



Entrancing News

June 2015

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

Topics of interest in this issue...

Group induction

**April & May monthly
meeting reviews**

**The Power of
Visualization**

Research Articles

**Upcoming Workshop:
Hypnosis with
Hammond
September 19, 2015**

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, M.D.
Elaine Drysdale, M.D.

Letter from the President

In the most recent issue of the American Journal of Hypnosis, Dr. Laurence Sugarman in the lead article, "Mapping The Domain Of Hypnosis" mentioned running into Dr. Robert Ader, the father of psychoneuroimmunology in the corridor at the University of Rochester Medical Center. Dr. Ader was described as a valued colleague, mentor and friend.

Following the usual chit chat, Dr. Sugarman proudly mentioned that he was a new diplomate of The American Board of Medical Hypnosis. At that point, Dr. Ader began to laugh so hard that "he became red-faced...began to cough...supported himself, hand to the wall and took several deep breaths to quell the fit." After gaining his composure, he said, "Well, are you a diplomate in a field that doesn't exist." So much for having an open mind.

Despite all mind-stretching evidence supporting hypnosis in psychological, neurological and physiological journals, there are still a number of scientific fundamentalists out there who find the idea of hypnosis as in Ader's case, quite laughable and improbable.

Part of the perplexity has been justifiably based on our confusion about hypnosis. It has been defined variously, and often simultaneously, as a state, trait, procedure, process therapy, sociocognitive construct and whatever else you believe it might be. It is no wonder that hypnosis tends to be largely disregarded by the mainstream of health care research and practice.

In order to further clarify the domain of hypnosis, I will briefly summarize the articles that attempt to deal with this illusory phenomenon, state, process and subcognitive or whatever therapeutic toll that we are utilizing daily with our clients.

(Letter from the President...continued)

Hope and Sugarman in their article, "Orienting Hypnosis" contend that hypnosis should be redefined and grounded in biological, neurological and psychological phenomena. They claim that the biological role of novelty stimulates an orienting response that potentiates neuroplasticity forming the basis of trance. Hypnosis is merely the skill set that perpetuates and influences trance.

In their article, "Brain Oscillations, Hypnosis and Hypnotizability", Jensen, Adachi and Hakimian discuss how four (actually five), electrical languages of the brain will vary and co-vary during hypnosis. Hypnosis has been most closely linked to the theta band (4 to 8 Hertz) and changes in gamma activity (gamma is registered in the 40 plus Hertz and has been as high as 200 Hertz with test pilots).

Thus in a fairly deep hypnotic state, the electrical language of the brain is 4 to 7 Hertz. The moment a suggestion is given and accepted, a burst of Gamma (over 40 Hertz) will register on the EEG.

Davis Wark, who has written extensively on alert hypnosis, in the article "Traditional and Alert Hypnotic Phenomena: Development Through Anteriorization", discusses how during hypnosis more electrical activity shifts toward the frontal or anterior part of the brain. The anteriorization produces a shift in the emotional and cognitive signals from the anterior cingulate cortex. Dr. Wark feels this has implications for both the scientific understanding and clinical use of hypnosis.

The next article "Placebo and Nocebo Effects: A Complex Interplay Between Psychological Factors and Neurochemical Networks" by Italian physicians Frisaldi, *et al* places considerable emphasis upon the placebo effect in hypnosis. They postulate that the ritual of the therapeutic act may change the biochemistry and neuronal circuitry of the patient's brain. They state that the mechanisms activated by placebos and nocebos have been found to be the same as those activated by drugs, which suggests a cognitive/affective interference with drug action.

Mathieu Landry and Amir Raz of McGill University in their article, "Hypnosis and Imaging of the Living Human Brain" discuss the use of imaging techniques to explore the neural correlates of hypnosis. The bottom line of their well-written and researched article is that while development in neuroimaging techniques continue to flourish, imaging studies of hypnosis have yet to develop convincing evidence that would inform a reliable neurobiological theory of hypnosis. They provide nine pages of references, which underscore the thoroughness of their hypotheses and research.

In the last two articles – "Hypnosis, Suggestion and Suggestibility" by Lynn, Laurence and Kirsch and "Mysteries of Hypnosis and The Self Are Revealed by the Psychology and Neuroscience of Empathy" by Ian Wickramasekera, there was more theorizing and emphasis upon the hardware (brain) during hypnosis but very little attention to the software (mind). Well written, brilliant articles but I couldn't help but wonder because of the increasing emphasis upon the brain in hypnosis, are we missing what really potentiates the hypnotic state – our minds and our imaginations?

