



# ENTRANCING NEWS

A publication of the Canadian Society of Clinical Hypnosis (BC Div.)  
Email: [admin@hypnosis.bc.ca](mailto:admin@hypnosis.bc.ca) • Website: [www.hypnosis.bc.ca](http://www.hypnosis.bc.ca)

## WINTER 08/SPRING 09

### Upcoming Events

January 21/09  
Monthly Meeting  
Topic: Guided Affective Imagery

March 18/09  
Monthly Meeting  
Topic: Voice Dialogue

June April 15/09  
Monthly Meeting  
Topic: The Brenner Chart

### Executive Council Members

CHARTER MEMBERS  
F.W. Hanley, MD  
R. Yorsh, DDS

EXECUTIVE COUNCIL  
Lee Pulos, PhD, ABPP  
President  
Saul Pilar, MD  
Administrative Vice-President  
Leora Kuttner, PhD  
Education Vice-President  
Heather Fay, MD  
Secretary-Treasurer

MEMBERS AT LARGE  
Mavis Lloyd, PhD  
Bianca Rucker, RN, PhD  
Lance Rucker, DDS

PROFESSIONAL  
ADVISORY COMMITTEE  
Marlene Hunter, MD  
Don Louie, MD, FRCPC(C)  
Frank Spellacy, PhD

## MONTHLY MEETING REVIEW –September 25, 2008

### Reprogramming Beliefs Using Early Recollections

Presented by Mavis Lloyd, PhD | Experienced and Reported by Katharine Ingham, M.A

Mavis Lloyd and I have known each other since I was a graduate student at the Adler School of Professional Psychology. Mavis has been my instructor, a supervisor during my practica, and a mentor as I make my way in the counselling world. And so it came as an honour to be asked to participate in a demonstration Mavis had agreed to do for the Hypnosis Society on September 25.

Mavis had planned to demonstrate a Brief Therapy Model that she had taught at the Adler School and has been using in her own practice for the past two decades. I love this Brief Therapy Model because in this age of client uncertainty, it gives a client something useful and effective in one session. When I am not sure if I am going to see someone for more than one session, this model allows me to do as much good as possible in as little time as possible.

Working with one of my current issues (my over-concern regarding the possible suicide of a chronically mentally ill client and my willingness to assume responsibility for his life), Mavis asked me to identify where I felt it in my body. From a body sensation, Mavis guided me backward in my life and asked for the first Early Recollection (ER) from childhood that came to mind, even if it seemed unrelated. An ER is a discrete memory from birth to age 7 or 8 years with a distinct beginning and distinct end, a vivid moment, and emotional response for that vivid moment, and a reason for that emotional response. ER's, as Mavis says, "deal with long-term personality goals" and reflect "what we believe now" about ourselves, others and the world. We remember what we remember for a reason - in this process, the ER is directly related to the presenting issue. In this case, I retrieved a memory from one

of the first times my parents left me alone and my mother had asked me to watch a pot of boiling potatoes. And, of course, I got distracted and did not watch the potatoes. They overcooked and my mother was quite angry with me, blaming me for ruining her dinner party. From this ER came two vivid moments, two emotional responses and two reasonings.

Vivid moment #1 –  
Assuring my parents that I can do this; don't worry; go do your thing.  
Feeling #1 –  
Confident; assured  
Why #1 – I can do this

Vivid moment #2 –  
My mother angry with me because potatoes are overcooked  
Feeling #2 – Ashamed; it's all my fault; scared  
Why #2 – I have failed and I have ruined my mother's party; scared because mum is angry and she might withdraw from me permanently

The next step in the Brief Therapy Protocol allows for the therapist to explore the ER line by line and to elicit any thoughts and feelings that go with each line of the memory. As Mavis and I began this process, I became aware of a struggle in the demonstration – not

so much with the protocol but with the material I was bringing up. Mavis knows me well, strengths as well as weaknesses, and I had given her information that could take the Brief Therapy quite deep, or we could stay somewhat surface with the demonstration. To complicate matters, my life partner Trevor and my business partner Barb were attending this demonstration, and Mavis was struggling with how much we needed to reveal to these key people.

Mavis asked if I could see any parallels between my ER and present situation. How could I fail to see the parallels?! It is my way to gleefully accept responsibility for a new project and then afterward be aware of my limitations. I hate to fail, and I am terrified of being inadequate or incompetent in case people I care about withdraw their support from me. And so it was with this client: I had assumed responsibility for him beyond my ability to assume responsibility. His life is in his hands, but I had over-extended my care, so that HAD he killed himself, I would have felt responsible for his death, and hence, I would be a failure. It was not exactly the same as the ER but similar: if I let the potatoes overcook, it becomes my fault that my mother's dinner party is ruined.

