



Entrancing News

Summer 2017

Topics of interest in this issue

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*Exciting Changes for the
Society*

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Executive Council Members

Lance Rucker, DDS, *President*
Leora Kuttner, PhD, RPsych, *Vice President*
James Stabler, MSW, RCC, *Treasurer*
Bianca Rucker, RN, PhD, *Secretary*
Anoosha Avni, PhD, RPsych
Kourosh Edalati, MD
Harry Stefanakis PhD, RPsych
Gina Vanderham, MA, RCC, RMFT
Davidicus Wong, MD *Newsletter Editor*
Lee Pulos, PhD., ABPP *President Emeritus*

A LETTER FROM OUR NEW PRESIDENT

Welcome to a new era in the CSCH's growth and development. The past year has ushered in some major shifts and changes for our Society, and I want to update all of our new and continuing members.

Changes in Leadership

Following an astounding role as mentor and President of the CSCH(BC) for more than three decades, Dr. Lee Pulos has announced his retirement from the Executive of the organization. He has expressed his desire to continue with some teaching and mentorship within the Society, and he will continue to contribute to our Society as Past President.

Several other long-standing Executive members have taken a break from their responsibilities from the day-to-day management of the Society, but will also be continuing as Faculty and mentors. These include Dr. Heather Fay, Dr. Saul Pilar and Dr. Elaine Drysdale. We are deeply indebted to each of them for the selfless continuum of contributions they have made to the leadership of the Society.

Your new CSCH Executive (as of the February Annual General Meeting) includes the following members:

Executive Council

President: Lance Rucker, DDS
Vice-President: Leora Kuttner, PhD, RPsych
Treasurer: James Stabler, MSW, RCC
Secretary: Bianca Rucker, PhD, RN, RMFT

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(Letter from the President... continued)

Council Members-At-Large

Anoosha Avni, PhD, RPsych

Kourosh Edalati, MD

Harry Stefanakis PhD, RPsych

Gina Vanderham, MA, RCC, RMFT

Davidicus Wong, MD

We have one Executive Board member who resides in the Kamloops area and who attends meetings via Skype communication. We would like to have members from elsewhere across the province, in particular from Vancouver Island and/or Prince George. Let us know if you have interest in such a level of participation. Our monthly Executive meetings take place in the evenings, from 6:30 pm to 8:30 pm. Board member positions are voluntary and unpaid.

We would also like to introduce our new Administrative Assistant for the Society, Anneke Rees, who brings to us special private and public organizational expertise. Anneke has been very patient and energetic during our transition period, and we have already immensely enjoyed working with her. Her contact information is available on the Society website.

Building upon some foundation work during the past year by one of our previous Administrative Assistants, Lynette Horn, Anneke's organizational abilities have already allowed us to streamline our communications and efficiency.

As part of our strategies to modernize, reduce overhead costs and operate more efficiently, the Society has acquired and set up its own mobile computer base, has established an expanded web presence, a new telephone number and a new mailing address. We receive frequent referral requests for professional expertise from across the province and across Canada, and our full members are increasingly reaping the benefits of the online referrals from our website. Details for these and other changes can be found on the CSCH BC website (www.hypnosis.bc.ca)

Media Attention

In the past two months there has been a great deal of media attention to professional uses of clinical hypnosis for health care and counselling applications in Canada, and in particular much attention has been focused on our Society.

On April 17th, the Vancouver Courier published an article entitled, "Hypnosis and the Trance of Everyday Life", written by our newsletter editor and Executive member, Dr. Davidicus Wong.

An article in the American Society for Clinical Hypnosis (ASCH) Spring 2017 Newsletter highlighted our component society as a model regional professional Society within North America.

On Sunday June 11th, the Globe and Mail featured an investigative article entitled "Hypnosis, Grounded in Science" by freelance journalist Adriana Barton, based on interviews with several of our members, and linking our clinical work to recent research from Stanford University and elsewhere into the mechanisms by which hypnosis derives its special effectiveness when used in professional settings. This has triggered a CBC Radio feature interview scheduled to air the following week.

We intend to include and link these and other articles from our CSCHBC website within the next month in case you missed them, or in case you wish to refer colleagues or clients for further current publications and information regarding the integration of clinical hypnosis in professional practices.

The Society is especially fortunate to have such a depth and breadth of teaching experience and expertise, of mentors, and of enthusiastic younger professionals who integrate clinical hypnosis into their professional practices, and who are willing to represent clinical hypnosis to the media and the public.

