

**CSCH** Canadian Society of  
Clinical Hypnosis BC  
Div



# Entrancing News

DECEMBER 2015

## Topics of interest in this issue...

***Changing the Past for  
a More Optimal  
Future***

***Research Article***

***Upcoming Events:  
Two-Day Workshop  
February 27-28, 2016***

### **Executive Council Members:** **CHARTER MEMBERS**

Lee Pulos, PhD., ABPP *President*  
Saul Pilar, MD, *Vice-President Treasurer*  
Heather Fay, MD, *Secretary*

### **MEMBERS AT LARGE**

Mavis Lloyd, PhD  
Bianca Rucker, RN, PhD  
Lance Rucker, DDS  
Anoosha Avni, PhD  
Davidicus Wong, MD  
Elaine Drysdale, MD

## **Letter from the President**

### **Cross Cultural Hypnotic-like Procedures**

The historical roots of hypnosis reach back many centuries to tribal rituals and the practice of native shamans. Agogino (1965) stated, “The history of hypnotism may be as old as the practice of shamanism” and also described hypnotic-like procedures used in the court of the Pharaoh Kufu in 3766 B.C. Agogino said the priests in the healing temples of Asclepius (commencing in the 4<sup>th</sup> century B.C.) induced their clients in “temple sleep” by “hypnosis and auto-suggestion” while the ancient Druids chanted over their clients until a trance-like state was achieved. It was also noted that herbs were used to enhance verbal suggestions by native healers in pre-Columbian Central and South America.

It would appear that deliberate alterations of consciousness have been employed by over 488 different cultures for extending human capacities, resolving the causes of sickness, “soul loss”, spirit possession, and other etiological issues.

The hypnotic literature can be instructive in helping to understand native models of healing which assume that in order for practitioners to be effective, they must consider such practices as “journeying to the upper world”, “traveling to the lower world”, “incorporating spirit guides”, “conversing with power animals” and “retrieving lost souls”.

Shamanic healing and trance procedures are carefully scripted in a manner similar to many hypnotic processes. Just as expectancy plays a major role in hypnotic responsiveness, shamans use similar “learned skills” and other procedures such as fasting, thirsting, self-mutilation, sweat lodges, sleeplessness, continual dancing, plunging into ice-cold water, different kinds of rhythmic activity, chanting, and drumming to create different and more enlightening octaves of consciousness.

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*(Letter from the President ... continued)*

Anthropologist Joan Halifax wrote that the Nanaimo Indians of Vancouver Island “fall unconscious” in order to incorporate the “healing spirits” necessary for healing. It was also noted that Alaskan Eskimo shamans use rhythmic drumming and chanting to induce a hypnotic trance. Eskimos of eastern Greenland would enter a fairly deep trance state by continuously rubbing stones against each other. This monotonous and lonely behaviour would help them connect with and encounter a helping spirit.

Kirsch (1999) discusses the role of expectancy in hypnosis and psychotherapy and feels it is relevant in culturally based rituals to shape and bolster relevant expectancies that reorganize consciousness to produce behavioural changes relevant to the goals of hypnosis. For example, the different kinds of ideomotor behaviour that often characterize hypnosis resemble the postures, gestures and rhythmic movements that occur during many native rituals.

Kirsch suspects that expectancy plays a major role but admits that these responses are experienced as automatic behaviour without volition.

In the Navajo culture, repetitive chanting, body painting, the audible recitation of prayers, the touch of prayer sticks, the taste of ceremonial musk and the smell of incense all contribute to creating a deeper, healing state of trance.

In Bali, it has been noted that there are similarities between the behaviour of Balinese shamans and mediums and those of hypnotized subjects. So-called trance-dancing serves as a useful emotional outlet both for the dancer and the observer. There are also “altruistic trance states” conducted usually by ordinary members of the community to facilitate social cohesion on behalf of the entire community.

However, there are also more malevolent and demonic trance states where the “trancers” experience attacks of hysteria, acute psychotic reactions and schizophrenic episodes. The Balinese recognize the two types of “trancers” and react differently toward each of them.