You may recall in some of my earlier letters quoting the early pioneers of hypnosis, like James Braid who defined hypnosis as “the physiology of fascination.”

In order to become more acceptable and recognized by the other sciences (psychoneuroimmunology and The Dr. Robert Aders) are we “selling out” in a way?

What are your thoughts?

Respectfully,

Lee Pulos, Ph.D., ABPP
President

Group Induction

Created by Dr. Lee Pulos, Ph.D., ABPP

Allow your body to be comfortable . . . eyes close . . . a few deep breaths.

As you focus inwards, you can experience yourself more deeply.

Each trance is different . . . a free period.

Different parts of you can come through as needed.

With each breath you take you can become aware of the natural rhythms of your body and the feelings of comfort that develop.

The only important thing to do is to listen . . . and let your subconscious do it for you . . . and take this opportunity to learn what you have to at this time.

Discover the pleasure of your own inner being.

Develop your own inner meanings.

The unconscious can communicate and think for you . . . and begin to respond in ways you would not believe possible.

The nice thing about trance . . . is that you don't need to hold on to any thoughts.

You can hold on for a moment . . . then let it go . . . and you don't need to get rid of any thoughts.

Sometimes . . . only a part of you goes into trance . . . and another part of you can remain in contact with my voice.

Your unconscious can operate independently of conscious processes . . . or fuse and become one with your conscious mind.

And it is nice to know that your unconscious can adjust to anything.

You probably already have altered your rate of breathing . . . pulse . . . blood pressure . . . and without knowing it.

Each person has abilities not known to the self . . . abilities discredited by the self.

And one of the nicest things about hypnosis is that in trance . . . you can dare to look at . . . and think . . . and see . . . and feel things that you wouldn't dare in the ordinary waking state . . . and

soon . . . you can have a brief dream if you wish . . . a dream that will help you draw all your learning together about trance . . . and hypnosis.

One minute of clock time . . . all the time in the world . . . to dream.

Let your subconscious do it for you . . . and allow the dream to continue inside you . . . even though your thoughts may be somewhere else . . . allowing that inner work . . . as you shift your mind.

Go ahead . . . (1 minute)

Just as a child develops independent of you . . . on its own without your help sometimes . . . so can ideas develop independent of your attention . . . for example . . . if you practise something . . . stop . . . and come back days later . . . and you will be surprised to discover how much you have learned.

Basketball players . . . practise . . . lay ups . . . and discover that when they play . . . they will play unusually well . . . having learned something at an unconscious level.

Skiers frequently find they learn a great deal during the summer about skiing . . . mind and body integrate.

So it is with you too.

Leave things to your unconscious for a while . . . to develop and grow . . . and you can have a dream or two at night . . . to integrate the learnings of the day.

You don't even have to remember.

The important thing is to have certain experiences recorded in your mind . . . to let your unconscious feed to you the right information . . . that permits you to do the right thing . . . at the right time . . . and anything not remembered today . . . is still recorded in your mind.

We have all had the experience of a part of us going into trance and carrying on with conscious activity - driving, talking, reading . . . opportunities for the unconscious to learn in its own way or tend to more important matters.

The subconscious has a very special way of learning . . . as does the conscious mind.

You can now begin to awaken as a person . . . to bring your conscious mind back . . . but it is not necessary to awaken all at once.

You can awaken very slowly . . . so you can learn to enjoy what trance feelings are like in different parts of your body . . . and as you awaken consciously, . . . your unconscious can remain in trance . . . to continue learning and working and elaborating any phenomena you may wish to develop during the day . . . any special learnings that will be important for you to integrate about hypnosis.

Save the date!

