

Entrancing News

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A publication of the Canadian Society of Clinical Hypnosis (BC Division)

Topics of interest in this issue...

*Emotional Freedom
Technique (EFT)*

EFT and Hypnosis

*Using Buckets and
Switches to Maximize
Success and Manage
Pain*

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Letter from the President



Revisiting the Placebo Response

Dear Colleagues,

I have recently encountered several articles on placebos in the various journals and science magazines that I subscribe to.

But, what is a placebo? Put simply, the placebo effect is the biological impact of believing in a medical or psychological treatment. Incidentally, the history of the word placebo is revealing. It is the first word of a chant in medieval funeral rites – “placebo domino” – “I shall please the lord” and professional mourners were paid to sing placebos. Their chanting was believed to be of value and to ease the grief of the family.

In a recent eight week study at UCLA, patients were selected who had a long standing history of depression. They were randomized into two groups – placebo control and the experimental group which received a new SSRI. Brain scans were done before and after treatment. The pre-treatment or baseline scans revealed what would be expected in depression – a dampening or reduction of activity in the left pre-frontal cortex which mediates or reflects more depressive or sorrowful feelings and much more electrical activity in the right pre-frontal cortex which reflects more positive or high spirits.

At the completion of the study, both the placebo controls and the experimental group receiving the active pharmaceutical – the anti depressant, showed significant changes in the electrical language of the brain waves between left and right pre-frontal cortices.

In other words, the placebo control subjects were able to subconsciously ignite and activate other neurological pathways with just belief and expectation.

However, belief can be both a healer and a ‘slayer’ – or so-called nocebo effect. Dr. Edgar Mitchell, former astronaut, the sixth man to walk on the moon and the founder of the Institute of Noetic Sciences, in his book The Way of the Explorer described a bitter-sweet experience of the nearly blind

with a deteriorating visual condition. Norbu Chen, a noted Tibetan healer and Shaman was being tested at the Institute. Dr. Mitchell asked Mr. Chen to utilize his remote healing abilities on his mother. The following morning, she was miraculously able to read without her glasses. Dr. Mitchell was astonished and his mother's vision continued to improve over the next several days.

In a recent review of studies of the placebo effect published in the Journal of The American Medical Association the conclusion was that believing that something works – may indeed make it work. In other words, intentionality, hope and expectancy are critical to igniting the inner pharmacy that we all possess. However, contrary to myth, there does not appear to be a so-called “placebo personality”. Placebos can work on anybody – wise person and fool alike – not merely suggestible people. Under the right circumstances – namely – if the person believes that someone is trying to help them and thus expect relief – especially if that someone is an optimistic physician in a clinical setting. But also contrary to myth, the relief of pain or illness by the placebo effect does not mean the problem was make-believe or fabricated.

Placebos range in effectiveness from 31% to as high as 72% in studies involving pain management. There are at least two studies where placebos were 100% effective as the experimental pharmaceutical. Several studies have informed the subjects they were being given a placebo and astonishingly, 63% of them responded as if they were given the experimental or real drug. In another study, 15 patients were involved in trials where neither an active drug nor psychotherapy were offered. Instead, they were given a bottle of pills and the researchers told them frankly – “these are sugar pills which contain no active ingredients or medicine”. The patients took the pills three times a day for one week. They were given a symptom check list before and after the one week trial 14 of the 15 subjects had significantly reduced symptoms.

In follow up interviews, half the group said they got better because they took the placebo while the other half claimed they improved because the placebo stimulated them to draw upon their own innate abilities to heal.

In other studies, subjects taking placebos were so convinced that the pills contained real medication that they reported experiencing a number of side effects and several subjects reported withdrawal symptoms from the placebos.

An amusing aspect of placebos is that when placebos – or real drugs for that matter are in the form of colored capsules – blue, green and purple seem to work especially well as sedatives and sleeping pills – whereas orange, red and yellow seem to work best as stimulants or energy boosters. One patient was totally convinced that his two colored capsules would not work unless he swallowed them green end first. Needless to say, he got what he believed.

Respectfully,

Lee Pulos, PhD, ABPP
President



EFT (Emotional Freedom Technique) Workshop was a success!

The New Technology for Immediate Healing and Vitality!

Held on May 10th, 2014

Featuring

DR. LEE PULOS, PhD, ABPP

and

DR. HEATHER FAY, M

On May 12, 2014 Lee and Heather presented their tried and true teaching process for helping both professionals and lay people to learn EFT, thus adding to their ability to lower the impact of distressing symptoms occurring in their lives.