West African healing practitioners felt they could access unusual powers by making offerings to certain gods who would then diagnose illnesses, prescribe cures, and provide the community with warnings or blessings. The person through whom the spirits spoke and moved claimed that the dancing and singing or drumming were needed to surrender their minds and bodies to the discarnate entities.

The slaves from West Africa brought many of these practices to Brazil. Despite repression from the church, the customs survived over the centuries and formed the basis for a number of Afro-Brazilian spiritual movements.

Approximately thirty percent of Brazilians are Espiritistas who affirm the belief in poltergeists, spirit possession, psychic healing, mediumistic writing and reincarnation. It would not be unusual for a Brazilian shopkeeper to go to one of Rio’s glittering beaches at night, light a candle and leave a two-layered cake and a gift of whiskey in the sand as an offering to Lemenja, the mermaid goddess of the sea, in exchange for improving business or a relationship.

I visited Brazil on nineteen occasions over the years, gathering research for my book Miracles and Other Realities. I was also invited by Espiritista friends to train as a medium – which I did. However, that can be the subject for a future newsletter.

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Hopefully this has been helpful regarding looking at trance and how it is employed in various cross-cultural experiences and procedures.

Respectfully,  
Lee Pulos, Ph.D., ABPP  
President

#### References

1. Agogino, G.A. (1965) The Use of Hypnotism As An Ethnologic Research Technique. Plains Anthropologist. Volume 10, 31-36.
2. Halifax, Joan (1979). Shamanic Voices. New York, Dutton.
3. Kirsch, Irving (1999). How Expectancies Shape Experience. American Psychological Association. Washington, D.C.
4. Pulos, Lee and Richman, Gary (1990). Miracles And Other Realities. Omega Press, San Francisco.

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## Events Summary

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### **SEPTEMBER 2015 – HYPNOSIS WITH HAMMOND presented by Dr. Corydon Hammond**

#### **Reported by: Dr. Bianca Rucker**

Dr. Cory Hammond, a well-known psychologist from the University of Utah who specializes in clinical hypnosis, gave an excellent workshop for our society on September 19, 2015.

Dr. Hammond presented a wide range of hypnotic techniques for unconscious exploration. Hypnotic strategies for pain management were described and demonstrated very effectively with one of the workshop participants. Dr. Hammond shared step-by-step the process that he has developed for using hypnosis to help patients with Irritable Bowel Syndrome to reduce inflammation and promote healing. He shared research which demonstrates that imagery has a significant impact on immune function and mood. Participants learned new tools and gleaned important perspectives for use in clinical practice, as well as benefitted from the inspiration provided by a master practitioner and fine educator.

### **OCTOBER 2015 – STRESS IS A MATTER OF PERCEPTION presented by Ms. Ellie Bolgar**

#### **Reported by: Dr. Mavis Lloyd**

Ellie began her presentation by reminding us that Hans Selye coined the label, 'stress' from his engineering background in 1936. Stress refers to the mind/body feelings resulting from life task struggles and the meaning we take from them. The amount of time spent processing the information received, combined with how we understand its truth, determines the quality of our coping mechanisms. Our perceptions of stress are derived from genetics and our environment, both of which work together to produce patterns of responses to life's challenges that become habitual. These responses then become self-fulfilling, as we interpret and explain the happenings in our lives. Responses range from secure through disorganized, based on our attachment styles.

Perception is the way people think about, and experience, life's challenges. Thoughts range from eustress at the beneficial, optimistic end of the continuum to distress at the limiting, fear-producing end. They produce results of productivity and personal control versus constriction and restriction of productivity. Flow, the optimal level of stress, is stimulating and produces resilience. Our attitudes clearly make the difference in controlling how we respond to challenges which result in differing levels of personal growth. Life-long

neuroplasticity when facing challenges is the most important part of increasing and creating positive experiential outcomes.