Canadian Society of Clinical Hypnosis Two-day Workshop
February 27th and 28th, 2016

Location: UBC Robson Square, Vancouver, BC

Sex Therapy Case Presentation: Pictogram Hypnosis

April 2015 Monthly Meeting Review

Presented and reported by: Bianca Rucker, PhD, RN, RMFT

Bianca shared an interesting case of an 18-year-old female client who presented with vaginismus. This condition is defined as persistent or recurrent difficulties of the woman which will not allow vaginal entry of a penis, finger and/or any object, despite her expressed wish to do so. There can be variable (phobic) avoidance, involuntary pelvic muscle contraction and anticipation/fear/experience of pain. The client presented having been in a loving relationship for four years and wanting to start having sexual intercourse. However, with every attempt it felt as if her boyfriend was “hitting a wall” and “it was impossible”. Using self-hypnosis has proved an excellent way for this client to learn to relax and to use the mind-body connection to encourage her vaginal muscles to relax when she wishes. Bianca played a 7-minute hypnosis recording that she had made during an early session with her client for the client’s daily practice at home.

A team approach is best for dealing with vaginismus. The client had been referred by a gynecologist; Bianca referred the client to a pelvic physiotherapist who saw the client regularly and gave Bianca information regarding progress. The pelvic physiotherapist guided the client in using vaginal accommodators (wax inserts that start about the diameter of pencil and are incrementally increased in size, the largest being similar to average penis size). The client was able to progress through the first few sizes as she became more relaxed and comfortable with the process. Progress with the vaginal accommodators plateaued and the client reported feeling stuck and distressed that her vaginal opening was clenching and making further progress very slow. Some other visualization strategies and ultimately an EFT session helped the client become aware of a significant past trauma she had experienced with a boyfriend in her early teens.

Bianca used a pictogram originally developed by Eric Gentry for use in processing and healing from traumatic events (see diagram). The client is asked to draw an image (stick figures are just fine) representing the time at which she first knew she was in danger (square #1). The client draws this and then describes the event/time. Then the client is asked to draw an image representing when she knew that she was safe at the conclusion of the trauma (square #6). Once this experience has been described by the client, she is asked to draw an image in square #2 which is prompted by asking her what happened as the trauma unfolded. Then in a similar fashion squares #3, #4, and #5 are completed. The aim is to develop a coherent narrative of the trauma and to make it tolerable enough that it can be processed. The pictogram helps elicit the story in sequential pieces after having initially anchored the fact the client emerged from the trauma. Having the client focus attention on each element, drawing (accessing the right brain) and then sharing (accessing the left and/or mid-brain) this

Pictogram for Developing a Coherent Narrative

(adapted by Bianca Rucker -- from Eric Gentry, 2012)

1.	2.	3.
4.	5.	6.

experience helps with neocortical integration. If necessary a second pictogram can be done, as in the case of Bianca's client where the significance of another longer term trauma (following on the heels of the first trauma) became evident after the completion of the first pictogram. Bianca's client reported feeling significantly better about herself after doing the two pictogram sessions and work will continue to help the client's self-development while they continue with the sex therapy process.

An Evening with Ralph Yorsh: Why Every Practitioner Should Understand Hypnosis and Use It

May 2015 Monthly Meeting Review

Presented by: Dr. Ralph Yorsh, Dentist, Co-Founder of CSCH (BC) and Distinguished Toastmaster

Reported by: Anoosha Avni, Ph.D

Dr. Ralph Yorsh, co-founder of the Canadian Society of Clinical Hypnosis (BC Division) and a Distinguished Toastmaster, shares his experiences as a General Dentist with 50 years of experience using clinical hypnosis on a daily basis.

Dr. Yorsh introduces clinical hypnosis by presenting a binder of patient testimonials from patients who benefitted from clinical hypnosis during their dental procedures with Dr. Yorsh. Since he is a strong believer in the effectiveness of clinical hypnosis, and developed a reputation for utilizing this technique as part of his dental practice, it should come as no surprise to new patients that this binder awaits them in the waiting room. If a patient's mind is not receptive, then clinical hypnosis will not be effective. Reading the numerous testimonials increases the likelihood that new patients will feel more comfortable and confident when they meet Dr. Yorsh. It also contains articles from reputable magazines which explain and inform in compact form which saves the doctor time.

Dr. Yorsh ensures that he establishes common ground with his patients in order to make them feel more comfortable. Establishing a solid therapeutic alliance is one of the key ingredients for a successful intervention, no matter which technique is used. Dr. Yorsh ensures that his patients feel comfortable to ask questions not just about clinical hypnosis, but about the dental procedure they will be undergoing.

