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ENTRANCING NEWS

A publication of the **Canadian Society of Clinical Hypnosis (BC Div.)**

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Fall 2004

UPCOMING EVENTS

Sept. 15 Monthly Mtg. –
“Integrating Diagnostic
Astrology & Hypnosis
in Psychotherapy”

Oct. 20 Monthly Mtg. –
“Hypnosis and Health
Care in Cuba--Not
What Most People
Think”

Nov.17 Monthly Mtg. –
“Self Actualization and
the Balanced Life -a
New Paradigm for
Health”

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Annual Clinical Hypnosis Training Workshop – Revamped and Renewed!

Sat. & Sun. January 29 & 30, 2005

The Faculty of the Society’s **Annual Clinical Hypnosis Training Workshop** has been hard at work, revamping and renewing the topics and structure of components offered over this intense and highly gratifying weekend training experience. They have taken into account feedback received from past participants (both positive and negative) and from current Members who have not participated in the Workshop in some time because they felt the material was repetitive.

We hope that you will attend this next Training Workshop, being held **Sat. & Sun. January 29 & 30, 2005 in Vancouver**. New topics include:

- Relationships and Hypnosis
- Hypnosis in Sex Therapy and Treatment of Sexual Abuse
- Biology of Beliefs & Hypnosis
- Integrating Hypnosis Into Your Practice

Some former topics have been omitted this year (particularly at the Intermediate / Advanced levels) to compensate for the new topics and to allow more time for individual topics to be explored with greater depth. This will also provide enough time for demonstration and supervised practice.

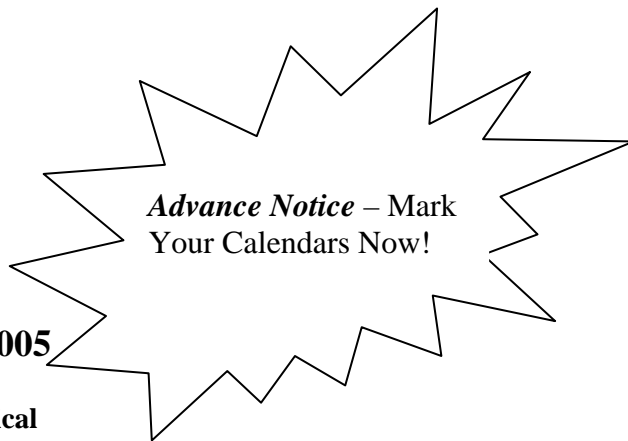
Sure to be offered with the well-renowned level of enthusiasm and energy by the Faculty, we hope that you will also tell your colleagues about this training weekend and plan early to attend! Brochures and Registration available in November.

TECHNOLOGICAL UPDATE – EMAIL ADDRESSES REQUIRED!

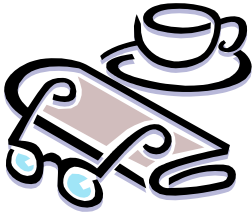
In an effort to keep somewhat up to date with the world of modern technology, the Society is currently working on revamping its website and continuing to build its list of email addresses for Members. This should help to cut down on mailing costs.

If you have not submitted your email address or it has changed, please send your information to admin@hypnosis.bc.ca as soon as possible.

Thank you for your co-operation!



News & Notes



This section covers events in the lives of our Members. The Executive welcomes additions to this column - please mail, email or fax your news and notes. We are also happy to hear about books you have read which you would recommend or workshops and/or presenters that have been beneficial. If there is someone you would like us to approach for presentation at a regular monthly meeting, or for a longer workshop, that information is also appreciated. We need presenters for our meetings, so when you have a topic you can share with members, please volunteer.

A Winner! The Film "**Making Every Moment Count**" directed by **Dr Leora Kuttner** and co-produced by Still Waters Pictures and the National Film Board of Canada was a winner for best Documentary (Silver Award) at the Health Sciences Association Festival In Denver Colorado in June 2004 . This is the first of many awards for this ground-breaking documentary that recognizes the importance of comprehensive care for children at end of life and their profound wisdom. Further info: www.nfb.ca and available through NFB 1-800-267-7710.

"UNDERSTANDING DISSOCIATIVE DISORDERS: A Guide for Family Physicians and Health Care Professionals", by **Marlene E. Hunter**, M.D., F.C.F.P.(C), has recently been published by Crown House Publishers (U.K. and U.S.) The book offers an easy-to-read, practical guide for doctors and other health care workers on the front line, who see these bewildering patients in their offices.

