing and improving the highest professional standards in the practice and application of medical hypnosis for clinical, experimental and research purposes both nationally and globally and becoming one of the most respective institutions in this field. THD became an ESH CS in 2004 in accordance with its vision.

THD only accepts medical doctors, dentists and psychologists for its membership and training programs. It has 122 medical doctors/surgeons, 65 dentists and 32 psychologists as its members currently. In Turkey, only medical doctors and dentists can use hypnosis, and psychologists can use hypnosis in the custody of doctors. Nurses can get hypnosis training to assist doctors better but they are not eligible to use hypnosis.

In cooperation with various universities (Yeditepe University, Aydın University, Bilim University, Uskudar University etc.), THD provides basic and advanced training for its members and specified health care professionals (medical doctors, dentists and psychologists) as an adjunct to their main professional fields. Currently, in Uskudar, Istanbul University, we work in collaboration with GETIPMER (Traditional and Complementary Medicine Practice and Research Center) and have opportunities to make scientific and academic research and studies in the field of hypnosis in addition to our training activities. I am also BOD member of GETIPMER.

THD also organizes seminars, workshops and annual national congresses while encouraging its members

to participate in international hypnosis congresses and organizations. THD hosted 12th Congress of ESH in Istanbul, Turkiye on 16–20 August 2011, with the main theme of “Transcending the Mind-Body Bridge by Hypnosis”.

What are the “best practices” of your society (research, teaching, congress organization, clinical...) and how did you have developed it during the years?

THD specialises its researches and studies mainly on AUCH© method, its application in many branches of medicine and its training in collaboration with the universities, specified health care professionals and other national/international Medical Hypnosis societies. Various researches, studies and applications of AUCH© are realized regarding surgical medicine, hypnoanaesthesia, dentistry, gynaecology and obstetrics, pain management, psychosomatics, anxiety, depression, eating disorders, sleeping disorders, addictions, alternative medicine (acupuncture) and so on.

AUCH© is founded by Husnu Ismet Ozturk, MD around 1951 as a conscious hypnosis method. After that, with further studies and applications on it, I renamed the method as “Awareness Under Conscious Hypnosis” by putting more emphasis on awareness for the applications and use of hypnosis. Then I introduced the main principles of AUCH Method: “awareness, differentiation and feeling” and classified the steps of AUCH©: “MAYA© (Making Acceptance with Your Awareness), induction and auto-hypnosis”. Dr. Husnu Ismet Ozturk had originated the first step of AUCH© which is informing and taking consent of the patient, so he highlighted the importance of acceptance of the patient since 1950s. Then, I named this first step as MAYA© by reemphasizing awareness and acceptance. As a result, I can say that THD has an important mission for the tradition and future, proper use and training of hypnosis in Turkey.

Please tell if your CS involves members who work in hypnosis research. We would be glad if you told about the most interesting or renowned research projects and shared the availability of the principal investigators. Is there any interaction between researchers and clinicians in your society?

As I mentioned above, we mainly focus on AUCH© and its applications. I can give surgical operations performed without any chemical sedations, anaesthetics and analgesics under AUCH© as an example

to our researches. During and after the surgery, we make measurements and tests and keep records to be able to understand hypnosis better. I also continue my studies to further illustrate the relationship of AUCH© with acupuncture, positive psychotherapy and other fields of science and medicine.

What is the next project of your society?

During this term, we will focus on the legal ground of hypnosis in Turkey. As I mentioned, some other THD members and I have posts in the Ministry of Health Commission of Hypnosis; and we are doing our best to set and maintain the educational and ethical standards regarding the medical application of hypnosis in Turkey in accordance with ESH and professional rules and regulations.

Now I would like to change topic and ask some questions regarding the relationship between your society and ESH. What would you like to have from ESH? How ESH can help you to reach the outcomes and projects of your society? What do you think should be the main role of ESH? How ESH could improve relations with each CS and among CSs? What do you think should be the main role of ESH congress?

I think ESH is very important for its CS societies for providing an international ground and network for hypnosis regarding its application, research and training. Congresses are very important in this regard. An online international network constituted from ESH members (including their contact info (especially email addresses), professional and educational background, hypnosis education and experience) and a special part for ESH CS’s trainers (from accredited societies) would be another platform for the purposes I have just mentioned. Also, an online training seminar from ESH BOD members or CS trainers on a monthly or regular basis would be very useful for training purposes, for strengthening networking and relationships among ESH members and ESH, and for increasing the level of hypnosis across CSs. There is always an ongoing need for hypnosis research and training since hypnosis keeps evolving. So, I believe all the support from ESH for research and training activities would be welcomed. This support might be in the form of student exchange programs, trainer’s training courses, sharing info regarding recent hypnosis developments, meeting with the experts in the area, special discounts for membership and for journals/books, online training opportunities, webinars, video conference training/seminars etc.