Mavis then asked for a happy ER in order to set up resources to

..cont'd from p-1

draw on in the future. I called to mind playing in a puddle in front of my childhood home with my friend Christopher in the middle of winter. I was in my snowsuit and despite my mother's interdictions not to go near the puddle, I sat in it with my friend, and we played with the chunks of ice floating on the puddle's surface.

Vivid moment – sitting in the puddle with my legs straight out in front of me playing with Christopher

Feeling – Happy

Why – I was free to do as I pleased

Mavis and I then briefly discussed my family going back 2 generations, including positive and negative adjectives for those who populated my world. As I am an only child of two very high functioning youngest children, I have learned to adapt to, as well as adopt, high expectations for myself. Neither of my parents deals well with disappointment, and my mother has a tendency to live vicariously through me. I'm sure all mothers would identify with what my mother once told me: "The hardest things I've ever had to do is watch you fall and let you get back up on your own." I think my mother has felt my failures as much as I do, and I cringe when I think of disappointing her. My father is a perfectionist, and I have always admired his painstaking dedication to his garden and home.

Drill down through the ER, the line-by-line analysis, and the genogram, and one arrives at some basic guiding beliefs. In order to avoid disappointing others and being abandoned, I must meet the standards set out by the people important to me, even if it means over-extending my capabilities. If I am unaware of what those standards are, I will set my own at a ridiculously high standard so no one can find fault with me. If I sense that I might disappoint others, I will assume responsibility for events I may not be able to control. When I feel overwhelmed, I withdraw and will put off meeting obligations or engaging with others until I have no choice, and then I scramble to do what I need to do.

As Mavis was working with me in this demonstration and engaging in her own silent debate with how

deep to take this therapy, members of the audience, perhaps feeling some frustration with the speed of my processing, asked to have a guess at my belief system. At first I was curious to see what they had to say. After a few minutes, when they were still figuring out what I believed, I got the feeling that they were trying to FIX me. Their comments and questions were not about the Brief Therapy Model but were more focussed on speeding up my insight. I became quite defensive. As a counsellor, I was outraged that other therapists would want to fix me instead of allowing me the respect to figure it out for myself, and also that they seemed to have so little respect for the working dynamic between me and Mavis. In all fairness, though, if I had felt strongly enough, I imagine it would have been up to me to say that these intrusions were unwanted.

As audience members made their contributions and questions, a part of me just wanted to give them the answers they were looking for so we could move on with the demonstration. Another part of me refused to comply and wanted to cooperate with only Mavis (relationship, relationship, relationship!) I understood cognitively and logically that the audience wanted to help, but their lack of patience with the actual demonstration was hurtful to the process. Had the audience waited for the conclusion of the demonstration, they would have received a more complete overview of the Brief Therapy Model that Mavis has found to be so helpful in her own 20 years of practice.

Despite the interruptions, Mavis and I were able to piece together a solution for my presenting issue. Given that on this fateful potato day of my childhood, I ignored the potatoes because I was watching television, and that I have historically found television such a commanding distraction, we discovered that I use television much like a drug – to tune out and escape from the world. Also, given my history of taking on too much responsibility, balance and escape are key. From the happy ER that I provided, my optimum way to balance myself is through innocent play without rules or judgement. Mavis gave me permission to view

my television use as a necessary means to turn off my mind and allow it to rest. As for my beliefs around responsibility, they have shifted slightly. There are some things for I cannot be responsible – other people's feeling and other people's actions (no matter how much they might like me to do so). My client is well and still alive. After the last time I saw him in hospital (a week after this demonstration), he was desperately worried that I would abandon him because he was ill and refusing to engage with hospital staff. With him in the hospital, I was able to step back and let VGH staff take

over. (He has since been released from hospital.) I saw him the other week, and he shared with me that when I did not take responsibility for him and allowed him to be ill, he was able to take responsibility for himself. For me, that is one of the goals of therapy, and I could not be more pleased for him. Thank you so much, Mavis.