Besides the "typical" dissociative disorders (DID, DDNOS, PTSD) the book discusses many of the co-morbid conditions and other chronic syndromes which have so many dissociative components, such as chronic

pain and irritable bowel problems. There are chapters on medication, confusing lab results, eating disorders, and sexual dysfunction, as well as a chapter on the latest neurophysiological research.

The book is enjoying excellent reviews. It does not pretend to address the how's and why's of psychotherapy, but rather attends to the day-to-day management, crisis intervention, and how to offer supportive and practical response.

The ISBN number is 1904424244 and, should your local bookstore not have it, they can order it through the Crown House Publishing Vermont office (info@CHPUS.com).

Dr. Gordon Cochrane is again offering training and supervision in hypnosis for psychotherapy. Again this year, these sessions are held one Saturday morning each month in the board room of his office at #400 – 1681 Chestnut Street (Burrard & 1st). If interested, please call Julie Liddell at (604) 926-8447.

MONTHLY MEETING REVIEW

Ego State Therapy

Presented by James Stabler, M.S.W.

The following is a summary of the topic presented by James Stabler at the April Monthly Meeting:

The Concept of Ego States

Just as the body consists of many parts each of which have a separate function contributing to the proper well being of the individual so the mind is assumed to be similarly effective by designating certain parts to take care of specific functions.

An ego state is presumed to be an unconscious part of the personality which has become separated (dissociated) from the central conscious personality at the time of a critical experience. It may or may not communicate with consciousness.

A critical experience is one in which the protective emotions/defenses such as hurt, anger and fear (child) are initially overwhelmed. Thus these protective emotions/defenses are repressed and a symptom producing ego state is established. These ego states become further reinforced and dissociated by any repetition of similar traumatic experiences. The symptom producing ego states retain the intense emotion and memories of the conflict created by the trauma. Through the mechanism of amnesic repression and within the limits of its available resources, its function is to attempt to protect the rest of the personality from a recurrence of that experience. The symptoms it produces arise from the distress it unconsciously withholds. It remains concealed from the rest of the personality through the mechanism of amnesia.

When this mechanism is overloaded by current experiences reminiscent of the original critical experience, symptoms and abnormal behavior emerge. No matter how destructive these manifestations may seem to be, the original innate

unconscious protective intention always prevails (e.g. avoidance of an environment perceived as dangerous, seeking parental approval etc.)

A. Ideomotor Signal and Affect Bridge

The word “Ideomotor” recognizes the fact that much of human motor activity (i.e. muscle) is preceded by an idea. When the therapist observes a motor response from a client to an idea that he has presented he terms this an ideomotor response. Recognition of the induction of hypnosis is dependent upon this response (e.g. catalepsy, relaxation, levitation etc.) Frequently, before there is motor response the client may be aware of sensory response. This is termed an ideosensory response. It requires the client’s prior comment for the therapist observer to utilize it.

Ideomotor and ideosensory (e.g. feeling of lightness in limb) involve unconscious mechanisms and enable the therapist to make effective communication with unconscious ego states. In practice ideomotor signals for simple motor responses are employed; “yes”, “no”, “none of your business” or “I don’t wish to answer”. Finger and head signals seem to be the most useful in practice.

The Affect Bridge is a term given to the fact that symptoms and abnormal behavior (Affect) engendered by the symptom producing ego states can lead (Bridge) to the causative unconscious affect and, in turn, to the memory of the traumatic critical experience. In a sense this is the reverse of the ideosensory response since it is a conscious affect leading to the unconscious idea responsible for it.

You will observe that conscious and unconscious affect are bridged and the bridge is monitored by the ideomotor signal.

B. Critical Experience Set Up

Prior to establishing ideomotor communication with the unconscious I spend a considerable amount of time with the client “reframing” the symptoms and abnormal behavior (Affect) engendered by the symptom producing ego state. For example a 60 year old woman who has had the responsibility for “holding” her family of origin and extended family together is feeling rejected by her family members as she continues to try to maintain her “holding behavior”. Discussion and questioning lead to a bigger issue for her, namely that of “being treated fairly” not only by her family but also by her friends, colleagues and people at large. By taking the time to discuss, question and reframe the Affect, if appropriate, I believe the benefits are: 1. Identification of a “Significant Critical Experience” which connects with a wider scope of repetitive similar traumatic experiences as a child, 2. A greater awareness, after the ego state regression experience, of the symptoms produced by the formerly unconscious “Idea” in the Present stimulus triggered moment, 3. An increased ability to “Generalize” a new adult response to present tense repetitive stimuli similar to the critical experience.

