

# Entrancing News

**MAY 2012** Edition

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

## Upcoming Events

### ✓ Bruce Lipton

Saturday November 17, 2012  
Details will be posted this  
summer on

[www.hypnosis.bc.ca](http://www.hypnosis.bc.ca)

### ✓ Monthly Meeting

May 23, 2012 Presenter &

**Topic:** Les Moncrieff presents  
**Integration of Complementary  
Therapies into BC Addiction  
Programs. This session  
includes an interactive  
discussion on "Addiction: A  
Pathogenic Trance State"**

Addiction detox and  
treatment centers in British  
Columbia have been  
integrating CAM  
(*Complementary and  
Alternative Medicine*) into  
treatment programming for  
the past two decades.

Les Moncrieff will share his  
observations regarding the  
implementation of a wide  
variety of "adjunctive"  
therapies like acupuncture,  
energy psychology, yoga, art  
therapy, music therapy,  
hypnotherapy, mindfulness,  
etc.

Les would also like to discuss  
the theory that addiction is a  
pathogenic trance state.

Visit [www.hypnosis.bc.ca](http://www.hypnosis.bc.ca) for  
details

## 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  
Harry Stefanakis, PhD  
Leora Kuttner, PhD

### PROFESSIONAL ADVISORY COMMITTEE

Marlene Hunter, MD  
Don Louie, MD, FRCP(C)  
Frank Spellacy, PHD

## Letter from the President

Dear Colleagues,

I have been giving a lot of thought to what we don't spend enough time on in the Society, the annual workshop, or in our Wednesday night clinical meetings. Of course, as usual, it is the obvious – visualization. Yet, almost every hypnotic process involves visualizing the achievement of a certain goal, making a mental movie or mentally rehearsing a desired health outcome of what a different belief would bring forth in our life, or strengthening certain aspects of our self esteem to facilitate the attainment of a desired outcome.

But what about visualization? Is it a relatively new concept of the past 60 or 70 years, or simply a "new-age" idea practiced primarily by persons in spiritual disciplines such as meditation and healing? The earliest peoples dating from 20,000 BC believed in the power of image to affect reality. Ice cave paintings of animals were considered magical representations – power symbols – to ensure a successful hunt. Shamans of every culture – and even today's shamans have utilized powerful imagery techniques to journey to the underworld on behalf of their patients. Shamans' use of imagery led to them being called "technicians of the sacred" in that they could conjure up power animals that would provide answers for healing.

Philosophers and priests of every culture believed in the primacy of mind over material things and used visualization as a tool for personal growth and rebirth. The Hermetic Philosophers of Egypt over 4,000 years ago believed that mental images could transmute hate into love – fear into courage – illness into health.

During the middle ages, powerful forms of focused visual concentration became the basic tool of alchemy – the idea of being able to transmute lead into gold. Mental alchemy is widely being used today in business, sports, health and a range of other disciplines. For example, when Bruce Jenner was preparing for the Decathlon (where he won the gold medal), he would "train" by doing a mental workout with a hurdle in his kitchen – visualizing himself "flowing" over the

hurdle over and over while eating breakfast. Mental imagery techniques were also utilized by Larry Mahan – former world champion bull rider. His procedure was very simple – he said “I picture the ride in my mind before I get on the bull. Then, I try to go by the picture”

When I did a four day seminar for the Edmonton Oilers, Wayne Gretsky shared with the group how he began visualizing scoring goals at age nine! Tiger Woods also began visualizing various golf strokes and winning tournaments at age nine!

Another powerful visualization practise described by ancient mystics and psychiatrist Carl Jung was to focus on a Mandala – a beautifully balanced circle of colors, images and symbols – as a technique for centering and unifying the different parts of the psyche and mind (this would probably be the ancient equivalent for training persons to use both hemispheres for full brain thinking)

Anthropologist Alexandra David-Neel in her book The Magic and Mysticism of Tibet , described a visualization process utilized by monks over 2,500 years ago and is still utilized as an initiation practise – even today. In order for a young monk to reach higher levels of spiritual practice they must undergo a series of rituals and tests along the way. One such ritual is called TUMO, where the adept is taken to a 12,000 foot elevation of a mountain at night. He removes his robe and sits in a lotus position next to an icy stream. As the student enters a profound meditative state, his master or teacher takes a large sheet, soaks it in the icy water and wraps the wet, freezing cloth around the adept’s body. The young monk then visualizes an intense inner flame in his solar plexus and uses this imagery to dry the sheet by increasing his body temperature. This must be done seven times in succession before the sun rises and the successful adept has then passed one of the hurdles.