Monthly Meetings and Rounds

We have initiated many changes to both scope and access for our monthly professional meetings and rounds. Be sure to visit the Society website for information about upcoming scheduled monthly meetings and rounds. Members should also consider bringing in membership-eligible professionals to one of these monthly meetings as a way of introducing them to the Society and its programs and benefits. We ask that a \$20 visitor fee be paid (to one of the Executive members in attendance at the meeting), and that the current sponsoring member introduce the professional to others attending the meeting.

This year, we began expanding access and participation for members who live out of the Lower Mainland and who have in the past rarely been able to attend our monthly professional meetings. After successful trials during the past six months using Skype technology, we have been able to open many of our monthly meetings to two-way participation by members in Kamloops, Vancouver Island and the Okanagan. So far, we've received an extremely positive response from all participants.

The Society recognizes that its membership represents a broad array of expertise in the application and integration of clinical hypnosis. Many members have developed specialized knowledge and experience that they wish to share with their colleagues in the Society. Our monthly meetings provide a forum for this collegial sharing. Hence our description of these meetings as "rounds" as well as presentations. If you have interest in a particular topic, please get in touch with one of the Executive members.

At our monthly Board meetings, the Executive reviews potential monthly meeting topics, and if you are unable to present a topic yourself, we are happy to consider locating expertise within the Society, or from other component Societies, or elsewhere in the world. Let us know. There is nothing quite so stimulating as having your own special interests and expertise brought before knowledgeable and interested colleagues.

Special training workshops and seminars

After the success of our annual February 2017 training workshop, held at the Nikkei Cultural Centre in Burnaby, we are already planning the Annual Training Workshop for February 2018. The location will be at the SFU Downtown Campus in Vancouver. The dates are February 17th and 18th, 2018. So please mark your calendars. In July, the Society Teaching Faculty is holding a special planning session to restructure and revise the courses (including the Intermediate and Advanced workshop materials) in response to the expressed needs of our members.

In April, we held a special one-day workshop entitled, "The Connection Imperative What Compassion and Hypnosis Teach us about Treating Violence and Trauma," presented by Dr. Harry Stefanakis which was very well received.

In November 2017, the UBC Faculty of Dentistry will be re-introducing clinical hypnosis as an experiential component of its undergraduate professional educational program for all third-year dentistry students (which was a related issue of special interest to the CBC). Several members of the Society faculty will be on hand to supervise and guide students in their first experiences with clinical hypnosis as it applies to their professional practices.

(Letter from the President... continued)

Society Faculty members are also planning a full-day intensive hands-on workshop exclusively for dentists through the UBC Continuing Education Department. We are currently laying the groundwork to foster similar training offerings for other health care professional groups on which the Society has not focused in the past but are provincially regulated.

It is with great enthusiasm that I welcome the emerging energy of our Society during this exciting period.

Lance M. Rucker, AB, BSc, DDS, FACD

President

Canadian Society of Clinical Hypnosis (BC Division)

Monthly Members' Meeting Reviews

FOR OUR MEMBERS OUTSIDE OF VANCOUVER, you can now participate in our invaluable monthly meetings by Skype. Please contact us in advance.

Monthly Meeting Review: Clinical Hypnosis Practice Session

March 12th, 2017

In response to our successful annual workshop and our members' desire for more practice in clinical hypnosis, our teaching faculty provided an interactive practical session that was enjoyed by all who attended.

Monthly Meeting Review: Relieving Headaches Through Hypnosis

May 17th, 2017

Presented by Leora Kuttner, PhD, RPsych

Reported by Davidicus Wong, MD

Leora provided our members with an insightful, interactive and practical session. She reviewed our current understanding of pain, how the brain creates and modulates the pain of headaches, the value of psychoeducation and the use of metaphors and how to use targeted hypnotic suggestions.

Headaches are physiologically neuromuscular. They involve activation of the trigeminal and cervical pain system and are expressed as pain in the dura and meninges. The brain itself does not experience pain. However, the brain creates and relieves pain. The three P's used to manage headaches are physical activity and interventions, psychology and pharmacology.

With hypnotic analgesia, we change sensation to experience less pain (the physical component) and develop coping skills to suffer less and cope better (the emotional component). The Cartesian Specificity Theory dominated our understanding of pain until the mid-twentieth century yet most people still believe it. With that outdated theory, there was a one to one relationship between tissue damage and pain, but current evidence shows that there is no such relationship. Pain signals are processed at many sites in the peripheral and central nervous systems.