C. Ideomotor Questioning and Regression

1. Establish ideomotor signal

- identify yes, no and none of your business fingers
- ask via response from fingers, is your name, is it Christmas day and so forth

2. Establish communication with the unconscious/inner mind

- ask if it is all right to communicate with the unconscious/inner mind
- (Note: all questions require yes/no finger response unless otherwise noted)**
- ask if it is ready and willing to cooperate with and help the client
 - ask if it is ready and willing to cooperate with you to help the client

3. Identification of Critical Experience

- ask, “Now I would like you to let your imagination (or go in your imagination) take you to a happy place and feel, see, hear, smell all the things that make you feel good and when you are fully there let me know with your yes finger. Good now tell me (out loud) a little about that happy/special place. Before starting ideomotor questioning explain to the client that all communication will be via the fingers except for verbalizing about the happy/special place.
- **Note: if you need to get other verbalizations because of resistance or client has difficulty with process switch to combined ideomotor and verbalizing process or strictly a verbal process (e.g. Inner Child). Remember that hypnosis with ideomotor questioning is rapid and therefore, the client is in an altered state (dissociated) so keep going and just intuitively do whatever feels right.**
- Ask if there is a part missing from that happy/special place. Reflect back words client has used to describe place and his/her feelings such as relaxed, comfortable... and let me know with your yes or no finger.

- Yes. Now go back in time and join that younger part of you when he/she experienced that uncomfortable experience and when you are with that younger self experiencing that uncomfortable experience let me know with your yes finger.

4. Acceptance & Relinquishing of Repressed Emotion as Currently Irrelevant

- Yes. Now help that younger part of you to experience the experience until that experience is finished with. Help that younger part go through the experience in a different way, in a way that the discomfort is no longer necessary.
- When the experience is finished, changed, over for the younger part/child let me know with your yes finger.
- Yes. Is that younger part, that child younger than five, no, younger than ten, yes, 9, yes.
- Can 9 year old Mary/John... come forward in time and join you in that happy/special place - let me know with your yes or no finger.
- Yes. When 9 year old... is with you in that happy/special place and is feeling all the feelings of comfort, happiness, peace... let me know with your yes finger.
- Is there any other part of you missing from your happy/special place? No. If yes repeat above sequence.

5. Recognition of freedom from Repressed Emotions

- Ask the Adult/Client to accompany the young ego state/child back to the original memory and review it until it is no longer a source of distress.
- When the discomfort/distress is finished with, complete... let me know with your yes finger.
- Take your 9 year old to the happy/special place and when the both of you are comfortable, happy... let me know with your yes finger.

6. Integration/Rehabilitation-Ego Strengthening & Assertiveness Training

A. Progression- Freedom from future Symptom Producing Stimuli

- Ask, when you are ready and 9 year old ... is ready I want the two of you to go forward in time, a year, 100 years a 1,000 years, however long you want. And when you go forward in time I want you to experience similar experiences that you experienced when 9 years old but this time, when you and your 9 year old go through those experiences they will not be distressing, uncomfortable... you will go through them easily and comfortably and when you are finished going forward in time let me know with your yes finger. I will be quiet, take your time, all the time you want.
- Yes. Good, return to that happy /special place and when you and your 9 year old are feeling happy/secure... let me know with your yes finger.

B. Integration

- Good. When you are ready and 9 year old Mary/John... is ready I want you to integrate 9 year-old... inside you in the present, here and now. You can put him/her in your heart, rib cage, abdomen or throughout your body or in any way that suits you and 9 year old...and as you do, let 9 year old...know in your own way the he/she is lovable, powerful, always with you...(be creative with your language as it will reflect intuitively how the Adult needs to take care of the child).
- When 9 year old...is fully integrated within you and you are ready, take a deep breath, open your eyes and come back and reorient yourself back to this present situation.

7. Closure

At this point I generally do not discuss the details of the Critical Experience or the insight the client has gained. This is because I usually do a lot of Cognitive work prior to using Ego State intervention as my preference is to have a "Silent Abreaction". It is more gentle, less fearful and I believe the Cognitive work enables the client to have a stronger and more able Adult to help the child re-experience the critical incident more easily and effectively.

However, for some clients Cognitive Restructuring does not help much (e.g. if they are dyslexic or they have a string attachment to the critical experience as an Adult) they need to discuss the Ego State Experience in detail (catharsis). I will do so and am careful not to add my own interpretation or impose my own stuff. What I try to do here is validate and help the client to gain greater Cognitive understanding of the unconscious critical experience and how it is replicated in the present.

Most clients are ok with a "Silent Abreaction" but some, no matter how much therapy they have had and how much understanding, just need to talk the Ego State experiences out loud. It is there way of perhaps mastering the critical experience and overcoming the Affect in the present tense.