*N.B. The below inset is the outline given to participants at the meeting. It is provided so that those who may wish to use it have a synthesis of the complete Brief Therapy method.*

### SINGLE EARLY RECOLLECTION BRIEF THERAPY OUTLINE

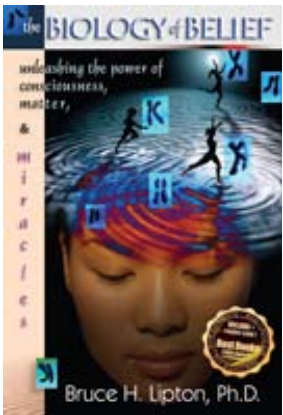
*Developed from the work of Marieluisa Auterson, Richard Kopp and Eugene Gendlin*

1. Ask for the issue or challenge in one sentence. (Reduce details to a synthesis.)
2. What would be different in your life if you didn't have the problem? (Make sure the answer is stated positively: I will be actively **doing** .... not "I won't be unhappy").
3. Tell me a recent example of how the issue, challenge, affects your life.
4. Where does your body experience the sensation of tension as you think about this challenge? Can you feel it now? Feeling intensity? (0 – 10?)

**Get a strong sensation, OR work on body feelings and experiencing body energy shifts before continuing to the next stages. Use the following steps:**

- a) Think of the worst example of the issue above. Intensity? (0 – 10?)
  - b) Check possible body shift from thinking of happy, then sad feelings.
  - c) Check possible body shift when thinking of a 'mountain top experience' vs. a catastrophe
  - d) Recheck body sensation when thinking of the issue. (Restate issue if necessary.)
5. Ask for an Early Recollection (ER). "Curiously allow your mind to wander back to childhood. Any little incident that pops into your mind, tell it to me as a story." Ask for the: Vivid Moment: Feeling: Because:
  6. **REFLECTIONS:** How would you make the ER ideal? (Pay attention to whether they want the world to change or whether they have active solutions.) What did you need? What did you want? Is there an underlying personally held value/belief involved?
  7. "Can you see any connections or parallels with your presenting problem?"
  8. Ask for a happy ER, Possibly a time when you **solved**, handled something similar – with **pride**. Or ask for a proud, satisfying recollection.
  9. Work with relevant family of origin history while making a genogram.
  10. Work through initial (#5) ER a phrase at a time asking for thoughts and feelings.
  11. Work together until you have teased out the current **BELIEF** system, working to identify strengthening, positive beliefs and limiting mistaken beliefs.
  12. Compare happy ER with THE ? (#2) Also look for evidence of client's **strengths**.
  13. Work together to form an ER summary including: I am, people are, etc. (see handout): therefore, using new insights, produce a **positive growth** affirmation.

*Sept. 08 Hypnosis Workshop handout. Developed by Mavis J. Lloyd, PhD, RCC*



## The Biology of Belief - Dr. Bruce Lipton

Saturday October 18th 2008  
Reported by: Dr. Heather Fay

Over 200 people were asked by Lee to fasten their safety belts for a fascinating, challenging and inspiring day. As usual Dr. Lipton was all of the above and more. He reviewed Darwinian (random and competitive) and Newtonian (mechanical) theories, then lead us through the explanation of the new science and consciousness based on beliefs and co operation.

He explained how our bodies are a community of cells, each cell being a miniature person, having all the functions for survival – respiration, digestion etc. And contrary to what most have been and are being taught – the membrane is the brain of the cell and the nucleus is the gonads of the cell – a blueprint just waiting to be ‘asked’ for any proteins that might be needed to repair or contribute to cell function. He explained how genes have no self – actualization and the science of epigenetics is what can activate a gene by a signal which can be a chemical, a trauma or the mind.

He quoted Einstein regarding the involvement of the Field ‘The Field is the sole governing agency of the particle’ giving a demonstration of iron filings with and without a magnet. He explained how it is our perception that controls our behavior. With multiple references from the most prestigious journals he showed how we are moving away from the old ‘pyramid of science’ based on mathematics and Newtonian physics to the new ‘pyramid of science’ based on fractal mathematics and quantum physics.

A fascinating day with Dr. Lipton’s knowledge and enthusiasm taking us on a wild ride – we definitely needed our safety belts.

## NEWS & NOTES

### WELCOME NEWBIES!

The Canadian Society of Clinical Hypnosis wishes a warm welcome to its newest members: Lynn Burrows, Tabasom Eblaghie; Pauline Kesteven and Bonnie Priest.

### BYE-BYE DR. MYSTERIOSO... HELLO DR. HOLLYWOOD!!

Lee Pulos met with Geoffrey Sax and Halle Berry (that’s right, Hollywood’s Halle Berry the film star) as the hypnosis consultant on Halle’s latest film “Frankie and Alice”, about a woman with multiple personality disorder. Lee is serving as a hypnosis consultant and will be on sight during portions of the filming.