The Gate Control Theory of Pain (Melzack and Wall, 1964) described the modulation of nociception in the peripheral nervous system, dorsal horn, PAG, limbic system and cortex. Activating nerves that don't transmit pain interferes with signal transmission that signify damage and produce pain perception. Examples include rubbing the skin over a contusion, TENS,

massage, heat and cold. Hypnosis helps close the gate through the descending inhibitory system from the brain.

Pain is the result of complex processes at many sites and between networks. Mark Jensen's work in hypnoanalgesia is described in his article, *Hypnotic Approaches for Chronic Pain Management* Jensen, MP and Patterson, DR in the American Psychologist Vol. 69(2) Feb-Mar 2014, 167-17. Neurophysiologic studies reveal that hypnotic analgesia has clear effects on brain and spinal cord functioning that differ as a function of the specific hypnotic suggestions used. There is evidence for the specific effects of hypnosis. Suggestions can be targeted.

Hypnotic inductions have a calming cortical effect and decrease pain. They decrease "fast wave" and increase "slow wave" EEG activity. For example, "Notice how . . . sense the soothing as you . . . feel the comfort and calm as you breathe . . ."

Different suggestions impact different cortical areas. The prefrontal cortex is involved in our cognitive reactions, executive decisions and the meaning of pain. Examples of suggestions targeting this area are: "I can throw the pain to the back of my brain" and "While you're thinking of this or that happy time, you won't have enough energy left over to feel pain."

The anterior cingulate cortex in the limbic area is involved with our emotional reactions to pain, panic and the perceived need to do something. This area can be targeted with suggestions such as "Know that you and your body are safe. Your body knows how to heal. There's no need for you to do anything. You can relax and feel comfort."

Cortical connectivity can be increased or decreased. Imagining a favourite place or activity can repattern pain processing but repeated practice is essential. We can affect the somatosensory cortex and decrease pain intensity with suggested metaphors to close the gate and turn down the pain.

When choosing hypnotic suggestions, consider what specific outcomes you are targeting: (1) to create some relief at the site of the pain, (2) calm an emotional reaction to the pain or (3) to activate a global sense of calm and wellbeing when pain is diffuse.

Thank you, Leora for again generously sharing your expertise in an exceptional session.

Monthly Meeting Review: How to Discover and Utilize Therapist Direct Experience of Energy Field Awareness

Presented by Olivia Fermi, MA, RTC

April 19, 2017

"the emergent self-organizing process, both embodied and relational, that regulates energy and information flow within and among us"

— A definition of mind from Daniel J Siegel, MD (source, various)

This session itself was interactive focusing on the therapists' options and opportunities for expanding their own field awareness. I offered three exercises and after each one we shared our experiences in the group:

1. Partner movement exercise to do with balancing *embodied*, healthy boundaries with *relational*, blending, openness in field awareness

2. Group induction opening more deeply to the field and in particular how we *share energy and information that flows within and among us*
3. Partner inquiry exercise to explore the *emergent and self-organizing* qualities of mind and field. One person was the silent witness to the other person's personal inquiry into his or her own experience of field awareness. Each person had a chance to be in both roles.

At the end I presented an in-depth case study to illustrate various ways we can utilize field awareness for our clients' benefit.

Overview

Energy fields are a unifying resource in that they reveal more information and more quality of information through inherent connection — to ourselves first and then to our clients. We rely on that relational, unifying quality of the field to do our best work (Gilligan).

The quality of our awareness naturally affects our clients. As clinicians, we *purposefully* put ourselves into some degree of positive trance for the benefit of our clients. We can expand on it to include field awareness throughout the session, opening us to further possibilities for ourselves and our clients.

Three Kinds of Awareness

Stephen Gilligan talks about perception in terms of three kinds of consciousness or three filters. It's a simplistic model, but quite useful in clinical practice.

1. Normal, rote consciousness or ego consciousness helps us live, function and organize ourselves in the world. No intuition; only material, measurable reality. I'm here, you're there and we are separate. While useful, it can feel klunky.
2. Meditative awareness, unity, ground of being, non-dual awareness, *sunyata* (emptiness)
3. Collective unconscious (Jung), quantum field reality, field awareness, energy field awareness, flow. I'm here with you in an embodied way, and, at the same time, we're part of a larger energy field. There's a quality of blending and also distinctness. Awareness is fresh, immediate, clear, sometimes startling or revealing in novel ways.

We all recognize it at different times. With loved ones, close friends and likely with at least some of your clients. In field awareness, intuition is operational and connects us to the inner senses: inner sight giving us images to work with, inner hearing giving us words to speak, and inner feeling, giving us a direct channel to our clients' feelings.