Calendar of Forthcoming Events

by Christine Henderson

SFH: RENCONTRE PROFESSIONNELLE

25th March 2015

Lieu: Paris

Orateur(s) Invité(s): Olivier Grinda, Christine Guilloux, Bernard Mayer, Jane Turner

Langue utilisée: Français

Traductions: Non

Tarifs:

Gratuit pour les Membres de la SFH et de la CFHTB. Pour les Membres de l'ESH / Pour les non-Membres = 15 Euro

Site de réservation par internet: www.hypnose-sfh.com

Courriel: contact@hypnose-sfh.com

Tel: 01-48-04-92-96

IETSP: BRAINSPOTTING® THERAPY (BSP) LEVEL 1/LA THERAPIE BRAINSPOTTING® (BSP) NIVEAU 1

17th April 2015

Brainspotting® Therapy (BSP) Level 1

Date(s): 17th to 19th April

Times: 09:00 to 18:00 (17th and 18th) 09:00 to 16:30 (19th) - total 20 hours

Venue: Hôtel Le Meditel, 29 Boulevard Pasteur, 75015 Paris (subway Pasteur)

Invited Speaker: David Grand Ph.D (USA)

Language: English

Translations: English into French

Fees: 695 Euros (10% reduction for ESH Members)

Registration website: www.ietsp.fr

Email: mayer@ietsp.fr

Telephone: +33 144 050590

La Therapie Brainspotting® (BSP) niveau 1

Date(s): 17-19 et 19 avril

Horaires: 9h - 18h les 2 premiers jours et 9h - 16h30 le dernier jour

Lieu: Hôtel Le Meditel, 29 Boulevard Pasteur, 75015 Paris (subway Pasteur)

Orateur(s) invité(s): David Grand Ph.D (USA)

Langue utilisée: Anglais

Traductions: En Français

Tarifs: 695 Euros (Membres ESH 10% de réduction)

Site de réservation par internet: www.ietsp.fr

Courriel: mayer@ietsp.fr

Téléphone: +33 144 050590

CUHL: COMMUNICATION SPÉCIFIQUES DANS LA PRISE EN CHARGE DES DOULEURS AIGÜES ET CHRONIQUES

8th May 2015

Titre d'Événement: Communication spécifiques dans la prise en charge des douleurs aiguës et chroniques

Dates: 17 et 18 octobre 2014, 14 et 15 novembre 2014, 12 et 13 décembre 2014, 23 et 24 janvier 2015, 27 et 28 février 2015, 20 et 21 mars 2015, 8 mai 2015

Horaires: Chaque vendredi: de 16h à 22h30 (cette session se termine par une conférence donnée par un expert dans des domaines variés)

Chaque samedi: de 9h à 18h30 (lunch prévu sur place)

La journée de rencontre le 8 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(s) invité(s):

FAYMONVILLE Marie-Elisabeth (CHU Liège), NYSSSEN Anne-Sophie (CHU Liège), VANHAUDENHUYSE Audrey (CHU Liège), FOHN Bruno (CHR Citadelle, Liège), DOUTRELUGNE Yves (Tournai), CELESTIN Isabelle (Paris), HALFON Yves (Rouen), KAISER Kenton (Herve), COLOMBO Stefano (Genève), BIOY Antoine (IFH Paris).

Langue utilisée: Français

Traductions: Non

Tarifs: 1,850 Euros

Courriel: mfaymonville@chu.ulg.ac.be

Tel: +32 4 366 80 33

AFEHM: 7EME COLLOQUE: HYPNOSE - ZEN - MEDITATION

8th May 2015

Lieu: Paris - 21 rue de l'École de Médecine - Les Cordeliers

Orateur(s) Invité(s): Fabrice Midal, Eric Rommeluère, Olivier Debass, Pierre Rainville, Jean-Marc Benhaïem

Langue utilisée: French

Traductions: No

Tarifs: Pour les membres de l'ESH: Sur le site Pour les non-membres:

Site de réservation par Internet: www.hypnose-medicale.com

Courriel: secretariat.hypnose@orange.fr

Téléphone: +33 (0) 1 42 56 65 65

BSMMDH-SCOTLAND & BSCAH: HYPNOSIS IN HEALTHCARE - A PAN EUROPEAN PERSPECTIVE

6th June 2015

Venue: Beardmore Hotel & Conference Centre, Clydebank, Scotland

Invited Speakers: ESH Board of Directors

Language: English

Special Early Bird Registration Fee until 17th April: £110

(Saturday or Sunday Workshop), £200 (Saturday & Sunday)

Registration Fee after 17th April: £120 (Saturday or Sunday)

Workshop), £235 (Saturday & Sunday)

Registration Fee includes Lunch and Refreshments

Closing date for Registrations: Wednesday, 27th May

Social Event: Dinner and Ceilidh - £35

To Register please contact: mail@bsmdh-scot.com Telephone: +44 (0) 7981 333 391

SMSSH: WORKSHOP ON STRATEGIES TO PREVENT TREATMENT FAILURES

20th June 2015

Please note: This is not a common training on hypnosis techniques but provides the guidelines of a pan-theoretical approach for evaluating and improving the quality and effectiveness of behavioural health and therapeutic services.

Venue: Bern

Invited Speaker: Scott Miller, PhD (USA)

Language: English

Translations: If necessary

Fees: 600 CHF - Members 650 CHF - Non-Members

Registration deadline: 8 March 2015

Registration website: www.hypnos.ch

For further information please contact:

Email: thomas.villiger@psychologie.ch Telephone: +41 (0) 32 322 83 15

ISH & CFHTB CONGRESS: ROOTS AND FUTURE OF CONSCIOUSNESS / HYPNOSE, RACINES ET FUTUR DE LA CONSCIENCE

26th August 2015

20th World Congress - Paris Congress 2015 of Hypnosis - Roots and Future of Consciousness

Date(s): 26th August - Pre-Congress 27th to 29th August - Congress

ESH Newsletter

Volume 1, 2015

Venue: Palais des Congrès de Paris
Times: Program on the website
Invited Speaker(s): Full scientific programme online in March
Language: Speakers mother tongue
Translations: English, French, German (integral)
Fees: Available on the website
Registration website: www.hypnosis2015.com
Email: amelie@cfhtb.org or marion@cfhtb.org
20ème Mondial – Paris 2015 – Hypnose, racines et futur de la conscience
Date(s): Pré-congrès le 26 août 27 au 29 août congrès
Lieu: Palais des Congrès de Paris
Horaires: Programme sur le site internet
Orateur(s) invité(s): Programme scientifique intégral en ligne début mars
Langue utilisée: Langues orateurs
Traductions: Français, Anglais, Allemand (integral)
Tarifs: Cf site internet
Site de réservation par internet: <http://www.cfhtb.org>
Email: amelie@cfhtb.org ou marion@cfhtb.org

DGZH: 2015 HYPNOSE KONGRESS

11th September 2015
Venue: Hotel Steigenberger Berlin, Los-Angeles-Platz 1, 10789 Berlin
Language: German
Translation: N/A
Fees:
400 Euros – ESH Constituent Society Members 550 Euros – Non-Members
Registration website: www.hypnose-kongress-berlin.de
For further information please contact:
Email: mail@ccwcongress.org Tel: +49 (0)30 – 36284040

IETSP WORKSHOP: UTILISATION OF EMDR IN THE TREATMENT OF COMPLEX TRAUMA AND DISSOCIATION / UTILISATION DE L'EMDR DANS LE TRAITEMENT DES TRAUMATISMES COMPLEXES & DISSOCIATION

17th October 2015
Workshop: Utilisation of EMDR in the Treatment of Complex Trauma and Dissociation
Date(s): 17th and 18th October
Times: 09:00 to 18:00 (17th) 09:00 to 17:00 (18th) – total 14 hours
Venue: Adèle Picot, 39 Rue Notre-Dame des Champs, 75006 Paris
Invited Speaker: Roger Solomon Ph.D (USA)
Language: English
Translations: English into French
Fees: 525 Euros before 1st September 575 Euros after 1st September (10% reduction for ESH Members)
Registration website: www.ietsp.fr
Email: mayer@ietsp.fr
Telephone: +33 144 050590
Workshop: Utilisation de l'EMDR dans le traitement des traumatismes complexes & dissociation
Date(s): 17 et 18 octobre
Horaires: 9h – 18h les 1er jours et 9h – 17h le dernier jour
Lieu: Adèle Picot, 39 Rue Notre-Dame des Champs, 75006 Paris
Orateur(s) invité(s): Roger Solomon Ph.D (USA)
Langue utilisée: Anglais
Traductions: Anglais vers le Français
Tarifs: 575 Euros avant le per septembre et 575 Euros après le per septembre (Membres ESH 10% de réduction)
Site de réservation par internet: www.ietsp.fr
Courriel: mayer@ietsp.fr
Téléphone: +33 144 050590