Of course, the modern analogue to that practice is biofeedback training – teaching people to raise and lower skin temperature (forehead and hands) using simple instruments and visual imagery to overcome such problems as migraine headaches.

In my next letter, I will share some of my favourite visualization processes that can be applied to most mind/body issues.

Respectfully,  
Lee Pulos, Ph.D. ABPP  
President

**April Workshop Review – April 25, 2012**

**PHILOSOPHICAL FOUNDATIONS OF MILTON ERICKSON'S WORK**

Presenter: **Dr. Daria Shewchuk, R. Psych**

Reporter: **Mavis Lloyd, PhD, RCC**

Dr. Shewchuk, a psychologist who has had forty years of clinical practice (first as a social worker and then a psychologist), and who is currently teaching at City University of Seattle, led a large group of enthusiastic members through the fundamentals of Erickson's theories and practices. The presentation focused on how the therapist's role is one of becoming a catalyst for change. "The Ericksonian therapist must respect the wisdom of clients' unconscious minds and help them appreciate the resources they have in their subconscious minds." The best way to accomplish that goal is through mutual discovery, while exploring an issue together.

Dr. Shewchuk's presentation was based on a book that she has used extensively in her own practice and teaching. The two-page handout she provided, both from this book and her own experience, is an invaluable review of Erickson's philosophy and also the six core clinical strategies he used. This handout completes this brief overview so that members who were unable to attend are able to utilize it too.

Dr. Shewchuk then demonstrated her skills, first of careful observation of body language to determine the ideal induction, then of using Erickson's basic methods of communication with a volunteer member. From one basic sentence, plus the use of Ericksonian language patterns to allow the development of new ways of thinking about the issue, Dr. Shewchuk crafted a hypnotic session for her client. Questions and interactions from her volunteer and our members were both valuable and lively.

Thank you Dr. Shewchuk for an enjoyable and informative session.

**Handout, written by Dr. Daria Shewchuk, is based on the following book:**

**Hope and Resiliency. Understanding the Psychotherapeutic Strategies of Milton H. Erickson** by Dan Short, Betty Alice Erickson and Roxanna Erickson - Klein. 2005

"Hope and resiliency provides a path towards whatever good the future may hold. Without having sufficient hope or resiliency, vast amounts of external resources can be poured into what is essentially a vacuum of despair and surrender" Pg xi

"there was no 'magic' in Erickson's work. Instead, it was the activation of hope and resiliency that resulted a beneficial outcome" pg 14

"unless the inner resources of the patient are recognized and engaged, even the best techniques will fail. Only with a broad and well-grounded appreciation of the process of healing and growth will a therapist's clinical judgment be sound". Pg xii

In the forward, Steven Langton notes that Erickson took that position that:

"the therapists job" is a "catalyst for change" .... "the therapist must respect the wisdom of the clients unconscious and help the clients appreciate the same. The best way to accomplish that is through mutual discovery with the client". Pg VI

"How can patients turn to someone outside of themselves for help and yet retain the integrity of their personal will?" pg 27

"A clinical breakthrough occurs whenever patients gain a new appreciation for what they can do". pg 29

### April Workshop Review continued

Without a healthy self- appreciation, people either position their energy against the self ... or are unable to summon their resources. Pg 30

Erickson had a "deep respect" for the individuality of each person. He was careful to create therapeutic space for patients to accomplish their objectives in their own way. He believed that the philosophy of change must come from the patient. Pg 28

He has been described as non-directive, yet he was very much proactive and not passive. He worked in a strategic manner and did not simply wait for problems to resolve themselves. Pg 29

He continually evaluated and re-aligned the direction of therapy to match the patients' meanings and preferences. Pg 29

His approach can be described at a meta-teleology. ie a "teleological perspective recognizes "purpose"; helps people find some purposeful! meaningful direction in life by looking at some end or towards an end. 'Therefore, when a person makes it his purpose to help others establish meaningful goals, of their own design, then a meta-teleological approach exists". Pg 29

"Within the context of Ericksonian therapy, the primary objective behind all psychotherapeutic endeavours is to stimulate the activation of unrecognized abilities for the purposes determined by the will of the patient" pg 31

"The goal of the therapist is to strategically promote the health-goals of the patient. In this way, therapy *does not* take on a spirit of coercion, superiority, or indoctrination, but instead is characterized by a process of mutual learning and discovery". Pg 32

-Erickson built trusting reciprocal relationships with clients. For example, by saying at times "now what can I do and what can you do?" pg 24 (but think in terms of the patient's resiliency and hope for the future).

- Erickson felt that symptoms were the communication signals of desired directions for growth.