When asked about the inductions he utilizes, Dr. Yorsh asks his patients to close their eyes, choose a scene they like, and to enjoy this scene in their mind. He tells his patients to keep this scene private. Dr. Yorsh uses statements such as "Reach the depth of relaxation that you need" to deepen the trance as much as the patient needs to. He also incorporates ideomotor signalling by asking the patient's subconscious mind to raise a finger once they have reached a depth of relaxation that is right for them. Dr. Yorsh believes that our role as health care professionals is to teach patients effective emotional and physical self-management strategies and clinical hypnosis is an effective tool for accomplishing this.

When asked about post-hypnotic suggestions, Dr. Yorsh stated that these are extremely powerful tools and should only be used for the good of the patient. One example of a post-hypnotic suggestion in a dental setting is to tell the patient the following: "The healing powers of the body are normally distributed throughout the body. Today, we'll concentrate them on the surgical site. By the time the anesthetic wears off, the healing will continue and your pain will continue to be minimal."

Dr. Yorsh stated that he attributes his success with clinical hypnosis to good communication skills, emphasizing proper breathing techniques, and using the right words (e.g., “You’ll have a minimum of discomfort when you receive the needle”). He assures his patients that they are the ones in control during clinical hypnosis.

Dr. Yorsh’s advice to clinicians who are unsure about using clinical hypnosis in their practice is to just do it by getting your feet wet, assuming everyone is a good hypnotic subject, using humour, and be willing to have a colleague experienced in using clinical hypnosis provide them with feedback. He also suggested recording oneself facilitating a hypnotic trance or a guided imagery and listening for grunts and non-essential mono-syllabic words (e.g., “umm”, “uh”, etc.).

Dr. Yorsh is a strong supporter of Toastmasters, which is a non-profit educational organization that teaches public speaking and leadership skills through a worldwide network of clubs. He suggested that clinicians join Toastmasters to improve their confidence with public speaking and to become more effective communicators.

Thank you, Dr. Yorsh, for providing us with a valuable and insightful evening of your experiences using clinical hypnosis.

Dr. Anoosha Avni is a Registered Clinical Counsellor in private practice in Coquitlam and Surrey. Her areas of specialty include working with teenagers and adults struggling with depressive and anxiety disorders, chronic pain, and chronic illness. She incorporates clinical hypnosis and energy psychotherapies in her work. Learn more about Dr. Avni’s practice at www.dravni.ca

Review of Dr. Lee Pulos ‘The Power of Visualization’

Workshop May 23rd, 2015

Reported by: Davidicus Wong, M.D.

On May 23rd, 2015, Dr. Lee Pulos presented an inspiring and practical all-day workshop on “The Power of Visualization.” He reminded us of the importance of goal setting, having us imagine what we would do in five areas of our lives to create a 10% improvement. He spoke of self-esteem as the immune system of the mind and how learned helplessness is a self-imposed bondage that prevents us from achieving our potentials. His four pillars of good self-esteem: good boundaries, a nonjudgmental attitude, monitoring thoughts, and feeling worthy of receiving and giving. He emphasized the importance of examining and choosing our beliefs to change our lives.

The day was enriched by practice sessions, including engaging the intuitive mind, image streaming, engaging the inner adviser, applied kinesiology with ideomotor questioning, waking healing dreams, masterminding and the emotional freedom technique.

Most of us believe that it is our past that creates the present, but Lee showed that we don’t have to be limited by our beliefs and thoughts about the past. Through the power of visualization, the future creates the present.

Research Articles

Efficacy, tolerability, and safety of hypnosis adult irritable bowel syndrome

Schaefert, R., Klose, P., Moser, G., & Häuser, W. (2014). Efficacy, tolerability, and safety of hypnosis in adult irritable bowel syndrome; Systematic review and metanalysis. *Psychosomatic Medicine*, 76, 389.

This article reports on the results of a meta-analysis of studies utilizing hypnosis to help patients with irritable bowel syndrome (IBS). The patients in these studies had previously been generally unresponsive to conventional treatment methods for IBS. Eight studies were chosen after meeting the authors' selection criteria for having long-term follow-up, randomized control design, and patient criteria. The authors reported that patients in the hypnosis group were seen to significantly improve in their symptoms and measures of IBS-related pathology at the conclusion of all the studies. In addition, patients in the hypnosis groups were also reported to maintain the benefits at their long-term follow-up in terms of symptom relief and coping. One patient out of 238 in the hypnosis group was remarked to have had a panic attack during the hypnotic intervention. The authors concluded that hypnosis was established to be a safe treatment method that provided symptom relief successfully in over 54% of the patients at long-term follow-up.