Lee began with an exercise to help people recognize and trust their own intuition; to listen to the whispers coming from their deepest intuitive selves. We all picked a stranger and began to explore, using only our intuition, details about our unknown partner. We surmised answers to the following questions that Lee posed:

- How are my partner and I most similar?
- How are my partner and I most dissimilar?
- What are my partner's greatest goals?
- What are my partner's greatest blocks to achieving them?
- What is my partner's family constellation?
- Where do they fit in within it?
- Who is my partner's most significant person in life?
- What does my partner like?

Discussions afterwards revealed the remarkable ability to sense and intuit a great deal of accurate information about someone whom we believed we did not know at all.

The workshop was approximately 20% lecture, 20% demonstration and 60% practice. Lecture provided a background to EFT and an overview of Western and Eastern perspectives of the body-mind and its systems. Demonstrations and experiential learning built on each other and what had gone before – from Life Energy Testing to Psychological Reversals to the full EFT Treatment Protocol. With each practice session, participants were encouraged to change practice groups, allowing us to slowly gain familiarity with the protocol while working with a variety of different people and different reactions to treatment. Participants left the workshop with the exhortation to practise and use EFT in order to cement it into memory.

Thank you, Lee and Heather for a magnificent workshop and for helping us with skills that will be invaluable in both our personal and professional lives. Should Lee and Heather offer this workshop again, I will be there. I highly recommend that both members and their friends attend so that they can function from a new position of greater strength.

EFT and Hypnosis: An Evening of Questions and Answers **(Monthly Meeting Review April 16, 2014)**

Reported by: Dr. Anoosha Avni

Presented by: Drs Lee Pulos, Heather Fay, Mavis Lloyd, and Harry Stefanakis

As a follow-up to the hypnosis weekend workshop in February, this meeting allowed our membership to ask questions and request clarification on any of the material presented. Several questions about EFT were also asked. The meeting minutes are divided into two sections: Emotional Freedom Technique and hypnosis.

Emotional Freedom Technique

The meeting began with Lee providing us with information regarding the effectiveness of EFT for a myriad of clinical issues (including, but not limited to: depression, panic attacks, phobias, PTSD, weight loss,

smoking cessation, etc.). As we stimulate the different points, we trigger our brains to release beta-endorphins. Exercise, laughter, good music, acupuncture, and sexual activity all release beta-endorphins. One of the members asked how to use EFT with depression and pain. When it comes to depression, Lee suggested asking the client what their depression is about and how intense is it (using a ten-point scale). When using EFT for depression, the target issue can be a negative thought the client holds about themselves or an underlying emotion that is harboured (anger is common as depression is often thought of as anger turned inward).

With respect to using EFT for pain, Lee suggested utilizing muscle testing the client for their answers to the following questions:

- Is there a part of you that does not want to get well?
- Is there someone you need to forgive in order to get well?
- Is there a part of you that is using the symptoms to punish yourself? Someone else?

After going through the EFT protocol, Lee suggested that we have clients install a positive belief. For example, if you are working with a client who fears driving, the positive belief would be, “I now feel comfortable driving in all conditions.” Installing the positive belief involves going through the entire EFT protocol while repeating the positive belief either aloud or in one’s mind.

Mavis informed us that she finishes EFT with having clients stroke the facial points. This allows for a gentle closure to the technique.

Clinical Hypnosis

This section is divided into three sections: 1) Helpful hints for utilizing hypnosis; 2) Ideomotor signalling; 3) Using hypnosis with specific populations.

Helpful Hints for Utilizing Hypnosis

Symptoms are messages informing us that we need to make a change in our lives. Every symptom has an underlying emotion. When you correctly name an emotion, an immediate physiological reaction will occur. Trance induction is a great way to encourage clients to get in touch with the underlying emotions contributing to their presenting issue(s). A few suggestions were provided for trance induction, including dimming the lights (this constricts the pupils), creating a yes-set, and using metaphors. Relaxation is not a necessary condition for hypnosis.

While clients are in trance, have them tap into a positive experience and ask them to come up with a cue word that reflects this positive experience. A cue word is a summary that captures a client’s strengths. This word triggers the subconscious mind to work through the material while allowing the client to connect with both the physical and emotional aspects of their positive experience. The therapist can say the cue word during the post-hypnotic suggestion to reinforce the client’s strengths and ability to work through unprocessed material. Remember: the subconscious mind has pre-existing positive programs. The cue word is a great way for the client to access the positive programs.