8. Integrating Ego State, Cognitive, Behavioral and Energy Therapies

Behavioral Paradigm: The viewpoint is external behavior and thus internal constructs such as ego, mind, belief, motivation and so forth are not entertained. External behavior is the Dependent variable and a host of environmental Independent variables are introduced toward producing behavior change. The stimulus-response (S-R) bonds are determined with Exposure in vivo or imagination without escape/avoidance as the means to extinguish the S-R bonds. The problem is one of conditioning, history or learning.

Cognitive Paradigm: Internal processing, that is stimulus-integration-response (S-I-R) is really what causes the problem. It is self-talk or interpretation/integration of the stimulus that causes the problem. The client is assisted in altering responses by altering (Cognitive Restructuring) the narrative via reframing, relabelling and so on.

Energy Paradigm: Psychological problems are a function of energy structures or fields. If thoughts exist in fields and the negative emotions are rooted in energy configurations, psychological phenomena are fundamental quantum mechanical events or processes. If thought exists in energy fields then psychological problems can be resolved more easily by merely altering the energy field.

The behaviorist primarily attends to causal factors in the environment and the basic intervention tool is **EXPOSURE**. The cognitive therapist attends to causes within the person and the basic tool is **COGNITIVE RESTRUCTURING**. The energy therapist attends to altering energy fields and the basic intervention tool is **ATTUNEMENT**.

QUESTION: In what ways does Ego State Therapy fit with these three paradigms.

Sources:

- Gallo, Fred. Energy Psychology, Explorations at the Interface of Energy, Cognition, and Health. CRC Press LLC 1999.
- E.A. Barnett. Analytical Hypnotherapy, Principles and Practice. Westwood Publishing Company 1989.
- E.A. Barnett. Ego State training for CSCH presented in Vancouver 27 May 2000.
- Watkins J, Watkins H. Ego States, Theory and Therapy. W.W. Norton And Company 1997.

We extend a warm thank you to James for his presentation and for his detailed notes.

MONTHLY MEETING REVIEW

Relationships

Presented by Gordon Cochrane, Ed.D

Gordon Cochrane gave the Wednesday presentation in May. He presented on the role of hypnosis imagery in relationship therapy. He demonstrated how hypnosis imagery can be used to help couples identify what he calls “relationship learners”.

A relationship learner is the person you were at the time, which could be you as a child, a teenager or a younger adult, when you learned from experience that when you are open and unguarded, you can be hurt. Relationship learners cause us to be wary and to have difficulty trusting.

The second part of the presentation focused on how we can respond therapeutically to our relationship learners.

Thank you Gordon, for your insight and never-ending contributions to the Society.

If any Members have any contributions of ideas, designing talents, etc. for our Society’s website, they would be greatly appreciated. Please either email Kim Piccolo, our Administrative Assistant at admin@hypnosis.bc.ca or leave a message on the telephone line at 604-688-1714.

Thank you!

Welcome New Members!

Please add the following new Members to your Membership Directory:

<u>Name/Address</u>	<u>Degrees</u>	<u>Member Type</u>	<u>Referrals</u>	<u>Specialty</u>
Flint, Garry A. #5 – 2906 32 nd Street Vernont, BC V1T 5M1 (250) 558-5077 gflint@junction.net	Ph.D. Psych.	Full	Y	Anxiety, PTSD – Psychosis, Depression
Rados, Lana 616–402 W. Pender St. Vancouver, BC V6B 1T6 604-644-9874 info@lanarados.com	MA Integrative Psychotherapy, MA Clinical Psychology	Full	Y	Relationships, Fears, Self Esteem, Work Performance, Anxieties, Health Issues, Conflicts, Trauma

Monthly Meeting Schedule

The following is a listing of the dates and topics of upcoming meetings. Topics may change at the last minute due to circumstances beyond our control. If you wish to confirm the topic being presented, please feel free to contact the office.

The purpose of these monthly meetings is to provide useful information to our members and a place for members to meet and discuss hypnosis in a positive learning environment. If there is a topic you would like to see presented or you have a topic you would like to present at one of the meetings, please contact the Society President, Dr. Lee Pulos at 604-669-6979.

Meeting Date: Third Wednesday of each month
Meeting Time: 6:30 p.m.
Meeting Place: Bianca Rucker's Office
#400 - 601 West Broadway, Vancouver, BC

<u>DATE</u>	<u>PRESENTER</u>	<u>TOPIC</u>
Sept. 15	Lorraine Milardo-Bennington	Integrating Diagnostic Astrology & Hypnosis in Psychotherapy
Oct. 20	Marlene Hunter, M.D.	Hypnosis and Health Care in Cuba - Not What Most People Think
Nov. 17	Davidicus Wong, M.D.	Self Actualization & the Balanced Life -a New Paradigm for Health