Psychological pain interventions and neurophysiology

Flor, H. (2014). Psychological pain interventions and neurophysiology: Implications for a mechanism-based approach. *The American Psychologist*, 69, 188.

This article contains a review of the evidence concerning the utilization of hypnosis, meditation, and other psychological techniques to help patients with acute and chronic pain problems. The author also discusses the placebo effect, biofeedback, mirror interventions, and other approaches in this context as well. The author advances an idea that the neurophysiological characteristics of each approach could be utilized in trying to select the most appropriate intervention for a patient with that problem in the future.

Address for reprints: Dr. Herta Flor, Department of Cognitive and Clinical Neuroscience, Central Institute of Mental health, Medical Faculty Mannheim, University of Heidelberg, Square J 5, Mannheim 68159, Germany. E-mail: herta.flor@z Mannheim.de

D. Corydon Hammond, PhD., ABPH

Hypnosis with Hammond

Saturday, September 19th, 2015 - 8:30 am – 5:00 pm

Doors open at 8:00 am

at the Vancouver Masonic Centre, 1495 West 8th Ave., Vancouver, BC



D. Corydon Hammond, Ph.D., ABPH, is a licensed Psychologist, Marriage and Family Therapist, and Emeritus Professor in Physical Medicine & Rehabilitation at the University of Utah School of Medicine. He is a past President and Fellow of the American Society of Clinical Hypnosis, Fellow of the Society for Clinical & Experimental Hypnosis, and Diplomate of the American Board of Psychological Hypnosis. He has also been President of the International Society for Neurofeedback and Research.

Dr. Hammond has published ten books (including the *Handbook of Hypnotic Suggestions & Metaphors*, *Clinical Hypnosis & Memory*, and *Trauma Treatment & the Law*). The latter volume won the Guttmacher Award for the Best Publication of the Year in Psychiatry and the Law from the American Academy of Psychiatry and the Law and the American Psychiatric Association, and the Arthur Shapiro Award for Best Book of the Year by the Society of Clinical & Experimental Hypnosis. Dr. Hammond has also published more than 170 journal articles and chapters in books. He has received Lifetime Achievement Awards from two professional societies, and the Morton Prince Award 'in recognition of contributions to the science of psychology and the use of hypnosis in psychology' from the American Board of Psychological Hypnosis and SCEH. He has been a consultant for the FBI, Justice Department and Federal Bureau of Prisons, National Center for Alcohol Education, Salt Lake City Police Department, and U.S. Postal Service investigators.

To download registration form, visit www.hypnosis.bc.ca

Members:	Early Bird \$155.	After Aug. 19 th , \$175
Non-Members:	Early Bird \$175.	After Aug. 19 th , \$195
Students:	\$100.	

Canadian Society of Clinical Hypnosis (BC Division)

2036 West 15th Avenue, Vancouver, B.C. V6J 2L5

Phone: 604-688-1714 Fax: 604-683-6979

www.hypnosis.bc.ca Email: admin@hypnosis.bc.ca



The Canadian Society of Clinical Hypnosis would like to welcome its newest member:

Ian Bond

Have you renewed your membership?

Membership Advantages

- Education in, and experience with, current and comprehensive clinical hypnosis techniques.
- Reduced registration fees at most [CSCH workshops](#).
- [Directory referrals](#).
- [Newsletters](#) to keep you up to date with Canadian Society of Clinical Hypnosis (B.C. Division) events and upcoming workshops (ours and others).
- Regular [monthly meetings](#), in Vancouver on the third Wednesday of each month. The purpose of these monthly meetings is to provide useful information to our members and a place for members to meet, discuss, and practice clinical hypnosis in a positive learning environment.
- Certificate of membership suitable for framing (for Full CSCH Members only).

REFERRAL PROGRAM - Earn a \$50 credit towards your membership renewal or a workshop by referring colleagues to CSCH. Just have them add your name to their membership application under "Referred by".

Your assistance in growing our Membership is appreciated.

** Memberships run from January 1st through December 31st. Membership dues are not prorated.*

Visit our website for more information.

www.hypnosis.bc.ca