Ideomotor Signalling

Ideomotor signalling is a technique whereby a movement of the client’s finger is used to signal an unconscious communication – typically a yes or no response. There are instances whereby a client may not respond to finger signaling. It was suggested that we have clients nod their head instead, have them lift a different finger in and up-and-down motion for 20-30 seconds for yes, no, and I don’t know responses.

Using Hypnosis with Specific Populations

Cancer. One of our members asked how we can use hypnosis with individuals who have cancer. It was suggested that asking clients about their theories regarding how they developed cancer produces useful information. Lee informed us that the majority of his clients’ theory of cancer development entails unexpressed anger and stress. Remember: Every symptom has an underlying emotion. Cancer is no different from any other disease.

Teenagers. When working with teenagers, ask them what kind of love story they grew up with (their parents' love story)? Why is this important? Because we end up creating the love story we grew up with. For example, if your client says that their parents work 17 hours per day, chances are high that they will end up creating the same love story when they are adults and in serious romantic relationships of their own.

Another member asked for some feedback regarding a 14 year-old client she is working with. She stated that her client does not close her eyes during hypnosis. Lee suggested using a yes-set. This involves asking a series of questions whereby the answer will usually elicit a "yes" response. For example:

- Would you like to learn something that will:
 - Help you relax?
 - Help you focus better?
 - Help you quiet your mind?
 - Help you feel more confident?

Self-esteem. Regardless of one's background, educational level, income, or occupation, the hub of the wheel of life and success has to do with one's self-esteem. Lee asked the group how we, as therapists, help our clients build their self-esteem. Responses included: asking clients about their strengths, focusing on clients' strengths, helping them become more aware of their negative self-talk and negative thoughts. Harry reminded us that it is the repetition of negative thoughts that becomes problematic.

Additional Resources

Some of these resources are not related specifically to EFT or hypnosis; rather, they are materials that members have enthusiastically recommended for additional reading:

-For more information about EFT, visit Brad Yates' YouTube page for a demonstration.

-Lee informed us that he and Dr. Paul Swingle conducted a study involving brain mapping before and after EFT treatment. Please contact CSCH for a copy of the study.

-To read more about EFT for the treatment of PTSD, please contact CSCH for a copy of David Feinstein's article.

-Book: "You Can Heal Your Life:" by Louise Hay, Hay House, 1984 & 2009

(Of possible interest to members may be the list of metaphysical causes of disease and illness)

Thank you Anoosha, for a very useful summary. Our members will be fortunate to have it for reference. The Executive.

Using Buckets and Switches to Maximize Success and Manage Pain

(Monthly Meeting Review May 21, 2014)

Reported by: Dr. Anoosha Avni

Presented by: Drs. Leora Kuttner, Lee Pulos, and Harry Stefanakis

Our attending faculty provided us with demonstrations of two hypnotic inductions, as well as opportunities to practice them both. The following is a brief summary of each technique, namely the "bucket induction" and the "pain switch technique.

Bucket Induction

Lee provided us with a great demonstration of the bucket induction with one of our members. This induction involves having a client visualize a bucket on their **chosen** arm and the clinician adding rocks, one by one, into the bucket so that the arm eventually feels heavy and drops into the lap. This induction is one that many of us had never seen before. It is difficult to capture Lee's skill in utilizing this induction, so I will do the

next best thing and provide an observational account of how Lee conducted this induction1)Ask the client to think of a goal they would like to work on.

- 1) Ask the client to think of a goal s/he would like to work on.
- 2) Ask the client which three things s/he would see/hear/feel (pick only one sensory modality at a time) when they attain their goal that they're not seeing/hearing/feeling right now.
- 3) Induction: ask the client to extend their chosen arm in front of themselves and have them visualize a bucket on the outstretched arm. Tell them you are going to place a rock in the bucket. Keep placing more rocks into the bucket (make sure to provide a vivid description of this process). You can say something to this effect: "Allow the restful heaviness to develop as your arm gets heavier and allow it to spread to the parts of your body that need it the most." By this point, the client's arm will likely have dropped and their hand is resting on their lap. If their hand is not **on** their lap, you may move it gently to help them; however, ensure you tell the client you will be touching their hand *before* doing so.
- 4) Invite the client to take 30 seconds to breathe life into the future they are visualizing.
- 5) Have the client release those images, put their mind in neutral (or visualize a blank screen) and take another 30 seconds to breathe life into the goal they are visualizing.
- 6) In order to determine whether the above steps were completed, you can check for an ideomotor response to the following question: "Did your subconscious understand and accept the images you visualized?"
- 7) End with a trance termination procedure and include the following: "When your subconscious and conscious minds have agreed to help you achieve your goal easily and effortlessly, will those eyes open as if they have a mind of their own?"