IETSP: BRAINSPOTTING® THERAPY (BSP) LEVEL 2 / LA THERAPIE BRAINSPOTTING® (BSP) NIVEAU 2

14th November 2015
Brainspotting® Therapy (BSP) Level 2
Date(s): 14th and 15th November
Times: 09:00 to 18:00 (14th) 09:00 to 17:00 (15th) – total 14 hours
Venue: Hôtel Le Meditel, 29 Boulevard Pasteur, 75015 Paris (subway Pasteur)
Invited Speaker: David Grand Ph.D (USA)
Language: English
Translations: English into French
Fees: 575 Euros (10% reduction for ESH Members)
Registration website: www.ietsp.fr
Email: mayer@ietsp.fr
Telephone: +33 144 050590
La Therapie Brainspotting® (BSP) niveau 2
Date(s): 14 et 15 novembre
Horaires: 9h – 18h les 1er jours et 9h – 17h le dernier jour
Lieu: Hôtel Le Meditel, 29 Boulevard Pasteur, 75015 Paris (subway Pasteur)
Orateur(s) invité(s): David Grand Ph.D (USA)
Langue utilisée: Anglais
Traductions: En Français
Tarifs: 575 Euros (Membres ESH 10% de réduction)
Site de réservation par internet: www.ietsp.fr
Courriel: mayer@ietsp.fr
Téléphone: +33 144 050590

IETSP WORKSHOP: STRATEGIC DIALOGUE ADVANCED: DOUBLE BIND AND PARADOX FOR EFFECTIVE THERAPEUTIC CHANGE / LE DIALOGUE STRATEGIQUE AVANCE: DOUBLE LIEN ET PARADOXE POUR UN CHANGEMENT THERAPEUTIQUE EFFICACY

5th December 2015
Workshop: Strategic Dialogue Advanced: Double Bind and Paradox for Effective Therapeutic Change
Date(s): 5th and 6th December
Times: 09:00 to 18:00 (5th) 09:00 to 17:00 (6th) – total 14 hours
Venue: Hôtel Le Meditel, 29 Boulevard Pasteur, 75015 Paris (subway Pasteur)
Invited Speaker: Giorgio Nardone Ph.D (Italy)
Language: English
Translations: English into French
Fees: 525 Euros before 1st October 575 Euros after 1st October (10% reduction for ESH Members)
Registration website: www.ietsp.fr
Email: mayer@ietsp.fr
Telephone: +33 144 050590
Workshop: Le dialogue stratégique avancé: double lien et paradoxe pour un changement thérapeutique efficace
Date(s): 5 et 6 décembre
Horaires: 9h – 18h le 1er jours et 9h – 17h le dernier jour
Lieu: Hôtel Le Meditel, 29 Boulevard Pasteur, 75015 Paris (subway Pasteur)
Orateur(s) invité(s): Giorgio Nardone Ph.D (Italie)
Langue utilisée: Anglais
Traductions: Anglais vers le Français
Tarifs: 525 Euro avant 1er octobre et 575 Euros après le per octobre (Membres ESH 10% de réduction)
Site de réservation par internet: www.ietsp.fr
Courriel: mayer@ietsp.fr
Téléphone: +33 144 050590

MEG: 2016 CONGRESS

3rd March 2016
Further details will follow

Please check our regularly updated web calendar:
<http://esh-hypnosis.eu/events/event/>

20th World Congress

ISH - CFHTB

Hypnosis

Roots and
Future of
Consciousness

Spoken Languages : English, German, French

PARIS PALAIS DES
CONGRÈS

26TH > 29TH

AUGUST 2015

www.hypnosis2015.com



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***We are looking forward to seeing you at ISH & CFHTB Congress:
Roots And Future Of Consciousness,
between 26–29 August 2015 in Paris!***