The levels of capacity of visualizing outcomes are key factors in success or failure. Pre-occupation with future catastrophic possibilities can lead to just those outcomes. Hypnosis is an excellent tool to help clients change the thinking and visualization patterns that are counter-productive. The broaden-and-build theory of emotions (Fredrickson, 2004) emphasizes the usefulness of positive emotions in pushing limits, generating interest to explore, finding new information and experiences and expanding self. It broadens people's thought-action repertoires. This reinforces positive emotions, bringing one into a positive loop and augmenting an individual's personal resources.

Hypnosis provides the capacity to step out of life and increase the facility to become balanced and calm. Affect-somatic bridging is an excellent clinical strategy to increase this positive change, focusing fully on the resources and strength capacity of the client. Ellie likened this journey to that of a tree, which began as a little seed, continuing its growth pattern to fruition which it offers to the world. That is one reason why we are able to lean against the trunk of a tree and absorb its positive energy for our own growth. In an eight-week program, hypnosis increased the level of outcome improvement in relaxation and positive cognition.

Producing the most effective coping and hope mechanisms occurred when using all the tools of visualization, meditation, prayer, and hypnosis together.

## **NOVEMBER 2015 – HYPNOTIC INTERVENTIONS FOR OVER-REACTIVE CLIENTS FROM THE AFFECT RECOGNITION TOOLBOX BY CAROLYN DAITCH presented by Dr. Wayne Emery**

**Reported by: Dr. Anoosha Avni**

Affect regulation and over reactivity can refer to a variety of different issues, some of which include anger, stress, anxiety, physical pain, relationship reactivity, fear of abandonment, etc. Affect regulation involves translating problems into skill or goal development using hypnotic strategies to learn the skills. It is important to determine what skills the client needs to develop in order to achieve the desired response.

In order to do this, the clinician can ask the client, "What skills do you think you need to develop in order to deal with this problem more effectively?" Dr. Emery provided two examples of how this can be determined:

### **Example problem #1: Impulsivity**

What are the skills the client needs to learn in order to manage difficulties with impulsivity?

- 1) Perseverance
- 2) Premeditation
- 3) Managing positive urgency
- 4) Managing negative urgency
- 5) Adjusting sensation seeking

### **Example problem #2: Daily stress**

What are the skills the client needs to learn in order to manage daily stress?

- 1) Become a better problem solver by reducing unhelpful emotional factors affecting stress management such as wishful thinking, fortune telling, etc.
- 2) Develop coping strategies for when a problem cannot be completely solved within a short time.

The four tiers of affect regulation, as well as examples of tools from the book, are clearly and concisely summarized in Dr. Emery's handout, which he has kindly offered to share with the membership.

The group hypnotic induction utilizing mindfulness with detached observation, juxtaposition of two feelings, self-statements, alternating hands, sensory anchoring and gratitude was very well-received by members.

Thank you for an informative and practical presentation, Dr. Emery! We are looking forward to implementing some of these strategies with our own clients.

(Please see attached handout from Dr. Emery)

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## Membership Renewals for 2016

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**It's that time of year again, where you must renew your membership to take advantage of monthly events, discounts to workshops and seminars and to have your profile listed on our website.**

**Please visit our website before December 31, 2015 to renew your CSCH membership. Please note you can pay for two years in advance or one year at a time. The choice is yours.**

**[ONLINE MEMBERSHIP RENEWAL](#)**

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## 2-Day Workshop in February

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The February Workshop is around the corner. Please visit our website for information about the different sessions and how to register. This year, the event will take place on Saturday, February 27 and Sunday, February 28, 2016 at UBC Robson Square. Early bird pricing ends January 20, 2016. Visit the Training Opportunities section on our website [www.hypnosis.bc.ca](http://www.hypnosis.bc.ca) for more information and to register!

### Welcome New Members

Bernard Jacobs  
James Stabler  
Ian Bond  
Aruna Thakur  
Victor Fong Yiu Mak (student)

*On behalf of the executive committee, we would like to wish you and yours a very happy and healthy new year!*

**Happy Holidays!**

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