Blocks to Field Awareness

Society and training mostly leave field awareness to occur by chance. Thus field awareness remains suspect because it's not measureable in conventional terms.

Another more subtle hindrance to accessing field awareness can be overly rigid or overly permeable boundaries. For example, a clinician given the opportunity to work with a new kind of awareness may fear (consciously or unconsciously) losing his or her usual capacity to function effectively.

That is a very normal response because we do get used to being in certain states of awareness depending on the task or we may have unhealed emotional issues of our own that we want to wall off. But the more we are open to awareness and the field, the more resources we develop to help our clients.

Engaging Energy Field Awareness

Through tuning in to field awareness we may open a portal to dynamic, self-organizing and optimizing wisdom that can guide us in our work with clients. (Mindell, Gilligan)

Experiencing fields does not have to be a random occurrence. Working with field awareness is learnable.

Three Phases of Enhancing Your Own Field Awareness

Phase 1. Verticality and Blending

a) Verticality. Find a quick and reliable way to centre yourself, to feel embodied. That along with knowing your own emotional palette are prerequisite to really being able to develop field awareness in any sort of reliable, usable way. For example, you can take a couple of minutes to focus your attention on your breath, then go up your vertical axis, perhaps starting with your feet, moving to your belly, heart and head centers.

b) Blending (with self). If you don't already, learn to sense your own emotions in the moment. Develop what Eugene Gendlin calls the *felt sense*. That is a discernment of your emotions specifically in your body, where they are, how they are, the qualities, blocks and varieties of your own emotional palette. Without knowing your own emotions you cannot hope to sort out what's yours from what's your client's.

Phase 2. Practice in Your Life

a) Continue to practice centering and healthy emotional boundaries. Experiment with new ways to stay clear and grounded.

b) Begin to experiment with opening your awareness to the field in different situations in your life as whole - with loved ones and intimates, with friends, colleagues, at group events. Don't worry about changing or affecting anything. Become the behavioral scientist gathering data, noticing *what* you notice and also *how* you notice it. Use all of your senses to help you – your external sight, hearing and also your internal, felt senses — inner vision, images, inner sounds, sensations, feelings, even inner taste and inner smell can arise as your field awareness expands and becomes more refined.

Phase 3. Open to Field Awareness with your clients

If you are new to this, start by simply noticing alongside of tracking as usual with your client. Don't pressure yourself to do anything differently. A key is to let working with field awareness arise naturally and uniquely for you in any given client situation. You may be surprised at how natural it becomes.

a) Taking the time to breathe when you ask your client to focus on his or her breath. Are you able to tap into somatic awareness? While with your clients, see if you can notice any sudden changes, unusual sensations and/or emotions in your body.

b) When you have become accustomed to sensing the emotional field of your client, and the next time you notice something in your body that seems potentially congruent with your client's process, check it out! For example, using the skill of transparency, you might say to him or her, "As you're talking, I'm noticing I'm feeling _____ and wondering how it is for you?"

c) As you continue to practice and become more and more at ease and aware of the field between you and your client, you may discover other ways you can utilize impressions, beyond sensing the emotional state(s) of your client.

You may receive, for example:

- Emotional information – from the heart
- Or you may get a feeling in your gut
- An image or words about the client's difficulties OR their goals

With our own field awareness we can help clients in many ways:

Many Ways to Find Field Awareness (breaking the trance of normal reality)

- Relaxation and/or Breathing
- Focusing and the felt sense (Gendlin)
- Certain kinds of hypnotic induction... inner senses ... auto induced trance, flirts (Mindell) (a kind of free association)
- Creativity
- Phenomenology of Thinking ... working with koans or meditating on the mind, examining how one thinks
- Borrowing from other traditions (Eastern practices, martial arts, qui gong, etc.)
- Meditation... Mindfulness...
- Body, Breath, Movement ... Walking meditation
- Rituals ... bowing chanting, guided visualizations, partner exercises
- Vertical alignment. Working directly with energy fields of the body.
- Chakra Opening & Tuning
- 3 centers – belly, heart, head
- Heaven & Earth movements and postures

Summary

Field awareness opens us to cues in many dimensions, through all our senses inner and outer, conscious and unconscious. Working with field awareness requires a degree of vulnerability with which not everyone is at first comfortable. With humility, curiosity and courage, we can let go of the separating stance of normal consciousness. It's a journey of discovery, not a destination.