## 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.*

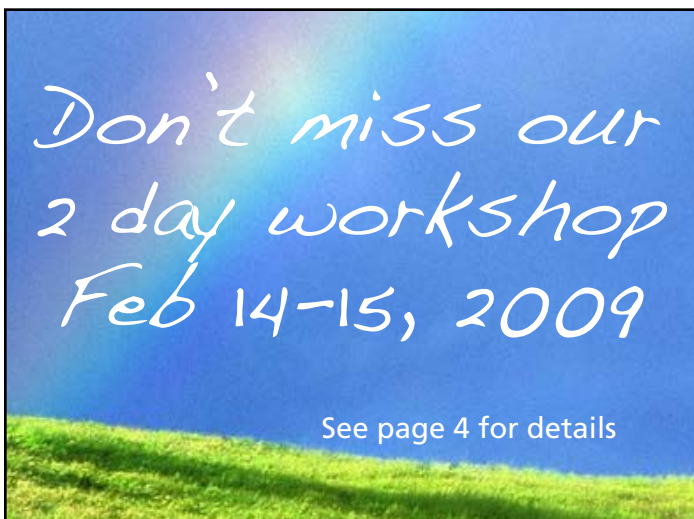
The purpose of these monthly meetings is to provide useful information to our members and a place for members to meet and discuss hypnosis in a positive learning environment. If there is a topic you would like to see presented or you have a topic you would like to present at one of the meetings, please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

Meeting Date: Third Wednesday of each month

Meeting Time: 6:45 p.m.

Meeting Place: Adler Centre  
Suite 230 - 1818 West Broadway,  
Vancouver, BC  
(Metered Street Parking)

DATE	PRESENTER	TOPIC
Jan 21/09	Dr. Lee Pulos	Guided Affective Imagery (a powerful waking hypnosis technique)
Mar 18/09	David Waugh	Voice Dialogue
Apr 15/09	Dr. Mavis Lloyd & Dr. Heather Fay	The Brenner Chart



## Dr. Leora Kuttner Celebrates with the Livia Benini Foundation in Italy

Over 10 years and many hypnosis teaching sessions for pain management in children at the Meyer Children's Hospital, Florence Italy, Dr Leora Kuttner joined the Livia Benini Foundation to celebrate their 20 years of successful pain program development in pediatric pain management throughout Italy. [See [www.fondazione-livia-benini.org](http://www.fondazione-livia-benini.org)]

It was very moving to witness how one woman's grief at the death of her daughter in far less than optimal pediatric care resulted in raising awareness of children's needs when scared, sick and in pain throughout the country! Projects included designing special children's ambulances to deliver care in remote Italian villages, pet therapy in the hospital, clowns, music and bubble-blowing for painful procedures, working with the WHO---and of course hypnosis!"



## New Perspectives

Dr. Janice Stuart and Dr. Harry Stefanakis will be joining our Executive Board on a pro tem basis and both will be assisting faculty in the 2009 CSCH Training Workshop this February.

Janice is a psychologist in private practice (her doctorate is from the University of Alberta) and also works part time at Simon Fraser University in the counseling clinic. She is registered with the College of Psychologists of BC. You can find out more about Janice at her website (<http://www.drjanicestuart.com/>).

Harry holds a doctorate in psychology and is also registered with the College of Psychologists of BC. He is an experienced counsellor and educator who, in addition to his private practice, has worked within social services, correctional, educational and occupational rehabilitation settings. He has presented at numerous national and international conferences as well as providing training, workshops and therapeutic interventions on therapeutic dream-work; addictions; anger, conflict, stress and pain management issues; stopping violence and abuse; and facilitating the change process. He has recently produced an audio CD entitled: Letting Go: Guided Exercises for Relaxation and Pain Relief. For more information about Harry go to (<http://www.psychologists.bc.ca/Pro/HarryStefanakis/>).

Welcome Janice & Harry!

**February 14 & 15, 2009**

## TWO-DAY CLINICAL HYPNOSIS TRAINING WORKSHOP

**Location:** UBC Robson Square.  
800 Robson Street, Vancouver, BC  
(HSBC Hall – Room C680)

### Many Exciting Topics Including:

- **EFT & The Biology of Belief**
- **Rapid Induction Techniques for Health Professionals**
- **The Body in Psychotherapy**
- **Building Confidence & Self Esteem**
- **Dream Work & Lucid Dreaming**
- **Age Regression, Progression & Time Distortion**
- **Integrating Hypnosis Into Your Dental/Medical Practice**
- **Ideomotor Exploration of the Subconscious & Trance Training**

### How To Get There

The Training Workshop will be held at UBC Robson Square, which is located at 800 Robson Street, Vancouver. Drive south on Howe Street (one-way street) and enter Robson Square's underground parkade at Howe at the corner of Nelson Street.

**WATCH FOR DETAILED BROCHURE & REGISTRATION FORM IN YOUR MAIL!**