Pain Switch Technique

Leora provided us with a wonderful demonstration of the pain switch technique with one of our members. This technique involves clients visualizing going to the thalamus (which is located in the limbic system and regulates sensory and motor signals to the cerebral cortex) in order to help bring comfort to the part(s) of the body that requires it. This technique can be used with chronic pain, migraines, and cancer (just to name a few possibilities). While it is difficult to capture the essence of this technique on paper, I will provide an outline of the steps Leora utilized:

- 1) Leora introduced the pain switch technique by providing the client with the following information: All pain throughout the body is processed by the brain. Essentially, the brain is the boss of pain. When we experience pain, a signal travels up the spine and is received by a walnut-sized organ called the thalamus. The thalamus is the control centre. This technique will allow you to go to the control centre to help bring comfort to the part of your body that needs it.
- 2) Guide the client to look into the banks of switches in the thalamus and look for the one that connects to the part of their body that is experiencing pain. The switch is not an on-off switch. You can check to see whether the client has found the switch by using ideomotor signalling.
- 3) Invite the client to look at the switch that is connected to the body part that is experiencing pain and ask them to tell you the number they see on the switch (this number represents the intensity of the pain. You can use a 0-10 scale).
- 4) Have the client breathe in deeply, hold their breath at the top, grab the switch, and turn it down to decrease their pain. When you are guiding them to turn the switch down, make sure your voice and

intonation reflect a downward progression (“Turn the switch aaaaaaaal the way downwwwwwn”). Repeat this at least 2-3 times. Watch for any behavioural indicators that the client is going deeper into trance. As the pain decreases, the client can feel the comfort increase. Pay attention to ideomotor responses.

5) After repeating step 4 a few times, ask the client to provide you with the number they see on the switch that represents their current pain level.

6) When a decrease in pain has been achieved, have the client visualize a lock that locks the pain *at this lowered level* for the rest of the day or evening. You can state, “Your pain will stay locked at a 0, 1, 2 for the rest of the day. You can bring yourself to this place anytime you need to.” You may check for the completion of this step by utilizing ideomotor signalling.

7) End with a trance termination procedure.

When utilizing the pain switch technique with a disease process, Leora advised that we keep the following in mind:

- It is important to respect, and work with, the tumour
- The pain provides information to the client. If they don't experience pain, they are unaware of the presence of a tumour
- Pain serves as a reminder of what is presently happening
- You may tell clients that they can bring their pain/discomfort down as far as they need to. Clients may go as deep as they need to go to do the work they need to do to achieve their goal
- While clients are in trance, you may ask them to find different switches that provide resources

Additional Resource

The following book was recommended at the meeting:

Jensen, M. P., & Barlow, D. H. (2011). *Hypnosis for Chronic Pain Management: Therapist Guide (Treatments That Work)*. Oxford University Press.

HAVE YOU READ ANY GOOD BOOKS LATELY?

If there are members who have recently read books that fellow readers of “Entrancing News” could enjoy, the Executive would appreciate receiving a brief annotated bibliography, or a fuller report to include in our newsletter.

We are also continuously looking for additional articles to share with members. Please send us news of workshops you have given or attended to share with the membership.

THE NEXT MONTHLY MEETING WILL BE WEDNESDAY, September 17th, 2014

This is your chance to share your needs, have your questions explored and practice hypnotic techniques in a safe and stimulating environment. Please feel free to bring a professional colleague to the meetings. Let them experience the benefits of Membership in the Society.

Meeting Time: 6:45 PM Please ensure you arrive by 6:30 in order to gain access to the room.

**Location: 1055 West Broadway (between Spruce & Oak Street)
Second Floor Meeting Room - See Signs for directions.**

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.

CSCH is looking for a few good members!

CSCH can only be as strong as its membership base. We need your help to build a vibrant and active membership. Members like you are the most effective way to recruit new members.

How can you help? Tell your colleagues what useful tool hypnosis can be, and how it enhances your practice. Encourage a colleague to join by sharing information on CSCH's workshops, resources and certification programs.

Why should you help? With more members, CSCH can produce stronger, more dynamic programs, enhance its member benefits, and provide better service to you, our members.

Welcome!!

***The Canadian Society of Clinical Hypnosis (BC Division) wishes
a warm welcome to its newest member:***

Mariola Mrozewska

***PLEASE NOTE: Newsletters will be now be published quarterly in APRIL,
AUGUST/SEPTEMBER, NOVEMBER, & JANUARY***