References

Eugene T Gendlin, PhD, et al website. The Focusing Institute, www.focusing.org
Stephen Gilligan, PhD (1997) *The Courage To Love: Principles And Practices Of Self Relations Psychotherapy*
Stephen Gilligan, PhD (2012) *Generative Trance: the Experience of Creative Flow*
Arnold Mindell, PhD (2000) *The Leader as Martial Artist: Techniques and Strategies for Revealing Conflict and Creating Community*
Arnold Mindell, PhD (2004) *The Quantum Mind and Healing: How to Listen and Respond to Your Body's Symptoms*
Bessel van der Kolk, MD (2014) *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*

Summary of a Special Workshop ***The Connection Imperative: What Compassion and Hypnosis Teach Us About Treating Violence and Trauma***

On April 29th, 2017, Dr. Harry Stefanakis presented an excellent full-day workshop, sharing his experience and expertise on this very important topic. Here he has kindly summarized his presentation for our members.

Harry explored how experiences of fragmentation are common and that these experiences also sustain violence and become barriers to healing by creating closed systems. The antidote to

fragmentation is Connection. Harry explored how compassion and hypnosis activate this antidote to violence and trauma and provided us with a foundation for intervention that is supported by theory, research and practice.

The concept of Intelligent Compassion that Harry has developed was introduced. Intelligent Compassion involves connection, engagement (a desire to create life affirming change) and skillful means (doing the right thing at the right time by being in the right state). Intelligent compassion was differentiated from limiting beliefs of compassion as simply a soft sympathetic emotion and from ideas of tough love which are really acts of control masquerading as compassion.

Four research themes were highlighted. First, it was identified that compassion can be a target of intervention as it is an emotional competency that improves with practice. Second, compassion creates open states by regulating physiology, improving executive functioning, enhancing perspective taking and promoting prosocial behaviour. Third, compassion based practices build therapeutic alliance. It was pointed out however that authenticity matters. The intervener cannot simply teach compassion; it is incumbent upon them to cultivate compassionate states in themselves to be effective. Finally, compassion based practices focus on accountability and change. It was noted that the safer people feel the more open to change they become but that change also requires vulnerability. Compassion based practices create space for the safe surprise that is necessary for change to occur.

The relationship to clinical hypnosis was then discussed and a working definition of a compassion informed clinical hypnosis practice was proposed:

- **Compassion Informed Clinical Hypnosis** is a relational process in which we facilitate a safe space that allows for opening the intersubjective field such that novel and life affirming information becomes available and experienced (absorbed) while detaching from limiting beliefs and states.

A closed client system was described noting that clients are often:

- Absorbed into aspects of experience that work against self, relationships and life
- Dissociated from healthy resources and relationships
- Unregulated states – hypo and hyper arousal
- Chaotic boundaries – too open or closed and at the wrong times

And that clients are looking for and the therapeutic process should involve:

- Pathways to healing and change
- That feel safe and are life affirming
- That are ego transforming rather than ego destroying

Harry then presented his C.O.R.E. framework for intervention developed from 25 years of addressing violence and trauma issues. The CORE framework is an acronym for Centering,

A Tribute to Our Dear Friend, Respected Teacher and Dynamic Leader: Dr. Lee Pulos

by Heather Fay, M.D.

Opening, Releasing and Extending and describes four sets of overlapping practices that are essential components of effective interventions.

Dr Lee Pulos Ph.D., ABPP is now President Emeritus of the CSCH (BC Division). In early 2017, he announced his retirement as President and member of the Board.

For decades he has led the Society, contributing his vast knowledge through teaching, mentoring and writing. His books and CDs have helped a multitude of people. His is a sought after international speaker, stimulating people to stretch their minds and explore many ways of thinking and being. Dr Pulos' vast knowledge from exploring, experiencing and documenting paranormal and healing phenomena in many countries, his work with Olympic athletes and his insatiable appetite for reading and learning contributed to the breadth and depth of his teaching.

He will be sorely missed and we all wish him well as he steps back from these commitments.

Save the date!
Our Annual Two-Day Workshop
February 17th and 18th, 2018
at the SFU Campus
Downtown Vancouver
A New Curriculum in a New Location!



Next summer, meet your colleagues from around the world
at the ISH's World Congress in Montreal.

For more information: <http://www.hypnosis2018.com/en/>

***Don't Miss Our Upcoming
Monthly Members' Meetings***

*September 20th, 2017 **Peak Performance** (Lee Pulos)*

*October 18th, 2017 **Energy Psychology** (James Stabler)*

*November 15th, 2017 **In and Out Hypnosis: Real Time vs Clock Time**
(Lance Rucker)*

*Please check our website and your e-mails
for details and updates*

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