-His work was NEVER intended to manipulate or trick a client. Rather to enhance, enrich, and empower each individual in a unique and personal way.

-He believed that one small gain can lead to other unexpected outcomes and benefits.

-Over his career, he increasingly moved further from "controlling" people in any way.

He stated he continually strove to be less controlling.

-He also cautioned others about perfectionism. Stating, "perfection is not a human attribute".

-He described rigid inflexibility as the most general problem to be dealt with in psychotherapy.

-He believed that living requires effort.

-In order to not be immobilized by life's challenges, a person must have the capacity to accept undesirable circumstances and adapt.

-Flexibility and adaptation are as essential to resiliency as acceptance is to learning.

-Healing is the activation of inner resources during the process of recovery. Re-associating people to experiences which emphasize their positive attributes.

**Within the framework of the above philosophy, Erickson used six core Clinical strategies.** These are a foundation for interventions using an Ericksonian approach:

**Distraction** - helping the clients break the attention given to experiences which lead to failure. e.g. Self-fulfilling prophecies. 'Unintentional progress impedes self-sabotage'

**April Workshop Review continued**

**Partitioning** - i.e. re-chunking (?) of problems, goals, resources, attention, time sense etc. It is not possible to cure every sickness, but there is always some good that can be done for those who suffer.

**Suggestions** - Erickson argued throughout his career, that cures are not the product of suggestion but instead result from a re-association of experience.

All problem solving begins with the idea that change is possible.

**Reorientation** - each new idea introduced to a client should be formulated for a future success or use. The job of therapy is to continually create this future associational link---e.g. re-framing.

**Utilization** - A process of using the client's energy, point of view, skills, and potentials. i.e. utilize what the client gives you to enhance motivation and support his/her own growth. This generates a sense of hope and confidence. Whenever you try to "make" a person change you encourage animosity, but, if you offer an opportunity, your energy is not wasted.

**Please note our monthly meeting location!**

**Meeting Date:** Monthly (except December, February, June, July, and August)

**THE NEXT MEETING IS SCHEDULED FOR WEDNESDAY, MAY 23, 2012**

**Meeting Time:** 6:45pm

**Topic:** **Integration of Complementary Therapies into BC Addiction Programs**  
**This session includes an interactive discussion on "Addiction: A Pathogenic Trance State"**  
**Presented by Les Moncrieff**

Addiction detox and treatment centers in British Columbia have been integrating CAM (*Complementary and Alternative Medicine*) into treatment programming for the past two decades.

Les Moncrieff will share his observations regarding the implementation of a wide variety of "adjunctive" therapies like acupuncture, energy psychology, yoga, art therapy, music therapy, hypnotherapy, mindfulness, etc.

Les would also like to discuss the theory that addiction is a pathogenic trance state. The addict is no longer in control and the obsessive/compulsive nature of their behavior is a reflection of trance suggestions and cues or anchors. Despite having made promises, resolutions and using all their will power, they continue to be powerless when relying on their conscious efforts. If addiction is a trance state, then hypnotherapy and energy psychology techniques may be the treatment option of choice.

**Location: 1055 West Broadway (between Spruce & Oak Street) Vancouver, BC V6H1E2**  
**Second Floor Meeting Room - Signs will be placed 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.

**Emotional Freedom Technique (EFT) Workshop  
The New Technology for  
Immediate Healing and Vitality**

*Featuring*

**DR. LEE PULOS, PhD, ABPP**

**&**

**DR. HEATHER FAY, MD**

**Saturday May 5th, 2012**

**Registration 8:30 am**

**9:00-5:00 pm**

**Centre for Peace at the  
Canadian Memorial Church  
1825 West 16<sup>th</sup> Ave., Vancouver, BC**

**EFT is one of the most powerful and effective therapeutic tools in the world for creating remarkable and impressive personal change and growth. It can be utilized for a broad spectrum of personal issues including eliminating phobias and fears, healing trauma, panic attacks, stress and anxiety, addictions, sleep dysfunctions, belief change, etc., and is one of several approaches of Energy Psychology.**

**Don't miss this Extraordinary Opportunity.**

**Open to HEALTHCARE PROFESSIONALS & to the PUBLIC**

**Advance Registration is Encouraged** Take advantage of Early Bird Rates

|             | BEFORE<br>April 15/12          | AFTER<br>April 15/12           |
|-------------|--------------------------------|--------------------------------|
| Members     | <input type="checkbox"/> \$125 | <input type="checkbox"/> \$150 |
| Non-Members | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$175 |

- Registration fee includes a \$50 non-refundable deposit